

Current Approaches to Gastric Cancer in Korea

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ABSTRACT

Gastric cancer remains a significant global health problem and is the most common cancer in Korea. Surgery is the only curative treatment for localized gastric cancer, but most cases present at an advanced stage. The proportion of early gastric cancer and the incidence of gastric cancer located in the upper third of the stomach have increased in Korea. The majority of patients in Korea receive surgery alone or surgery plus chemotherapy. Over 50% of the surgeries have been performed in five major hospitals, with most surgeons performing extended lymph node dissection (D2 or D3). The 5-year survival rate with curative resection is 55.6%–66.0%, with rates of 92.9%–98.0%, 84.2%–92.0%, 69.3%–72.0%, 45.8%–54.0%, 29.6%–36.5%, and 9.2%–23.9% according to TNM stages of Ia, Ib, II, IIIa, IIIb, and IV, respectively. Although convincing phase III data are lacking, postoperative immunochemotherapy with 5-fluorouracil (5-FU) plus mitomycin for 2 months followed by OK-432 plus doxifluridine for 24 months has been widely used in Korea. A phase III trial of adjuvant capecitabine/oxaliplatin is ongoing in curatively resected disease (CLASSIC study). The modified 5-FU/cisplatin regimen has become popular since the mid 90s, and various combinations including taxanes, oral 5-FU prodrugs, oxaliplatin, and irinotecan have been evaluated. Recently, Korean investigators have played pivotal roles in studies initiated by global pharmaceutical companies, and the Korean Cancer Study Group has initiated 14 multicenter trials, including phase III trials in gastric cancer and international cooperative trials. Future international cooperative trials are anticipated.

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Although the incidence of gastric cancer and associated mortality are decreasing on a worldwide basis, Korea continues to have one of the highest rates of gastric cancer.^{1,2} According to the Korea Central Cancer Registry and Local Cancer Registries Data, gastric cancer remains the leading malignancy in both sexes, despite a recent decrease in incidence.² The age-standardized incidence rate for gastric cancer was 58.6 per 100,000 for males and 30.8 per 100,000 for females from 1999 to 2001.² Curative surgery is the treatment of choice, and overall survival has improved recently. However, mortality for those diagnosed with gastric cancer remains high, because many patients are diagnosed with advanced-stage disease. In fact, more than two thirds of patients presenting with gastric cancer have unresectable disease.

Gastric cancer patients in Korea usually

receive surgery alone (50.5%) or surgery plus chemotherapy (14.0%).³ Of 13,272 gastric cancer surgeries performed in Korea in 2005, 6,987 (52.6%) were performed in five major hospitals, with most surgeons performing more than 100 surgeries per annum. More than 20 hospitals perform more than 150 surgeries per annum. No consensus has been reached yet with respect to postoperative treatment, though various combinations of adjuvant chemotherapy are widely used, especially 5-fluorouracil (5-FU) and/or cisplatin-based chemotherapy.

Recently, Korean investigators have played pivotal roles in studies conducted by global pharmaceutical companies, and the Korean Cancer Study Group (KCSG) itself has initiated 14 multicenter trials, including phase III trials in gastric cancer and international cooperative trials. In this article, we review current standards of care

for gastric cancer in Korea, summarize ongoing trials, and discuss future directions of research in Korea toward the cooperative goal of developing a worldwide standard for gastric cancer care.

CLINICOPATHOLOGIC CHARACTERISTICS

The proportion of new cases diagnosed with early disease has increased from 7.7% in the 1970s to 19.1% in the 1980s, 29.0% in the 1990s, and 35.6% in 1996, based on data from Seoul National University Hospital. According to a report issued by the Korean Gastric Cancer

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