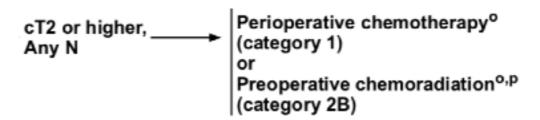
Gastric Cancer

Version 2.2022 — January 11, 2022



pT3,pT4,Any N o<u>r</u> Any pT,N+

Fluoropyrimidine (fluorouracil or capecitabine)^{o,r}
then fluoropyrimidine-based chemoradiation,^{o,p,r}
then fluoropyrimidine (fluorouracil or capecitabine)^{o,r}
if less than a D2 dissection (category 1)
or
Chemotherapy for patients who have undergone primary D2
lymph node dissection^{f,o} (category 1)

GAST-C Principles of Surgery

- Siewert classification: The term "center" was clarified as "epicenter".
- · Resectable tumors, Bullets and sub-bullets revised:
- T1b-T3: Adequate gastric resection to achieve negative microscopic margins (typically ≥4 cm from gross tumor).
- "...at least 45 16 or greater lymph nodes."
- D2 dissection is a D1 plus all the nodes along the left gastric artery, common hepatic artery, celiac artery, splenic hilum, and splenic artery.
- Routine or prophylactic splenectomy is not required. Splenectomy is acceptable when the spleen or the hilum is involved Routine splenectomy is not indicated unless the spleen is involved or extensive hilar adenopathy is noted.

Hyperthermic intraperitoneal chemotherapy (HIPEC) or laparoscopic HIPEC may be a therapeutic alternative for carefully selected stage IV
patients in the setting of ongoing clinical trials and is under further clinical investigation.¹⁸⁻²⁰



Special Article



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

