

Current Status and Future Directions in Gastric Cancer with Peritoneal Dissemination

Gabriel Glockzin, MD^a, Pompiliu Piso, MD^{b,*}

KEYWORDS

- Peritoneal carcinomatosis • Gastric cancer • Treatment • Cytoreductive surgery • HIPEC

KEY POINTS

- Combined cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) might be an additional therapeutic option for highly selected patients with peritoneal carcinomatosis arising from gastric cancer.
- Complete macroscopic cytoreduction (CC-0/1) is a precondition for a possible survival benefit.
- Consistent preoperative patient selection including laparoscopy is crucial to obtain complete macroscopic cytoreduction.
- Further prospective randomized trials are needed to assess the roles of cytoreductive surgery and HIPEC as an inherent part of an interdisciplinary treatment concept for patients with advanced gastric cancer and to standardize HIPEC protocols.

INTRODUCTION

Although the incidence of gastric cancer decreased during the past years, it is still the fourth most common newly diagnosed cancer worldwide and the second leading cause of cancer-related death.¹ Peritoneal metastasis is a common sign of advanced tumor stage, tumor progression, or disease recurrence in patients with gastric cancer. It might be already present in 5% to 20% of patients undergoing gastric resection in curative intent.² In a retrospective analysis of 1172 patients with gastric cancer after R0 resection, the peritoneal recurrence rate was 29%. In this study, the median time from recurrence at any location to death was 6 months.³ Sasako and colleagues⁴ demonstrated the peritoneum to be the most frequent first site of recurrence (38.1%)

^a Department of Surgery, University Medical Center Regensburg, Franz Josef Strauss Allee 11, 93053 Regensburg, Germany; ^b Department of Surgery, St. John of God Hospital Regensburg, Pruefeninger Street 86, 93049 Regensburg, Germany

* Corresponding author.

E-mail address: Pompiliu.Piso@klinik.uni-regensburg.de