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Summary

Gastric cancer: Individualised surgical and personalised systemic treatment

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The speaker presented current surgical and perioperative management strategies for gastric and gastroesophageal junction adenocarcinoma, highlighting FLOT-based perioperative chemotherapy as the standard approach and the emerging role of immunotherapy based on recent trial data.

KEY POINTS

- The speaker stated that the FLOT trial showed five-year survival of 45% with FLOT perioperative chemotherapy versus 36% with ECF, and that FLOT is the current standard regimen in Europe and North America, consisting of four cycles before and four cycles after surgery.
- The speaker reported that the Matterhorn trial, published in New England Journal of Medicine, showed improved event-free survival and pathological complete response rates when durvalumab was added to FLOT in the perioperative setting, with overall survival data not yet mature.
- For gastroesophageal junction type 2 tumors, the speaker stated that transthoracic esophagectomy is preferred over gastrectomy in high-volume centers based on multinational cohort data showing higher lymph node resection and R0 rates.
- The speaker stated that chemoradiotherapy does not improve survival compared to perioperative chemotherapy alone for resectable gastric cancer based on the CRITICS and TOPGEAR trials.
- For MSI-high gastric cancer (5-10% of cases), the speaker reported that two phase 2 studies showed 60% pathological complete response rates with doublet immunotherapy before surgery, with ongoing trials evaluating watch-and-wait strategies.
- The speaker recommended considering FLOT plus durvalumab as a new standard of care for patients with gastric and gastroesophageal adenocarcinoma, pending formal guideline updates.

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