Reply to "Is it possible that advanced-stage gastric cancer patients can be cured by surgery alone?"

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DEAR EDITOR,

Thank you for your comments[1] for our article.[2] With regard to lymph node metastasis, gastric cancer with lymph node metastasis, which is limited to N1 or N2 (NCCN guideline), is classified as regional lymph node metastasis. It has been proved that gastric cancer with D2 lymph node dissection is a standard procedure for gastric cancer surgery.[3] These regional lymph nodes could be completely resected by lymph node dissection. If the lymph nodes metastasize to N3 region, it could be classified as distant lymph node metastasis. Lymph node dissection for N3 lymph nodes might have limited benefit for gastric cancer treatment. Unlike the GYN disease, we did not consider gastric cancer with regional lymph node metastasis as "systemic disease." However, adjuvant chemotherapy for gastric cancer with lymph node metastasis after curative resection is beneficial for these patients. We agreed that GC patients with pT3-4 and/or the presence of lymphadenopathy was at a higher risk of recurrence and should be applied with adjuvant treatment as NCCN guideline's recommendation. With regard to postoperative adjuvant chemotherapy, there was less effective chemotherapy for gastric cancer after curative resection with D2 lymph node dissection. Since 2008, S-1 has been used as adjuvant chemotherapy for stage II or III disease after curative surgery at our institute based on its proven survival benefit. We had described in the "Method" section.

With regard to *ARID1A* mutations in gastric cancer, it has been proven that *ARID1A* mutations are associated with increased immune activity in gastrointestinal cancer.[4] We agreed any systemic treatment may have toxicity for human body. As we mentioned above, we use S-1 as adjuvant chemotherapy for stage II or stage III gastric cancer after curative surgery. In gastric cancer, the immunotherapy was considered for patients with stage IV gastric cancer or recurrence after gastric surgery if the gastric cancer patient has therapeutic failure by first- or second-line chemotherapy. Our study provided a therapeutic consideration for targeted therapy and immunotherapy for patient with recurrence after curative surgery.

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