

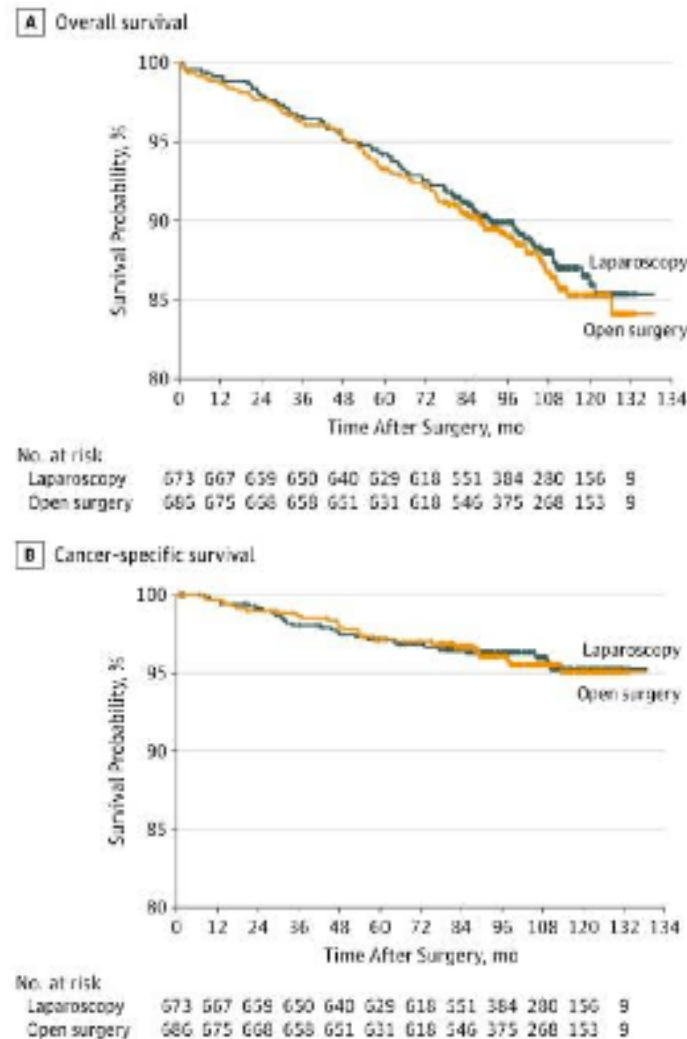
EGC

Distal

Laparoskopi

 RCT

KLASS01

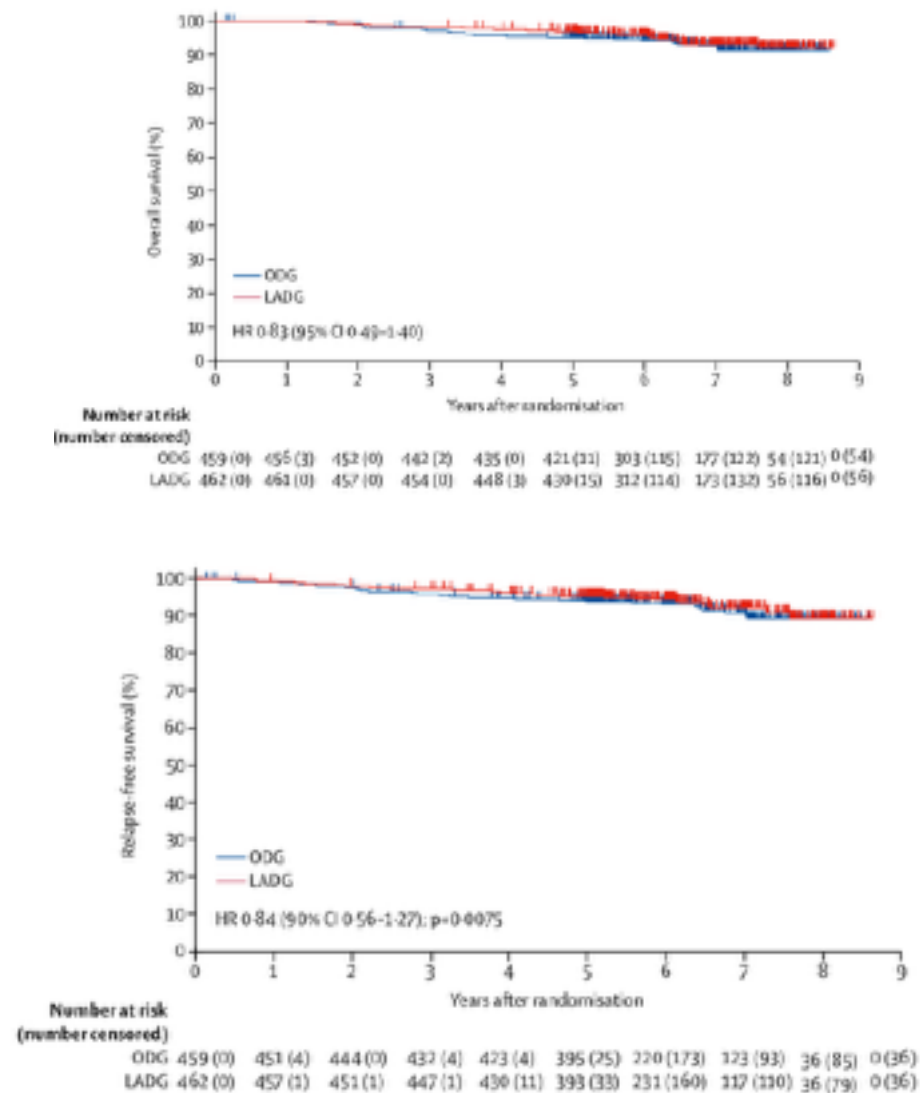


5y-OS

94.2% LDG grup

93.3% ODG grup

JCOG0912



5y-RFS

95.1% LDG grup

94% ODG grup

similar overall and cancer-specific survival rates between patients receiving laparoscopic and open distal gastrectomy

non-inferiority of LADG compared with ODG for clinical stage I gastric cancer relapse-free survival, suggesting that LADG should be considered a standard treatment option when performed by experienced surgeons.

AGC

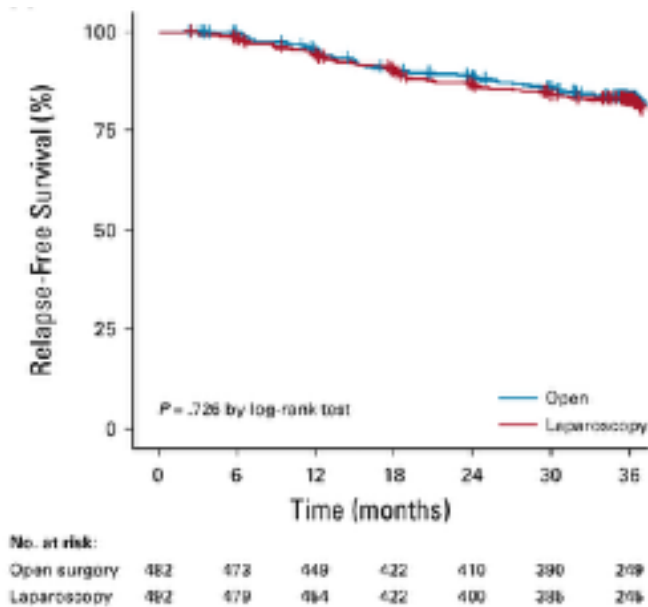
Distal

Laparoskopi



RCT

KLASS02



3y-RFS

80.3% LDG grup

81.3% ODG grup

Laparoscopic distal gastrectomy with D2 lymphadenectomy was **comparable** to open surgery in terms of relapse-free survival for patients with locally advanced gastric cancer.

JLSSG0901

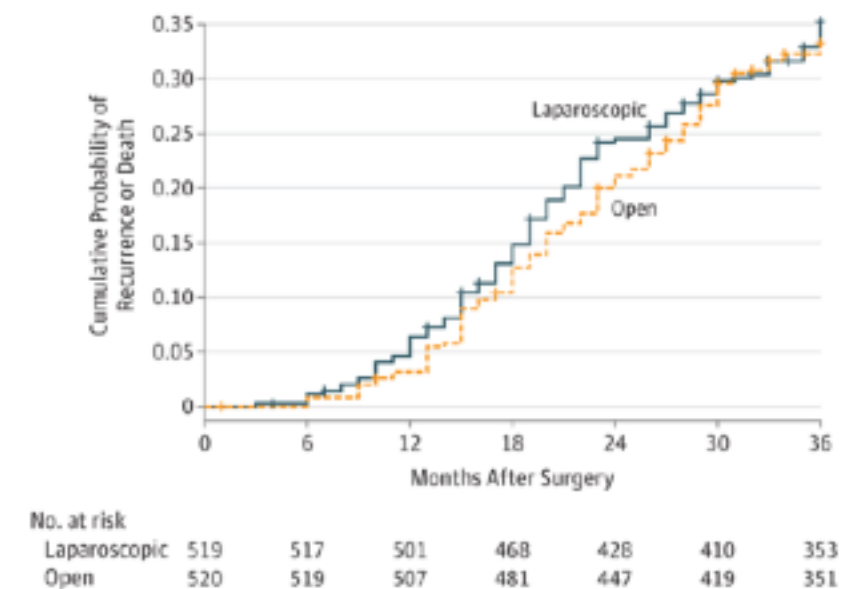
Progress	
Recruitment status	No longer recruiting
Date of protocol final approval	2009 Year 09 Month 15 Day
Date of IRB	
Anticipated trial start date	2009 Year 11 Month 01 Day
Last follow-up date	2021 Year 08 Month 01 Day

The **technical safety** of LADG with D2 lymph node dissection for locally advanced gastric cancer was demonstrated

Inahi N et al. World J Surg 2015

5-yr RFS Hazard ratio: 0.9556
(95%CI: 0.7226-1.2637 < 1.31)
Non-inferiority P=0.0317

CLASS01



3y-DFS

76.5% LDG grup

77.8% ODG grup

- Laparoscopic distal gastrectomy, compared with open distal gastrectomy, **did not result in inferior** disease-free survival at 3 years.
- Laparoscopic distal gastrectomy with D2 lymphadenectomy performed by **experienced** surgeons in high-volume specialized institutions resulted in similar 5-year overall survival