Sentinel lymph node biopsy is not performed in gastric cancer outside of a research study setting. The goal is to examine at least 15 lymph nodes from the resected specimen; it is more controversial whether more extensive lymph node resection itself affects outcome; the extent of lymphadenopathy can be classified using a D0–D3 system with a higher number meaning more extensive lymphadenopathy. In the United States, a modified D2 (D1+) resection preserving the spleen and avoiding pancreatectomy is recommended but should be performed by experienced surgeons at high-volume centers. Japanese investigators and others have used very extensive lymph node dissections, but studies have not demonstrated an advantage for a D3 resection. Both resection of the primary tumor and its regional lymph nodes can be performed laparoscopically in appropriate patients.

In the hands of experienced surgeons, operative mortality would be anticipated to be ≤2%.

NEOADJUVANT AND POSTOPERATIVE ADJUVANT THERAPY FOR RESECTABLE GASTRIC CANCER

The large majority of potentially resectable Western gastric cancer patients have locally advanced tumors (cTNM stage IIA/B or III). Multimodality therapy using systemic chemotherapy improves 5-year survival rates by 10–15% compared to surgery alone. A widely cited study, the MAGIC clinical trial, randomly assigned patients with potentially resectable disease to receive perioperative chemotherapy or to proceed directly to surgery. Five-year overall survival for patients undergoing surgery alone was 23%; for those receiving pre- and postoperative chemotherapy, it was 36%. On the basis of this and other clinical trials, for most medically fit patients with stage cTNM II and III resectable gastric cancers, preoperative systemic chemotherapy followed by resection and, if tolerable, postoperative chemotherapy is a standard of care. Chemoradiation as given for esophageal cancers is usually used for gastroesophageal junction tumors. Preoperative chemoradiation or preoperative chemotherapy followed by chemoradiation for gastric cancer, as opposed to esophageal or gastroesophageal junction cancers, has been studied but is still an investigational approach.