

LETTER TO THE EDITOR

Author Reply: Follow-Up for Gastric Cancer: How Extensive and Intensive Should It Be?

TO THE EDITORS:

We appreciate the comments by Drs. Bali, Roukos, and Dr. Ziogas regarding our recently published article in the *Annals of Surgical Oncology*.¹

To date, there have been no definite diagnostic methods established for recurrent gastric cancer, and recurrence has mostly been diagnosed using a combinatory analysis of several methods including computed tomography (CT), positron emission tomography (PET), tumor marker evaluation, and even diagnostic laparoscopy. Of these, CT has been the most popular method for detecting recurrent gastric cancer without invasiveness, although several reports have shown that CT is not specific for diagnosing recurrent tumors following curative gastric cancer surgery.^{2,3} However, our results indicated that CT is an essential follow-up method. Additional studies such as PET-CT or tumor marker identification require more clinical studies of their diagnostic accuracy and cost-effectiveness before they can be established as follow-up methods.

Based on our survey, follow-up studies after curative gastric cancer surgery are performed every 3 to 12 months with a physical examination and imaging methods in Korea. However, a consensus has not been reached for the optimal frequency of follow-up studies. Although patients with recurrent gastric cancer have poor outcomes, their prognoses have been improved using state-of-the-art treatments, such as new chemotherapeutic agents and molecular target therapy. Specifically, our previous study showed that complete resection of the metastatic lesion could lead to a better prognosis than other treatments.⁴ Therefore, early detection of recurrence by intensive follow-up can be meaningful. In addition, meta-analysis results of the cost effectiveness of follow-up studies after curative colorectal cancer surgery have revealed that

intensive follow-up schedules were economically justified in the United Kingdom.⁵ However, there have been no studies performed to evaluate those after gastric cancer surgery. Randomized controlled clinical trials (RCTs) are needed to identify follow-up schedules that are optimal for patient survival and cost effectiveness between conventional and intensive follow-up strategies.

In the future, extensive and intensive follow-up studies after curative gastric cancer surgery will be used according to the stage of the patient. Searching for gene mutations and tissue biomarkers may help to decide how extensive and intensive the follow-up studies should be to improve the prognosis of patients with recurrent gastric cancer. However, those issues should be discussed after routine follow-up schedules are established through additional clinical studies and well-designed randomized controlled clinical trials.

**Hoon Hur, MD, Kyo Young Song, MD, PhD,
Cho Hyun Park, MD, PhD, and Hae Myung Jeon, MD, PhD**

Department of Surgery, College of Medicine, The Catholic University of Korea, Seoul, Korea
e-mail: hmjeon@catholic.ac.kr

Published Online: 10 December 2009
© Society of Surgical Oncology 2009

REFERENCES

1. Hur H, Song KY, Park CH, Jeon HM. Follow-up strategy after curative resection of gastric cancer: a nationwide survey in Korea. *Ann Surg Oncol*. 2009; Sep 24; doi:10.1245/s10434-009-0676-1 (Epub ahead of print).
2. Ha HK, Kim HH, Kim HS, Lee MH, Kim KT, Shinn KS. Local recurrence after surgery for gastric carcinoma: CT findings. *AJR Am J Roentgenol*. 1993;161:975-7.
3. Kim KW, Choi BI, Han JK, Kim TK, Kim AY, Lee HJ, et al. Postoperative anatomic and pathologic findings at CT following gastrectomy. *Radiographics*. 2002;22:323-36.
4. Song KY, Park SM, Kim SN, Park CH. The role of surgery in the treatment of recurrent gastric cancer. *Am J Surg*. 2008;196:19-22.
5. Renehan AG, O'Dwyer ST, Whynes DK. Cost effectiveness analysis of intensive versus conventional follow up after curative resection for colorectal cancer. *BMJ*. 2004;328:81.