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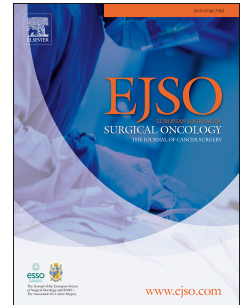
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Is there role for laparoscopic gastrectomy for advanced gastric cancer

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Introduction

Long-term results of KLASS-01, a randomized controlled study comparing open distal gastrectomy (ODG) versus laparoscopic (or assisted) distal gastrectomy (LDG), were reported in ASCO annual meeting of 2016. As the prognosis of both groups were so good, the study had to use point estimation method to evaluate the non-inferiority in overall and recurrent free survival. Although they concluded that LDG is not inferior to ODG, the impact of this study seems limited due to too small sample size to apply log rank method. Awaiting the publication for detailed analysis, the fact that, LDG has nearly two-percentage lower recurrent free survival (RFS), should not be under-estimated for those who expect to be cured following distal gastrectomy. LDG for advanced gastric cancer (T2 or more) may carry much more probability of higher recurrence rate compared with ODG. On the other hands, surgeons not only in the East Asia but also in the West, perform more and more LDG for advanced tumors outside clinical trials and without rigorous audits that assure survival and quality of life in the long-term after surgery.

Advantage of laparoscopic surgery over open surgery

There are many general advantages of laparoscopic surgery. First, the small access of laparoscopic surgery incurs less damage to the abdominal wall and hence less pain and faster recovery. This benefit is especially appreciated when patients with extremely poor respiratory function undergo oncological surgery. It is obvious that the laparoscopic approach is cosmetically better than open surgery. Secondly, the visual field in a narrow space or deep body space, such as male pelvic space, is better than in open surgery and with the use of long instruments, dissection would be easier than human hands which obstruct the surgeon's view. Thirdly, the magnifying view permits good visualization of anatomical details, which are sometimes missed under naked eyes of non-expert surgeons. Finally, education and learning of anatomical structures and surgical procedures are easier to follow on the imaging screen in laparoscopic surgery.

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