

Reply to Letter: "Tumor Regression After Neoadjuvant Chemotherapy in Gastric Carcinoma: Are There Really So Few Responders?"

Reply:

We thank Rausei et al for their comments regarding our manuscript.¹ We are pleased to comment on this letter and to present the results of additional analyses, which we performed according to their recommendations.

First of all, we would like to point out that the prognostic value of the tumor regression grade was highly significant in univariate analysis, which included all tumor regression grades (TRGs) and not grouped TRG1a and TRG1b versus TRG2 and TRG3. We then decided to compare TRG1a and TRG1b (complete regression; <10% residual tumor) versus TRG2 and TRG3 (11%–50% residual tumor; >50% residual tumor) because this simplified discrimination revealed the most significant value in multivariate analysis. Ac-

ording to Rausei's recommendation, we now tested whether the TRG2 group alone showed a better survival than the TRG3 group, and besides the prolonged median survival (40.1 vs 23.5 months), we could observe a statistically significant difference ($P = 0.02$; log-rank test). We would like to thank Rausei et al for this valuable remark and are happy to provide this additional important finding in this reply.

It is correct that we could not show data about postoperative chemotherapy because in our case collection the multimodal treatment consisted of a purely neoadjuvant chemotherapy followed by surgery. However, we addressed the question of whether it may be possible to identify patients who may benefit from adjuvant therapy in a subsequent work. We agree that discrimination into responders and nonresponders may be oversimplifying in terms of estimation of prognosis. For that purpose, we have developed a 3-tiered prognostic score (PRSC), which consists of the most relevant factors: UICC (Union internationale contre le cancer) ypT category, UICC ypN category, and TRG. In this context, TRG2 was considered to have an intermediate risk score between TRG1 and TRG3. We could demonstrate that this combined PRSC can accurately identify 3 groups of gastric carcinoma patients with significantly differ-

ent outcome after neoadjuvant chemotherapy and surgery. This article has recently been published in *Annals of Surgery*.²

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2. Becker K, Reim D, Novotny A, et al. Proposal for a multifactorial prognostic score that accurately classifies three groups of gastric carcinoma patients with different outcomes after neoadjuvant chemotherapy and surgery. *Ann Surg*. 2012; 256:1002-1007.

Disclosure: On behalf of all authors (Rupert Langer, Daniel Reim, Heinz, Höfler, Karen Becker) I hereby declare that there is no conflict of interest. No author has received relevant honoraria, which would cause a conflict of interest.

(By Stefano Rausei et al., commenting on: Becker K, Langer R, Reim D, et al. Significance of histopathological tumor regression after neoadjuvant chemotherapy in gastric adenocarcinomas: a summary of 480 cases. *Ann Surg* 2011;253:934–939).

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ISSN: 0003-4932/13/25902-e0030

DOI: 10.1097/SLA.0000000000000280