



Knowledgeable case selection results in favorable outcomes

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This concise and comprehensive review by Manzanedo and coworkers emphasizes the need for laparoscopy to assess the volume of peritoneal disease (PCI) and assess the possibility of achieving a complete cytoreduction (CC-0) (1). Their data focuses on the 3 national registries that support cytoreductive surgery including gastrectomy plus HIPEC for low volume PM in patients with primary gastric cancer. Also, the randomized trial of Yang *et al.* (2) and the propensity matched study of Bonnot *et al.* (3) support their recommendation for treatment of these patients. They recommend preoperative FLOT for 4 cycles, complete cytoreduction including gastrectomy, then HIPEC with cisplatin at 75 mg/m² for 60 minutes. They express interest in further clinical research with neoadjuvant laparoscopic HIPEC, neoadjuvant intraperitoneal and systemic chemotherapy (NIPS), and pressurized intraperitoneal aerosol chemotherapy (PIPAC) within the context of clinical trials. This well written manuscript is definitely worth the reader's time for study and evaluation. These authors convince us that careful selection of patients with gastric cancer and PM plus cytoreductive surgery (including gastrectomy) and HIPEC is a standard of care until further data become available.

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