

**Name of Journal:** *World Journal of Gastrointestinal Oncology*

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**Manuscript Type:** ORIGINAL ARTICLE

*Retrospective Study*

**Subtotal gastrectomy combined with chemotherapy: the effective therapy for patients with circumscribed Borrmann type IV gastric cancer**

Huang HB *et al.* Effective therapy for circumscribed Borrmann IV

**Abstract**

BACKGROUND

Although Borrmann type IV (B-4) gastric cancer has a higher mortality rate and presents distant metastasis easily, especially peritoneal metastasis, when diagnosed. Some B-4 patients were found to have no distant metastasis by preoperative detection and underwent curative surgery, which is defined as circumscribed B-4 in our study.

AIM

In this study, we focused on the circumscribed B-4 patients without distant metastasis during surgery to identify factors of prognosis and postoperative peritoneal cavity metastasis (PPCM) in these B-4 patients, which is important for selecting an appropriate therapeutic strategy.

## Match Overview

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Table 2 presents the results of preoperative diagnosis of **Borrmann type IV gastric cancer** on gastroscopy and CT. On gastroscopy, **Borrmann type IV AGC** were correctly diagnosed in 26 (44.1%, 26/59) **patients** (Table 2). In 15 **patients** (57.6%, 15/26), the presence of **gastric cancer** had been suspected on gastroscopy performed at referring hospitals.

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Standard **chemotherapy** versus best supportive care **for patients** with metastatic **gastric cancer** has been tested in several clinical trials, and there is general agreement that **patients** who receive **chemotherapy** live for several months longer on average than **patients** who receive supportive care.[13-15][Level of evidence: 1iiA] During the last 20 ...





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### [Gastric cancer - The Lancet](#)

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**Gastric cancer** is the fifth most common **cancer** and the third most common cause of **cancer** death globally. Risk factors for the condition include Helicobacter pylori infection, age, high salt intake, and diets low in fruit and vegetables. **Gastric cancer** is diagnosed histologically after endoscopic biopsy and staged using CT, endoscopic ultrasound, PET, and laparoscopy.