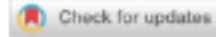


Special Article



Korean Practice Guideline for Gastric Cancer 2018: an Evidence-based, Multi-disciplinary Approach

NEOADJUVANT THERAPY

Statement 15. Neoadjuvant chemotherapy for potentially resectable gastric cancer **is not conclusive if** D2 LND is considered (evidence: **high**, recommendation: inconclusive).

Neoadjuvan CTx çalışmalarında yeterli lenfadenektomi yapılmaması

JCOG0501 çalışması

PRODIGY: A Phase III Study of Neoadjuvant Docetaxel, Oxaliplatin, and S-1 Plus Surgery and Adjuvant S-1 Versus Surgery and Adjuvant S-1 for Resectable Advanced Gastric Cancer

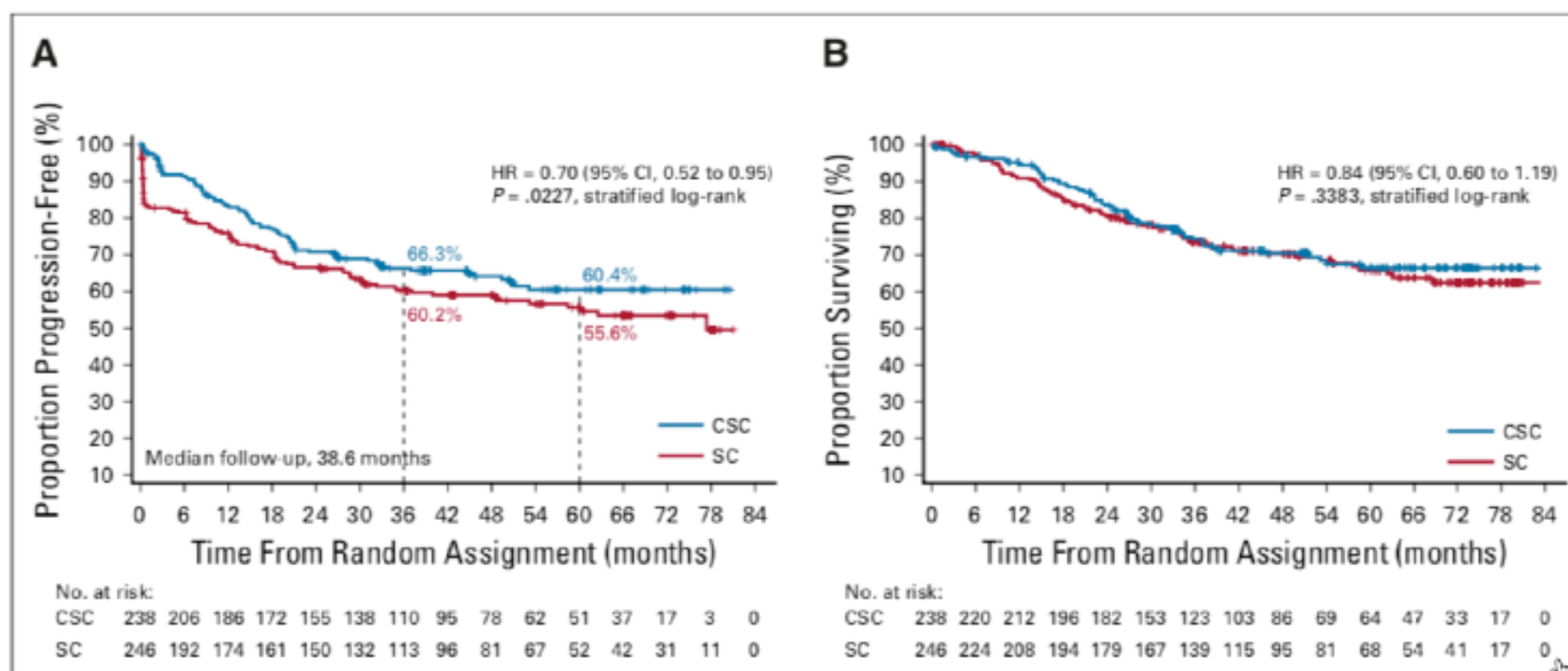
Key eligibility criteria

Newly diagnosed locally advanced gastric or GEJ adenocarcinoma

cTNM stage: cT2,3/N[+]M0 or cT4/N[any]M0 (AJCC 7th edition)

ECOG PS 0 or 1

Adequate organ function



cStage (strata)

T4/N-	1/4	(25.0)	5/8	(62.5)	0.00	(0.00 to 0.00)
T2/N+	1/12	(8.3)	1/13	(7.7)	0.00	(0.00 to 0.00)
T3-4/N+	80/222	(36.0)	95/225	(42.2)	0.72	(0.53 to 0.98)

In conclusion, addition of neoadjuvant DOS to D2 gastrectomy and adjuvant S-1 led to significant **tumor downstaging** and **improved PFS** with **acceptable safety** in the PRODIGY study. These results suggest that this strategy **should be considered a standard treatment** for patients in Asia with resectable advanced gastric or gastroesophageal cancer. Importantly, the results of PRODIGY support one common treatment strategy—perioperative chemotherapy with surgery—for patients with LAGC in East Asia as well as in the West.