CHEMORESISTANCE CAN LIMIT THE SUCCESS OF RADICAL SURGERY FOLLOWED BY EARLY POSTOPERATIVE INTRAPERITONEAL CHEMOTHERAPY IN GASTRIC CARCINOMA

To the Editor:

We read with great interest the excellent review and rationale on gastric carcinoma management by Drs. González and Sugarbaker. They also offer a strategy to avoid locoregional and peritoneal recurrence that occurs very frequently in advanced stages following resection and has a fatal prognosis. The extended lymph node clearance followed by intraperitoneal chemotherapy is advocated by some Asian surgeons but it is rarely performed in Western countries, probably due to the traditional pessimistic point of view of Western surgeons when treating this neoplasia. This feeling has been reinforced by the prospective European trials failing to demonstrate an improvement in the survival rates of patients with advanced disease on whom extended lymphadenectomies were performed¹⁻⁵. In our opinion, these trials show that radical surgery alone is an insufficient treatment for most of these patients, and we agree with the authors that new strategies combining regional or systemic therapy with extended lymphadenectomies must be carried out to prevent recurrence. However, the strategy proposed needs specifically trained surgeons and intraperitoneal chemotherapy is not a simple procedure or available in the majority of our hospitals. For that reason the author's approach must clearly demonstrate benefits in survival terms before being incorporated into our protocols.

In addition, we would like to point out that although early intraoperative chemotherapy reaches high concentrations of drugs in peritoneal surfaces, the chemosensitivity of gastric cancer cells to be killed has not been taken into account. We believe the reason that iv drug combinations have not improved survival of these patients must also be found in the complex pattern of chemoresistance shown by this neoplasia⁴⁻⁸. For instance, anthracyclines commonly included in chemotherapy regimens against gastric carcinoma during the last decade are being abandoned. The frequent expression of P-glycoprotein, MRP and p53 mutations shown by this neoplasia impair the effectiveness of these drugs and would support this attitude. We suggest that the main factors in chemoresistance that can impair the effectiveness of the drugs employed should be tested before administration. If this is not done, the study's potentially poor results could be attributed to the procedure which in fact is a problem of chemoresistance.

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CHEMORESISTANCE CAN LIMIT THE SUCCESS OF RADICAL SURGERY FOLLOWED BY EARLY POSTOPERATIVE INTRAPERITONEAL CHEMOTHERAPY IN GASTRIC CARCINOMA (REPLY)

To the Editor:

We appreciate the comments by Dr. Lacueva and colleagues about our article on the comprehensive management of gastric cancer.

We share with other authors¹ the opinion that the pessimistic point of view of Western surgeons regarding extended resections for gastric cancer has not been established at the present time. Controversy regarding the extent of lymphadenectomy has not been settled yet, not even after the results of the European randomized trials have been reported^{2,3}. There are rational arguments both for and against extensive lymphadenectomy that prevent valid conclusions. Surgical skill and expertise in cancer surgery⁴ has been shown to affect outcome. However, in the Dutch trial, the

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