

Japanese Gastric Cancer Treatment Guidelines 2021

In surgery for esophagogastric junction cancer deeper than cT2, lower mediastinal lymph node dissection is weakly recommended if the esophageal invasion length is more than 2 cm, and upper, middle, and lower mediastinal lymph node dissection is weakly recommended if the esophageal invasion length is more than 4 cm. (Consensus rate 100% (9/9), Evidence level C)

Surgical resection after preoperative chemotherapy is weakly recommended for a small number of paraaortic lymph node metastases confined to No. 16a2 / b1.

In addition, surgical resection is weakly recommended for solitary liver metastasis without other non-curative factors

(Consensus rate 100% (7/7), Evidence level C)

Conversion surgery for patients with Stage IV gastric cancer is weakly recommended with the condition that chemotherapy provides a certain antitumor effect, the response is maintained, and R0 resection is possible

(Consensus rate 100% (7/7), Evidence level D)

No clear recommendation for neoadjuvant chemotherapy for curatively resectable advanced gastric and esophagogastric junctional cancer (Consensus rate 71.4 %, 5/7, Strength of evidence B).

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