

Interpretation of the development of neoadjuvant therapy for gastric cancer based on the vicissitudes of the NCCN guidelines

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Gastric cancer is one of the most common digestive system tumors in China, and locally advanced gastric cancer (LAGC) accounts for a high proportion of newly diagnosed cases. Although surgery is the main treatment for gastric cancer, surgical excision alone cannot achieve satisfactory outcomes in LAGC patients. Neoadjuvant therapy (NAT) has gradually become the standard treatment for patients with LAGC, and this treatment can not only achieve tumor downstaging, improve surgical rate and the R0 resection rate, but it also significantly improves the long-term prognosis of patients. Peri/preoperative neoadjuvant chemotherapy and preoperative chemoradiotherapy are both recommended according to a large number of studies, and the regimens have also been evolved in the past decades. Since the NCCN guidelines for gastric cancer are one of the most authoritative evidence-based guidelines worldwide, here, we demonstrate the development course and major breakthroughs of neoadjuvant therapy for gastric cancer based on the vicissitudes of the NCCN guidelines from 2007 to 2019, and also discuss the future of NAT.

INTRODUCTION

Gastric cancer (GC) is the most common tumor of the digestive system. GLOBOCAN estimated approximately 1.034 million newly diagnosed gastric cancer cases worldwide in 2018, which accounted for 5.7% of all tumors and ranked GC as the fifth among all cancers. Gastric cancer is also the third leading cause of cancer-related deaths, as 0.783 million deaths were caused by GC in 2018, which accounted for 8.2% of all cancer deaths^[1]. The incidence of GC in

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