


Comments on: Advancing gastric cancer surgery: Oncological outcomes and novel approaches in laparoscopic D2 gastrectomy

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Dear Editor,

We read with great interest the study reporting the outcomes of laparoscopic subtotal and total gastrectomy with D2 lymphadenectomy. The authors are to be commended for presenting a large cohort and demonstrating that minimally invasive D2 gastrectomy can achieve high lymph node yields, favorable R0 resection rates, acceptable morbidity, and encouraging survival when performed in experienced high-volume centers. With a mean lymph node retrieval exceeding 37.8 ± 9.4 nodes and a low incidence of major complications, these results reinforce the technical maturity of laparoscopic oncologic gastrectomy, in line with contemporary Eastern evidence.^[1]

Beyond these strengths, a more in-depth examination of certain aspects could further enrich the interpretation of this valuable dataset. Subtotal and total gastrectomy are associated with different postoperative functional outcomes, nutritional profiles, and recurrence patterns.^[2] Therefore, stratified reporting of morbidity, anastomotic events, and survival in these two procedures will provide more detailed insight, particularly in borderline resectable or fragile patient groups, and better inform the surgical decision-making process. Modern gastric cancer management increasingly incorporates biological characteristics in addition to anatomical staging. Reporting variables such as HER2 status, MSI profile, perineural and

lymphovascular invasion, and adjuvant treatment details will enhance the oncological context and help clarify survival determinants independent of surgical technique.^[3] Similarly, recurrence patterns, particularly peritoneal recurrence, warrant focused attention given their prognostic importance in gastric cancer cohorts.

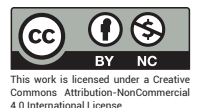
The authors note that staging laparoscopy is selectively performed in patients with suspected peritoneal involvement. This pragmatic approach is commendable because it widely supports selective staging laparoscopy in clinically suspicious cases and prevents non-therapeutic laparotomies by significantly reducing the risk of occult peritoneal metastasis. By including staging laparoscopy in such scenarios, the authors strengthen the oncological rigor of patient selection and align their practice with high-quality evidence demonstrating the value of staging laparoscopy in advanced gastric cancer.^[4] This strategy undoubtedly adds robustness to the study and enhances its clinical significance.

The study also highlights the potential benefits of indocyanine green (ICG) guidance and robotic assistance. Previous evidence suggests that ICG can improve nodal visualization and enhance the quality of lymphadenectomy, and the authors' findings appear consistent with this.^[5] While the oncological impact and cost-effectiveness of these technologies remain areas for prospective evalua-



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tion in the future, their adoption reflects the ongoing evolution of minimally invasive gastric cancer surgery toward improved precision and quality.

In summary, this study provides meaningful real-world data supporting the oncological safety and feasibility of laparoscopic D2 gastrectomy in expert centers. We congratulate the authors and believe that further subgroup analyses, inclusion of molecular tumor data, standardized quality indicators, and long-term evaluation of ICG and robotics will guide the improvement of global practice standards and the adoption of patient-centered minimally invasive strategies.

Disclosures

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Conflict of Interest: None declared.

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