

Reply to: “Multimodal Treatment of Locally Advanced Gastric Cancer: Will the West Meet the East?”, by Marino, Elisabetta et al.

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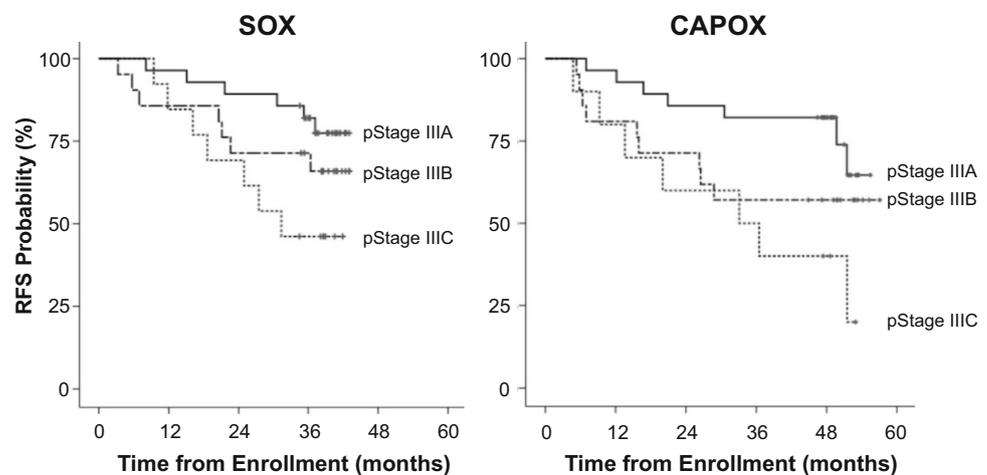
Authors' Reply:

Graziosi Luigina and colleagues raise issues regarding the longer relapse-free survival (RFS) and overall survival (OS) of patients with gastric cancer (GC) who underwent gastrectomy followed by adjuvant chemotherapy in our study compared with those in the Western countries. The difference in the post-surgical survival outcomes between East Asian and Western countries has been reported previously. Comparison of survival outcomes between Eastern and Western countries for GC patients who underwent gastrectomy in 25 randomized control trials indicated the

persistence of better survival rates for Eastern patients than for Western patients, even after adjustment for age, sex, tumor depth, nodal status, type of gastrectomy, and chemotherapy.¹

In our study, the 3-year RFS rates for the pathologic stage (pStage) 3 patients treated with CAPOX and SOX after D2 gastrectomy were respectively 67.8%, and 70.9%, consistent with those in pivotal trials conducted mainly in Asian countries, such as the CLASSIC trial.² In response to the comment of Graziosi Luigina and colleagues, we reclassified the disease stages of all the enrolled patients

FIG. 1 RFS of pStage III patients treated with SOX and CAPOX according to the 8th edition of the AJCC Gastric Cancer Staging System



using the 8th edition of the American Joint Committee on Cancer (AJCC) Gastric Cancer Staging System. The 3-year RFS rates for the pStage 3A, 3B, and 3C patients treated with CAPOX, were respectively 82.1% ($n = 28$), 57.1% ($n = 21$), and 50.0% ($n = 10$). The 3-year RFS rates for the pStage 3A, 3B, and 3C patients treated with SOX were respectively 82.0% ($n = 28$), 71.4% ($n = 21$), and 46.2% ($n = 13$) (Fig. 1). As already mentioned in our article, the favorable results in our study might have been based on the population of selected patients and the small sample size.

It is not clear whether GC arising in Eastern and Western patients have distinct molecular features. Actually, comprehensive molecular analysis of 295 GC cases showed no differences in the distribution of molecular subtypes between patients of East Asian and Western origins.³ However, as Graziosi Luigina and colleagues suggested, the association between molecular features and clinical outcomes should be further investigated in observational studies or clinical trials involving GC patients from both

regions, which could allow us to understand underlying factors attributed to the prognosis and develop therapeutic strategies on the basis of molecular biomarkers.

REFERENCES

1. Markar SR, Karthikesalingam A, Jackson D, Hanna GB. Long-term survival after gastrectomy for cancer in randomized, controlled oncological trials: comparison between West and East. *Ann Surg Oncol*. 2013;20:2328–38.
2. Bang Y-J, Kim Y-W, Yang H-K, et al. Adjuvant capecitabine and oxaliplatin for gastric cancer after D2 gastrectomy (CLASSIC): a phase 3 open-label, randomised controlled trial. *Lancet*. 2012;379:315–21.
3. Cancer Genome Atlas Research Network. Comprehensive molecular characterization of gastric adenocarcinoma. *Nature*. 2014;513:202–9.

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