INTRODUCTION

Gastric cancer had 951,600 new cancer cases and 723,100 deaths occurred in 2012. Complete resection is essential for the cure of localized gastric cancer. At present, the standard treatments for locally advanced gastric cancer in Asia, Europe and the United States are D2 gastrectomy followed by adjuvant chemotherapy, surgery with pre- and postoperative chemotherapy, and surgery with postoperative chemoradiotherapy, respectively. Although complete resection is essential for the cure of gastric cancer, the incidence of postoperative complications rate after gastric cancer surgery has been reported to be 20-30%. Recent studies for gastrointestinal cancers have demonstrated that the development of postoperative complications decreased the patient’s survival or increased the risk of disease recurrence.

The aim of the present study was to determine whether the overall survival (OS) and recurrence-free survival (RFS) would be affected by the development of any postoperative complications in the patients who underwent curative resection for gastric cancer.

Purpose

The aim of the present study was to determine whether the OS and RFS would be affected by the development of any postoperative complications in the patients who underwent curative resection for gastric cancer.

Patients

Patient’s data and outcomes were collected at Department of Surgery, Yokohama City University between January 2000 and June 2015.

Definition of postoperative complications

All information on major surgical complications was retrospectively collected. The patients were classified into those with postoperative complications (C group) and those without postoperative complications (NC group).

Evaluations and statistical analyses

The significance of correlations between postoperative complications and clinicopathological parameters was determined using Fisher’s exact test or the $\chi^2$ test. The OS and RFS curves were calculated using the Kaplan-Meier method, and were compared by the log-rank test. A Cox proportional hazards model was used to perform the univariate and multivariate survival analyses. A value of P <0.05 was defined as being statistically significant. The SPSS software package (v11.0 J Win, SPSS, Chicago, IL) was used for all statistical analyses. This study was approved by the Institutional Review Board of the Yokohama City University.

Data analysis

Individual Patients’ clinic pathological data were already collected and their analyses have been completed by the end of June 2015. Detailed results of overview of this integrated data will be published elsewhere after
scrutinized examination and model based analysis of all the retrieved results.

Acknowledgement: None
Conflict of interest statement: None declared.

References