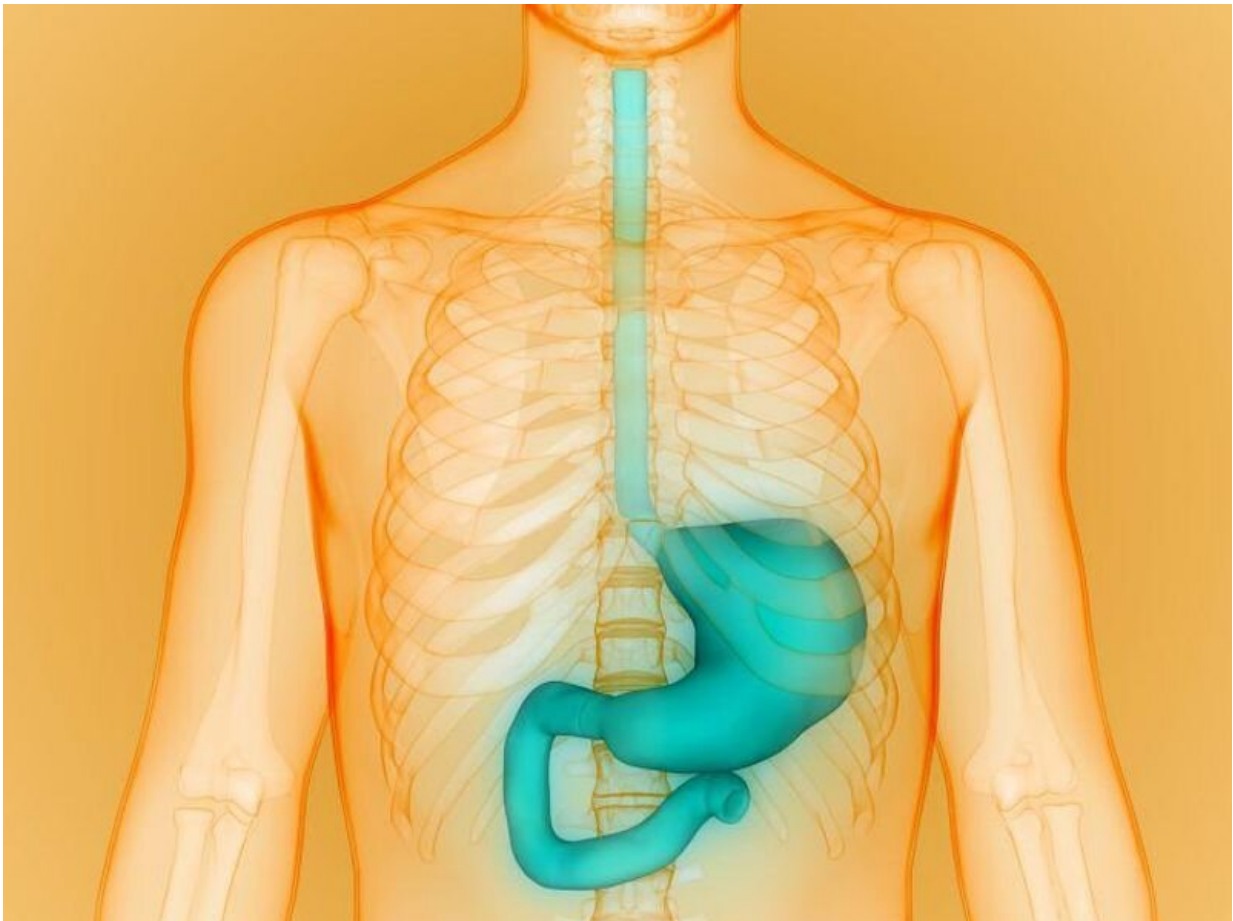


Laparoscopic surgery noninferior for gastric cancer at five years

August 1 2022



Laparoscopic surgery is noninferior to open gastrectomy for locally

advanced gastric cancer (AGC) at five years, according to a study published online July 20 in *JAMA Surgery*.

Sang-Yong Son, M.D., from the Ajou University School of Medicine in Suwon, South Korea, and colleagues compared five-year follow-up results for [patients](#) with clinically AGC enrolled in the Korean Laparoendoscopic Gastrointestinal Surgery Study (KLASS)-02 randomized clinical trial who underwent laparoscopic or open distal gastrectomy (492 and 482 patients, respectively). Five-year overall survival (OS) and relapse-free survival (RFS) rates and long-term complications were examined.

The researchers found that the five-year OS and RFS rates did not differ significantly for patients who underwent laparoscopic and open distal gastrectomy (OS: 88.9 versus 88.7 percent; RFS: 79.5 versus 81.1 percent). Peritoneal carcinomatosis, hematogenous metastases, and locoregional recurrence were the most common types of recurrence (42.1, 20.8, and 13.2 percent, respectively), with no difference observed between the groups in the types of recurrence at each cancer stage. Compared with the open-surgery group, the laparoscopic group had a significantly lower late complication rate (6.5 versus 11.0 percent); [intestinal obstruction](#) was the most common type of complication in both groups (2.6 versus 5.0 percent).

"The oncologic and surgical outcomes of the five-year follow-up of the KLASS-02 randomized clinical trial supported noninferiority of [laparoscopic surgery](#) for locally AGCs compared with open surgery," the authors write.

Several authors disclosed [financial ties](#) to pharmaceutical and medical device companies, including Ethicon Endo-Surgery and Johnson & Johnson, both of which partially funded the study.

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Citation: Laparoscopic surgery noninferior for gastric cancer at five years (2022, August 1)
retrieved 26 April 2024 from
<https://medicalxpress.com/news/2022-08-laparoscopic-surgery-noninferior-gastric-cancer.html>

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