Chirurgia (Bucur). 2014;109(6):722-730

Surgical Treatment of Gastric Cancer in Japan, Trend from Standardization to Individualization

K. Maruyama[1] and H. Katai[2]
[1]Department of Surgical Oncology, University of Health and Welfare Sanno Hospital, Tokyo,
[2]Department of Surgical Oncology, National Cancer Center Hospital, Tokyo

Abstract
Japan has a huge number of patients with gastric cancer and has developed various surgical treatments for this disease. This paper intends to introduce our strategies against gastric cancer. The Japanese Gastric Cancer Association was established in 1962. Its major purposes are promotion of basic and clinical researches and popularization of the latest knowledge and technologies. For the purposes, the association organized the annual scientific meeting and the nationwide registry by member hospitals, and published the Japanese Classification of Gastric Cancer (1) and the Treatment Guide Line (2). The nationwide registry reported that proportion of Stage-I cancer was 22.5% in 1963-66, which increased to 59.3% in 2008 (3,4,5). 11,261 patients with gastric resection were registered by 187 hospitals in 2008. 63 patients were died within 30 postoperative days and the direct death rate was 0.55%. 5 year survival rate (5YSR) was 37.5% for resected cases in 1963-66, which was improved to 70.1% in 2008. 5YSR was improved from 55.1% to 74.1% for Stage-II, and from 39.1% to 48.8% for Stage-III in the period. According to remarkable increase of early stage cancer, principle of surgical treatments was shifted from “extended and standardized surgery for radicality” to “reasonable and individual surgery considering safety and quality of life”. This trend produced a large variation in surgical treatments; namely 1) minimally invasive surgeries, 2) function preserving surgeries, 3) optimal extent of lymph node dissection, and 4) aggressive but safe surgeries. Intention of this paper is to explain these procedures, the intentions, the indications, and the treatment results.
Key words: gastric cancer, Surgical treatment, Japanese experiences

Corresponding author: Keiichi Maruyama, MD
Department of Surgical Oncology
University of Health and Welfare Sanno Hospital
8-10-16, Akasaka, Minato-ku, Tokyo 107-0052, Japan
E-mail: keiichi-maruyama@r01.itscom.net