



Letter to the editor

Mucinous gastric carcinoma: is it more malignant?

To the Editor:

We read with interest the recent article by Kawamura et al. [1]. The authors examined clinicopathologic findings of 112 patients with mucinous gastric carcinoma (MGC) and compared them with those of 4160 patients with nonmucinous gastric carcinoma (NGC). They showed that the overall 5-year survival rate of the MGC group was lower than that of the NGC group (65% vs 76%), because the MGC patients had advanced-stage tumors more frequently than the NGC patients. The characteristics of MGC, compared with NGC, included larger size, deeper invasion, and more advanced stage. These findings are in agreement with those of our recent study on MGC [2].

To clarify the biologic behavior of MGC, treatment results must be compared among the same stages. Kawamura et al. [1] clearly showed that the survival rates compared in the same stages were not different between the MGC and NGC groups. We consider that this finding is important and useful. In our studies, the survival rate of MGC patients did not differ from that of NGC patients when compared in the same category of tumor size, depth of wall invasion, lymph node metastasis, and stage of disease [2,3]. On a multivariate analysis, mucinous histologic type was not an independent prognostic factor [2]. Therefore, if MGC was considered to be more malignant, it would be because MGC was detected mostly in an advanced stage and rarely in an early stage [4].

Kawamura et al. [1] concluded that “lymph node metastasis should be suspected when MGC invades to the submucosa or deeper”. This statement is incorrect and misleading. In their study, the frequency of lymph node metastasis was *not* different between the MGC and NGC invading the muscularis propria, subserosa, serosa, and adjacent tissue [1, Fig. 3]. Although the frequency of lymph node metastasis for the MGC invading the submucosa was higher than that for the NGC invading the submucosa (4/15 = 27% vs 9%), the latter

seems low when compared with the data of the studies on a large series (17%–20%) [5–7]. In our study of early-stage MGC, the frequency of lymph node metastasis and prognosis of patients did not differ between early-stage MGC and early-stage NGC [8].

Whether lymph node metastasis is frequent in the MGC invading the submucosa must be examined based on a large number of patients with early-stage MGC. Because the frequency of patients who died of recurrence was not different between the early MGC and early NGC (0% vs 2%) [8], and the 5-year survival rate after curative resection was the same for the advanced MGC and advanced NGC (58% vs 56%) [3], we want to emphasize that the outcome of patients with MGC depends not on the mucinous histologic type but on the stage of disease. We hope this letter will contribute to the further understanding of gastric cancer and to the fruitful growth of *Gastric Cancer*.

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Authors' Reply

To the Editor:

We are grateful for Dr. Adachi and colleagues' interest in our paper. We agree with their comment that the

outcome of patients with mucinous gastric carcinoma (MGC) depends on the stage of disease. The reason for the poor prognosis of MGC seems to be the advanced stage at detection rather than the mucinous histologic type.

We think that the specific features of early-stage MGC have not been sufficiently understood because of its rarity. The incidences of nodal metastasis, for example, vary among the reports. A cooperative study on a large number of cases is needed.

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on behalf of the authors

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