

Splenektomili vs Splenektomisiz

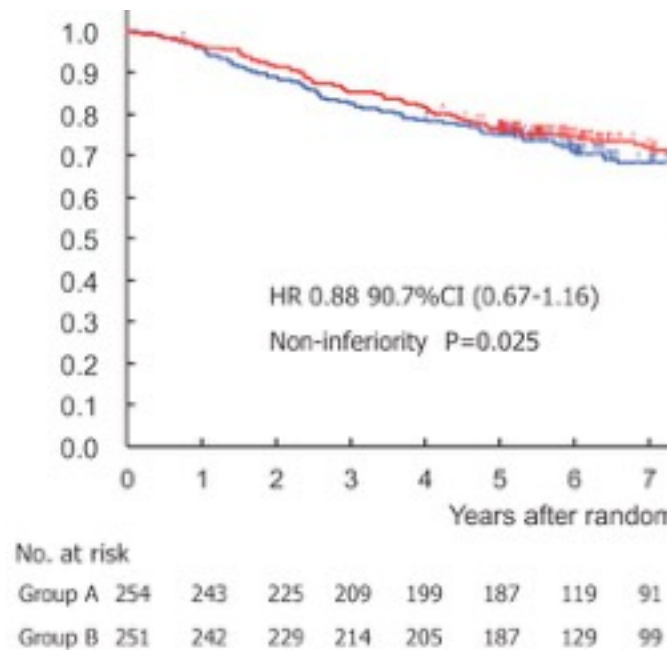


TABLE 1. Eligibility Criteria of the Trial

Inclusion criteria

Before operation

- Histologically proven adenocarcinoma
- A T2/T3/T4* tumor located in the upper third of the stomach
- Absence of or 3 cm or shorter esophageal invasion by endoscopy and barium fluoroscopy
- Absence of tumor invasion of the greater curvature
- Not a stump cancer
- Not of linitis plastica type (Borrmann type 4)
- N0/N1/N2* and M0 by diagnostic imaging
- Sufficient organ functions for total gastrectomy with splenectomy
- Age between 20 and 75 years inclusive
- No previous chemotherapy or surgery for gastric cancer
- Written informed consent from the patient

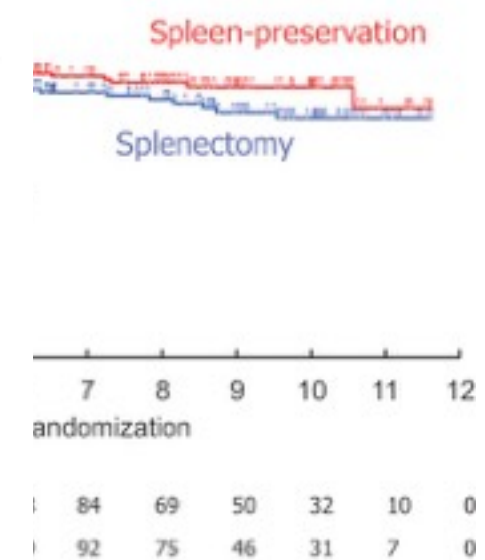
During operation

- Absence of or 3 cm or shorter esophageal invasion, and absence of tumor invasion of the greater curvature by inspection and palpation
- T2/T3/T4* and N0/N1/N2* by inspection and palpation
- Peritoneal lavage cytology is negative for cancer cells
- Curative operation is feasible without combined resection of the pancreas and spleen
- No gross lymph node metastasis along the splenic artery or splenic hilum

* Tumors were staged according to both Japanese Classification (13th ed, 1998) and UICC-TNM (6th ed., 2006).

Exclusion criteria

- Liver cirrhosis, or portal hypertension
- Idiopathic thrombocytopenic purpura, or other diseases for which splenectomy is a treatment option
- Previous splenectomy
- Interstitial pneumonia, pulmonary fibrosis, or extensive pulmonary emphysema
- Synchronous or metachronous malignancy in other organs except for carcinoma in situ or intramucosal tumor cured by local resection
- Pregnant, or possibly pregnant
- Psychotic disorders inappropriate for participation in clinical trials



In total gastrectomy for proximal gastric cancer, splenectomy increases operative morbidity **without** improving survival.

splenectomy should be avoided as it increases operative morbidity without improving survival.

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JCOG1809 (LTG-SPRING-P11)

Upper third gastric cancer **with greater curvature invasion (T2-T4a)**

Laparoscopic or robotic TG with splenic hilar LN dissection

Completion of LTG or RTG

Intra operative complication

Conversion to open TG

Primary endpoint:	Pancreatic fistula and/or intra-abdominal abscess (CD \geq Grade III)
Secondary endpoint:	Blood loss, operation time, morbidity, # of harvested #10 LN, # of metastasis in #10 LN, conversion rate, proportion of splenectomy, relapse-free survival, overall survival
Sample size:	85 pts.