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Letter to Editor

Short and long-term outcomes in a patient cohort with gastric stump cancer: A propensity score analysis



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Dear Editor,

Patients who have undergone a subtotal gastrectomy are considered to be at an increased risk of carcinogenesis in the gastric stump. Nowadays, the term of gastric stump cancer (GSC) includes cancers after gastric resection for either benign or malignant diseases, which develops 5 years following the initial procedure.¹ An article by Mak et al. “Prevalence and characteristics of gastric remnant cancer: A systematic review and meta-analysis” published in Asian Journal of surgery summarized experience in this field.²

First, they found that there is a significant publication bias in prevalence of GSC. However, after performing *Begg and Egger* tests, they concluded that 2.6% pooled prevalence is statistically significant finding.

Furthermore, analysis of clinic pathological characteristics detected GSC more commonly in male patients and it occurred in anastomotic site no matter what primary disease was. Finally, survival rates with benign and malignant primary disease ranged from 19.4% to 49% and 30.6%–59.3% accordingly.

We would like to supplement these findings with our data from Lithuania, because only six studies (one from USA and five from Europe), were included in this trial.

In our study, we case matched GSC with primary gastric cancers to assess the possible differences between the diseases. Average time of diagnosis of GSC was 24.4 years (SD ± 12.95, from 5 to 50) after the initial surgery. 5 years survival rate for GSC was 24.4% and for non-metastatic disease – 30.3%, which complements findings of Mak et al. After case matching, we did not find any statistically significant differences between two groups. The broader results can be found in the appendix (Tables 1–3).

We conclude that GSC has similar outcomes compared with primary disease and worse outcomes are caused by late diagnosis, however our results and a review by Mak et al concludes that this is a curable disease, which must be addressed properly. A

multi-center well-controlled case matched study could provide critical insights in differences of GSC and primary gastric cancer.

Declaration of competing interest

The authors declared no competing interests.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.asjsur.2021.03.018>.

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