



# Advances in Chemotherapy for Favorable Prognosis in Gastric Cancer

Rosa Ana\*

Department of Oncology, University of Maia, Portugal

## DESCRIPTION

There are still marked differences in gastric cancer chemotherapy between Asia and the West. The incidence, pathophysiology, treatment details, and outcome of gastric cancer vary greatly among ethnic and regional differences. For example, in Japan, endoscopic mucosal resection is widely used to diagnose early gastric cancer. Japan has better surgical results than Europe and the United States, and the degree of lymph node dissection tends to be lower in Europe and the United States. It is important to note that the various contexts surrounding gastric cancer differ from region to region. In this article, we will explain the current status and future prospects of chemotherapy strategies in the field of chemotherapy for gastric cancer, where new drugs have been introduced one after another in Asia, Europe and the United States in recent years, including differences in the background such as frequency and clinical picture.

Chemotherapy has been shown to be more effective against advanced gastric cancer, but no standard chemotherapy for gastric cancer has been established recently. Chemotherapy was administered in combination with cisplatin to patients with advanced gastric cancer who underwent jejunostomy for dysphagia due to cerebral infarction. The overall response to this chemotherapy was a partial response. We concluded that administration of in combination with cisplatin *via* jejunostomy may improve nutritional management and quality of life in patients with advanced gastric cancer who cannot take oral intake. Cisplatin-based chemotherapy has recently emerged as one of the most aggressive combinations for patients with disseminated or locally unresectable gastric adenocarcinoma. This article provides a historical framework for understanding these processes. We review the results of clinical studies with cisplatin alone or in combination in approximately 600 patients. A

recent German study suggested that cisplatin in combination with etoposide and doxorubicin increased the resection rate of gastric cancer, so the rationale for cisplatin combination therapy in the neoadjuvant setting is now well founded. We describe preliminary results of such a neoadjuvant approach being used. Finally, we had seen new areas of clinical and experimental research in the treatment of gastric cancer as future research avenues for gastric cancer treatment.

Radical surgery is the main treatment for advanced gastric cancer. However, the results are still unsatisfactory. Different types of perioperative chemotherapy have been evaluated to improve treatment outcomes. In contrast, neoadjuvant chemotherapy is considered the standard of care for advanced gastric cancer in the Western world. Extrapolation of Western evidence seems difficult because the patient backgrounds and surgical outcomes differ greatly between the West and the East. You must provide your own proof of neoadjuvant chemotherapy.

The effects of neoadjuvant and postoperative adjuvant chemotherapy on the prognosis of patients with locally advanced gastric cancer are similar. Patients who respond to the neoadjuvant chemotherapy have a favorable prognosis. Screening a small number of locally advanced gastric cancer patients eligible for neoadjuvant chemotherapy may be beneficial in improving prognosis. Advances in chemotherapy for gastric cancer have led surgeons to perform conversion surgery on patients with initially inoperable gastric cancer after they have responded to first-line chemotherapy.

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## CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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**Corresponding author** Rosa Ana, Department of Oncology, University of Maia, Portugal, E-mail: ana.rosa56@unma.pt

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