Author's response to reviews

Title: Identification of prognostic factors and surgical indications for metastatic gastric cancer.

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Author's response to reviews:

Dear Editor,

Thank you for your suggestion to our manuscript.

In agreement with Editor’s comments, we revised the manuscript.

Thank you again for your kind assistance.

Sincerely yours,

Yasuhiko Mohri

Response to Editor’s comments

1. The selection of patients for surgery includes those with better performance status as shown in Table 1. Their data supports an association of resection with longer survival but no causation. Therefore, the abstract and conclusions need to be better modified to reflect this. In the abstract they state: "Although gastrectomy with or without metastatectomy in patients with metastatic gastric cancer is safe and may prolong survival, surgical approach should be considered carefully and should be attempted in selected patients who do not have those risk factors affecting survival." This should be changed to "In selected patients, gastrectomy in the presence of metastatic disease can be performed safely and may be associated with prolonged survival."
Conclusions (Abstract)

Elevated NLR, CA19-9 and PS are pretreatment predictors of poor prognosis for metastatic gastric cancer. In selected patients, gastrectomy in the presence of metastatic disease can be performed safely and may be associated with prolonged survival.

2. In addition, in the conclusion they state: "In conclusion, the results of this study show that gastrectomy with or without metastatectomy seemed to prolong survival compared with a nonrandomized control group treated during the same period at a single institution. Surgical intervention should be considered in highly selected patients with technically resectable disease who are in suitable overall physical condition." This should be modified to: In conclusion, the results of this study show that gastrectomy with or without metastatectomy can be done safely and is associated with prolonged survival compared with a nonrandomized control group treated during the same period at a single institution. Whether this is due to differences in performance status or disease burden between the two patients groups is unknown. A prospective randomized trial will help determine whether gastrectomy should be considered in the presence of metastatic disease in selected patients.

Conclusions (Text)

In conclusion, the results of this study show that gastrectomy with or without metastatectomy can be done safely and is associated with prolonged survival compared with a nonrandomized control group treated during the same period at a single institution. Whether this is due to differences in performance status or disease burden between the two patients groups is unknown. A prospective randomized trial will help determine whether gastrectomy should be considered in the presence of metastatic disease in selected patients. Surgeons should take special note of surgical intervention for the patients with elevated NLR and/or CA19-9, because their prognosis with or without surgical intervention was poor. Evaluation of novel combinations of resection, local ablation, and chemotherapy should also continue. Gastrectomy with or without metastaectomy performed safely, in addition to other available treatments, is an important aspect of the multidisciplinary management of patients with metastatic gastric cancer. A larger prospective trial would be needed to further evaluate surgery as a treatment in metastatic gastric cancer.