

Japanese Gastric Cancer Treatment Guidelines 2021

**Laparoscopic distal gastrectomy is strongly recommended as a standard treatment
(Consensus rate 100%(8/8), Evidence level A)**

**Laparoscopic total or proximal gastrectomy is weakly recommended
(Consensus rate 100% (8/8), Evidence level C)**

We cannot decide the recommendation of laparoscopic gastrectomy for cStage II, III gastric cancer
(Agreement rate 71.4% (5/7), Evidence level C)

Laparoscopic distal gastrectomy for cStage II, III gastric cancer is strongly recommended as a standard treatment.

Robotic gastrectomy is weakly recommended cStage I gastric cancer.

Omentectomy is weakly recommended for cT3-T4 gastric cancer

(Consensus rate 100% (8/8), Evidence level C)

It is strongly recommended not to perform splenectomy or splenic hilar lymph node dissection for tumors without greater curvature invasion.

(Consensus rate 100% (8/8), Evidence level A)

Splenectomy or splenic hilar lymph node dissection is weakly recommended for tumors with greater curvature invasion

(Consensus rate 87.5% (7/8), Evidence level C).

Japanese Gastric Cancer Treatment Guidelines 2021

Laparoscopic distal gastrectomy is strongly recommended as a standard treatment

(Consensus rate 100%(8/8), Evidence level A)

Laparoscopic total or proximal gastrectomy is weakly recommended

(Consensus rate 100% (8/8), Evidence level C)

We cannot decide the recommendation of laparoscopic gastrectomy for cStage II, III gastric cancer

(Agreement rate 71.4% (5/7), Evidence level C)

Laparoscopic distal gastrectomy for cStage II, III gastric cancer is strongly recommended as a standard treatment.

Robotic gastrectomy is weakly recommended cStage I gastric cancer.

Omentectomy is weakly recommended for cT3-T4 gastric cancer

(Consensus rate 100% (8/8), Evidence level C)

It is strongly recommended not to perform splenectomy or splenic hilar lymph node dissection for tumors without greater curvature invasion.

(Consensus rate 100% (8/8), Evidence level A)

Splenectomy or splenic hilar lymph node dissection is weakly recommended for tumors with greater curvature invasion

(Consensus rate 87.5% (7/8), Evidence level C).

Japanese Gastric Cancer Treatment Guidelines 2021