



Reply to “Can one outcome be used to predict the other outcome?”

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DEAR EDITOR,

Thank you for your comments¹ for our article.² Overall survival (OS) was defined from the date of operation to the date of death or the latest follow-up. Disease-free survival (DFS) was defined as the length of period after surgery for gastric cancer during which the patient survived without recurrence.³ We usually use OS and DFS to evaluate the outcome of gastric cancer after curative surgery. With regard to progression-free survival (PFS), it usually applies to evaluate the therapeutic results of patients who receive noncurative surgery or stage IV disease under chemotherapy, radiotherapy, or other palliative treatment.

The disease etiology and the recurrent pattern between gastric cancer and ovarian cancer are quite different. Once gastric cancer recurrence after curative resection, it usually causes fatal disease course. Surgery usually gets limited benefit if gastric cancer recurrence or distant metastasis. To my knowledge, debulking surgery plays an important role if recurrence of ovarian cancer after surgery. Patients may receive second or third debulking surgery if recurrence of ovarian cancer. It may be the reason why PFS is quite important for ovarian cancer. For gastric cancer, the recurrent patterns in our series were defined as locoregional recurrence, peritoneal dissemination, distant lymph node metastasis, and distant organ (hematogenous) metastasis. Patients could have more than one metastasis at the time of initial

diagnosis of recurrence. That's why gastric cancer is fatal when recurrence. In the “Method” section, we have described that 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 since 2008. Before 2008, there is no effective adjuvant treatment for stage II or III gastric cancer after radical gastrectomy with D2 lymph node dissection. Once gastric cancer recurrence after gastrectomy, the disease course is short and the progression is very fast. In our database, we both had OS and DFS for gastric cancer after gastric resection. The discrepancy of survival curve is relative similar between OS and DFS. However, with the development of more effective chemotherapy and immunotherapy, it may increase the difference of OS and DFS in gastric cancer after surgery in the future.

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