Letter to the Editor

Rationale of oncological follow-up after gastrectomy for cancer—the Consensus Conference

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Sir:

At present, there is no scientific evidence supporting any definite role for follow-up after gastrectomy for cancer and albeit many retrospective series have clearly demonstrated that early diagnosis of tumor recurrence in the asymptomatic phase has not resulted in a survival improvement, compared to late diagnosis (1-4), still the clinical practice in most high volume centers implies that after surgery patients are submitted to repeated clinical and instrumental checks.

We feel that it is certainly needed that follow-up schedules are based on a more solid evidence, by identifying tests and examinations with the best reliability and sensitivity, by limiting them to a period of time when recurrence is likely and concentrating clinical efforts and expenses on those recurrences whose diagnosis shows a notable impact on survival and quality of life.

Randomized Controlled Trials (RCT) are considered as the most rigorous tool for determining whether a cause-effect relationship exists between one intervention and its outcome; nevertheless, RCT's are unlikely to be rewarding in this peculiar field since excessively large sample sizes and huge amount of money and time would be needed to clearly demonstrate the efficacy of follow-up. Another mean of dealing with conflicting or scarce scientific evidence relies in Consensus methods. The focus of Consensus lies where unanimity of opinion does not exist owing to a lack of scientific evidence or when there is contradictory evidence on an issue. Consensus methods overcome some of the disadvantages normally found with decision making in groups or committees, which are commonly dominated by one individual or by coalitions (5).

On June 19th-22nd 2013 in Verona (Italy), during the 10th International Congress (IGCC) of the International Gastric Cancer Association (IGCA) organized by the Italian Research Group for Gastric Cancer, a Consensus Conference entitled "*Rationale of oncological follow-up after gastrectomy for cancer*" will take place, with the ultimate purpose to produce a CHARTER. Aim of this SCALIGER CHARTER is to present an ideal prototype of follow-up after gastrectomy for cancer, based on shared experiences and also taking into account the need to rationalize the diagnostic course and not to lose the chance to catch a recurrence at its earliest stage. Other factors to be considered are: (I) need of reliable data on surgical outcome; (II) patients' desire not to be abandoned; (III) psychological stress induced by unuseful controls; (IV) cost/benefit ratio of instrumental examinations; (V) side effects of invasive diagnostic procedures; (VI) possibility of causing a premature "diagnosis of death".

The process of construction of the International Consensus Conference started in December 2012 when a Restricted Working Group (RWG) was established: the RWG reviewed the literature, formulated 7 unresolved issues (*Table 1*), shared a proposal STATEMENT for each of them, submitted to the Scientific Committee of 10th IGCC a list of international experts including surgeons, oncologists, radiation oncologists, gastroenterologists, statisticians and methodologists with a geographical distribution reflecting different health cultures worldwide, therefore from "emerging" and highly developed Countries. Forty-eight of these experts have agreed to participate in an Enlarged Working Group (EWG) which—according to the dictates of the Delphi method—

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Table 1 Questions to be answered

1. Should patients be clinically abandoned after curative surgery (and adjuvant chemotherapy)?
2. Should follow-up be exclusively managed by GP instead of surgeon, oncologist, gastroenterologist?
3. Should follow-up be differentiated on the basis of recurrence risk?
4. Should only clinical checks be performed during follow-up?
5. Should advanced imaging techniques be regularly prescribed during follow-up?
6. Should upper GI endoscopy be regularly prescribed during follow-up?
7. After how many years follow-up should be stopped?

to date is already working blindly to create an online preliminary consensus on the 7 statements. A revised version of the statements will be presented in a plenary session at the 10th IGCC and offered for signature. Thereafter, on the basis of the Consensus Conference results, the RWG will draw a final CHARTER draft, which will be displayed on the IGCC/IGCA website, through December 31st 2013; all the participants in the Consensus Conference will be invited to apply the resulting follow-up guidelines in their daily practice.

The CHARTER is expected to be re-evaluated every two years.

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