



Current data is sufficient to recommend a current standard of care

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Brandl and Prabhu from Lisbon, Portugal and Tamil Nadu, India, respectively, joined forces to submit our third gastric cancer manuscript (1). Their goal in writing this review was to evaluate many treatment regimens with a goal of consolidation into a few supported by the most reliable data. To their credit, their final paragraph summarizes the NIPEC and HIPEC protocols they recommend for continued utilization and investigation. Interestingly, there was a favorable presentation of the NIPEC protocols to treat advanced PM. This strategy, reported almost exclusively from Asia, utilizes the repeated intraperitoneal administration of a taxane through an intraperitoneal port. The only other treatment option for these patients is systemic chemotherapy. It is not surprising that Brandl and Prabhu suggest that NIPEC paclitaxel can be incorporated into current practice. These authors are confident enough in the RCTs, propensity-adjusted analysis and national registries to recommend as a standard of care gastrectomy, cytoreductive surgery and HIPEC for fit patients with a low peritoneal cancer index and projection of complete cytoreduction by laparoscopic staging. They warn the reader of a large diversity of HIPEC regimens. The Editors would add to their list of usable HIPEC protocols a perioperative combined intraperitoneal and intravenous FLOT, if this regimen was not used as neoadjuvant treatment. This is a great manuscript and worthy of special study.

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