



Letter to the Editor

How can we measure quality of D2 lymphadenectomy?



Dear Sir

We read the manuscript entitled “Long-term outcomes of laparoscopic versus open gastrectomy for advanced gastric cancer: A large cohort study¹” Although the study was impressive, we feel that there are some points that must be discussed.

The median number of lymph nodes (LNs) removed is one of the indicator of D2 lymphadenectomy (LND) quality. There were 25–26 LNs removed in the Western retrospective studies and 54 LNs removed in Japanese specialized centers.² The minimum adequate number of LNs to be removed in gastric cancer surgeries-according to the requirements of TNM is 15.² In Xu study; mean number and standard deviation (SD) of retrieved lymph nodes in laparoscopic gastrectomy (LG) group and the open gastrectomy (OG) group was 21.6 ± 8.6 and 22.4 ± 10.3 , respectively.

Use of descriptive statistics is very common in articles published in various medical journals. For the ratio and interval data following the normal distribution, the most common descriptive statistics is mean and SD. By definition, about 68% of the values of a normal distribution are within plus or minus 1 standard deviation of the mean, about 95% are within plus or minus 2 standard deviations, and about 99% are within plus or minus 3 standard deviations.³ Meaning of 21.6 ± 8.6 is, number of retrieved LNs differs between

13 and 29.1 in 68% of patients and this indicates there are patients with inadequate LD/D2 gastrectomy. We think that; these patients must be exclude from the study and data must be re-analysed.

References

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