LETTER to the EDITOR

In Regard to Wang et al on Long-term Outcomes Following D2 Gastrectomy for Early Gastric Cancer

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Dear Editor

I read with great interest the long-term outcomes following D2 gastrectomy for early gastric cancer (EGC) reported by Zheng Wang and colleagues (Wang et al., 2014). I would like to congratulate the authors for their excellent efforts in reviewing a large number of patient records treated over a period spanning more than 14 years. Findings from this study further confirmed the good prognosis of the overall patient population with EGC following treatment.

However, it would be interesting to learn more about the use of adjuvant treatment, pattern of treatment failures, rate of *Helicobacter pylori* positivity and effect of *H. pylori* eradication in this study population. The role of adjuvant therapy for patients who have undergone complete resection of EGC is not clearly established (NCCN, 2014). There is no consensus as to the best approach. Practice varies widely, depending mainly on geographical location. More data on use of adjuvant treatment following resection of EGC and pattern of treatment failures would help to shed some light on the effects on long-term outcomes, while results from randomized controlled trials are eagerly awaited.

H. pylori is a well-defined risk factor for EGC. Despite being widely practised, the exact benefits of *H. pylori* eradication continue to be debated, and the survival advantage remains unclear (Wong et al., 2004; Freedberg et al., 2014; Kwon et al., 2014; Li et al., 2014). I urge the authors to publish data on *H. pylori* rate and analyse the effect of *H. pylori* positivity and its eradication on incidence of metachronous disease and survival.

Nevertheless, the excellent survival reported in this single institution study from a developing country without a dedicated screening programme is commendable and comparable to published literature from elsewhere (Okada et al., 2012).

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