

The Italian Research Group for Gastric Cancer (GIRCG) guidelines for gastric cancer staging and treatment: 2015

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Abstract This article reports the guidelines for gastric cancer staging and treatment developed by the GIRCG, and contains comprehensive indications for clinical management, including radiological, endoscopic, surgical, pathological, and oncological paths.

Keywords Gastric cancer · Guidelines · Staging · Surgery · Chemotherapy · Lymphadenectomy · Palliation · Eesophagus-gastric junction tumors · GIST

Introduction

Gastric cancer (GC), despite its declining incidence, is still the third cancer-related cause of death after lung and liver neoplasms [1]. Although surgery remains the mainstay of therapy, in recent years there has been relevant progress in endoscopic treatment of early forms and in neoadjuvant, adjuvant, and palliative chemotherapy of advanced cancers. Furthermore, radiological and pathological protocols have been standardized. Thus, a multidisciplinary team is required for the correct management of patients, from preoperative staging to follow-up.

From an historical perspective, Italian surgeons were among the first in the West to acknowledge the indications of Eastern centers; because of the high incidence of this tumor in their countries, the Japanese surgeons developed a surgical approach based on extended (D2) and super-extended (D3) lymphadenectomy, whereas the intervention more frequently performed in Europe and in the United States (US) provided for a limited lymphadenectomy (D1). This disparity gave rise to a scientific conflict that rested on an impressive difference in long-term survival (overall, 5-year survival rate of a patient with GC was about 75 % in Japan [2] and 25 % in Europe [3]). In this context, a number of Italian surgeons in the 1980s started concentrating their efforts on more meticulous and aggressive nodal clearance and on providing a contribution to the worldwide dissemination of Japanese therapy and its results.

The Italian Research Group for Gastric Cancer (GIRCG) is a multidisciplinary research group, officially founded in 2001, that includes clinicians with recognized expertise in GC diagnosis, care, and research from more than 25 specialized centers in Italy. The aim of GIRCG is to obtain results similar to those reported by Eastern centers in terms of recurrence rate and survival. GIRCG involves a variety of medical professionals, from surgeons, pathologists, gastroenterologists, medical oncologists, and radiologists to nutritionists and statisticians, who all practice within the modern concepts of a multidisciplinary approach. The main targets of the group are the standardization of surgical treatment and extended lymphadenectomy, pathological assessment, clinical staging, and multimodal treatment of

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