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**Gastric cancer immunotherapy: A scientometric and clinical trial review**

Du QC *et al*. Immunotherapy for GC

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**Abstract**

This letter is intended to arouse your interest in a recent review of comprehensive scientometrics and clinical trials on immunotherapy for gastric cancer (GC). Our study reviews recent advances in immunotherapy in the field of GC and highlights its new prospects as a treatment for GC. Our research reveals China’s leadership in this field, as well as new therapeutic strategies such as immune checkpoint inhibitors, cellular immunotherapy, and vaccines. The combined findings highlight the potential of immunotherapy to improve survival and quality of life in patients with stomach cancer. We believe that this study will provide important guidance for the future direction of the GC treatment field.

**Key Words:** Gastric cancer; Immunotherapy; Bibliometrics; Comment; Therapeutic strategies

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**Core Tip:** The article is a comprehensive review of immunotherapy for gastric cancer (GC), emphasizing the leadership of immunotherapy in the field of GC. The paper focuses on new strategies such as immune checkpoint inhibitors, cellular immunotherapy, and vaccines, highlighting their potential in improving the survival and quality of life of GC patients. This study provides crucial guidance for the future development direction of GC treatment and valuable insights into emerging therapeutic approaches.

**TO THE EDITOR**

I am writing to express my concern regarding the recently published paper titled “Advances and key focus areas in gastric cancer immunotherapy: A comprehensive scientometric and clinical trial review (1999-2023)” by Li *et al*[1] in the *World Journal of Gastroenterology*. The authors have done an exceptional job of providing a thorough analysis of the current status and emerging trends in the field of gastric cancer (GC) immunotherapy. Their findings offer valuable insights into significant advancements within this domain, underscoring its potential to revolutionize treatment approaches for patients with GC.

As a clinician and researcher in the field of gastroenterology, I am convinced that immunotherapy has great potential for GC patients. As the sixth most common cancer worldwide and the third leading cause of cancer-related death, GC highlights the urgent need for innovative treatments[2]. Current treatment modalities, mainly surgery and chemotherapy, have limitations, and the prognosis for advanced GC remains worrisome. The authors’ bibliometric analysis reflects the rapid growth of GC immunotherapy research in recent years and the increasing dominance of China in the number of published articles, which indicates the global interest and commitment to advancing this field. The identification of keywords, such as “tumor microenvironment”, “immunotherapy”, “dendritic cell therapy”, and “microsatellite instability”, highlights the evolving focus areas of GC immunotherapy research.

In addition, I would like to emphasize that international cooperation and communication in this area is essential to accelerate progress in GC immunotherapy. As mentioned in the article, multiple countries and institutions worldwide have contributed to research in the field of GC immunotherapy[3]. Such collaboration helps to share best practices, drive innovation and advance global health. The good news is that combinations of immune checkpoint inhibitors (ICIs), chemotherapy, targeted therapies, and other immunotherapies are becoming major research directions in the future. The authors rightly point out that these new treatment options, including ICIs and chimeric antigen receptor T cells, hold promise for GC patients, with the potential to improve survival and quality of life.

In terms of looking to the future, I think as we develop a deeper understanding of the mechanisms of immunotherapy, we can expect to further increase the level of individualization of treatment. Based on the molecular characteristics of the tumor and individual differences in the immune system, we can predict how a patient will respond to a specific treatment and optimize the outcome by adjusting the treatment regimen. In addition, exploring new immunotherapy targets and strategies, such as tumor-associated antigens and immune cell therapies, will open new avenues for future GC therapies.

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**Footnotes**

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