

LETTER TO THE EDITOR

Total Gastrectomy and Identified *CDHI* Mutations: In Response

TO THE EDITORS:

In response to the letter by Dr. Liakakos, we agree that evidence suggests that total gastrectomy should be performed for asymptomatic patients with a family history of gastric cancer and identified *CDHI* mutations. Surgery can be performed safely with good results. One cannot rely on surveillance endoscopy and other methods of early diagnosis because all but one patient who underwent surgical resection had gastric cancer, and only two were diagnosed preoperatively. Further, if one waits until symptoms to perform surgery, it is too late because these patients did worse.

However, our study did not clearly define the timing of gastrectomy in patients with *CDHI* mutation. There may

be a long latency period before the cancer becomes incurable by surgery. Certainly, we would like to preserve gastric function for as long as possible in these young patients. Further, as Liakakos points out, a better understanding of the pathophysiology of *CDHI* mutation—induced gastric cancer may result in specific drugs to alter the development of cancer, eliminating the need for total gastrectomy. For now, we agree that our study suggests that total gastrectomy should be performed early; that it is not prophylactic, but therapeutic; and that the presence of symptoms portends a poor prognosis.

Jeffrey A. Norton, MD, and Yijun Chen, MD

Department of Surgery, Stanford University School of Medicine, Stanford Comprehensive Cancer Center, Stanford, CA

e-mail: janorton@stanford.edu

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