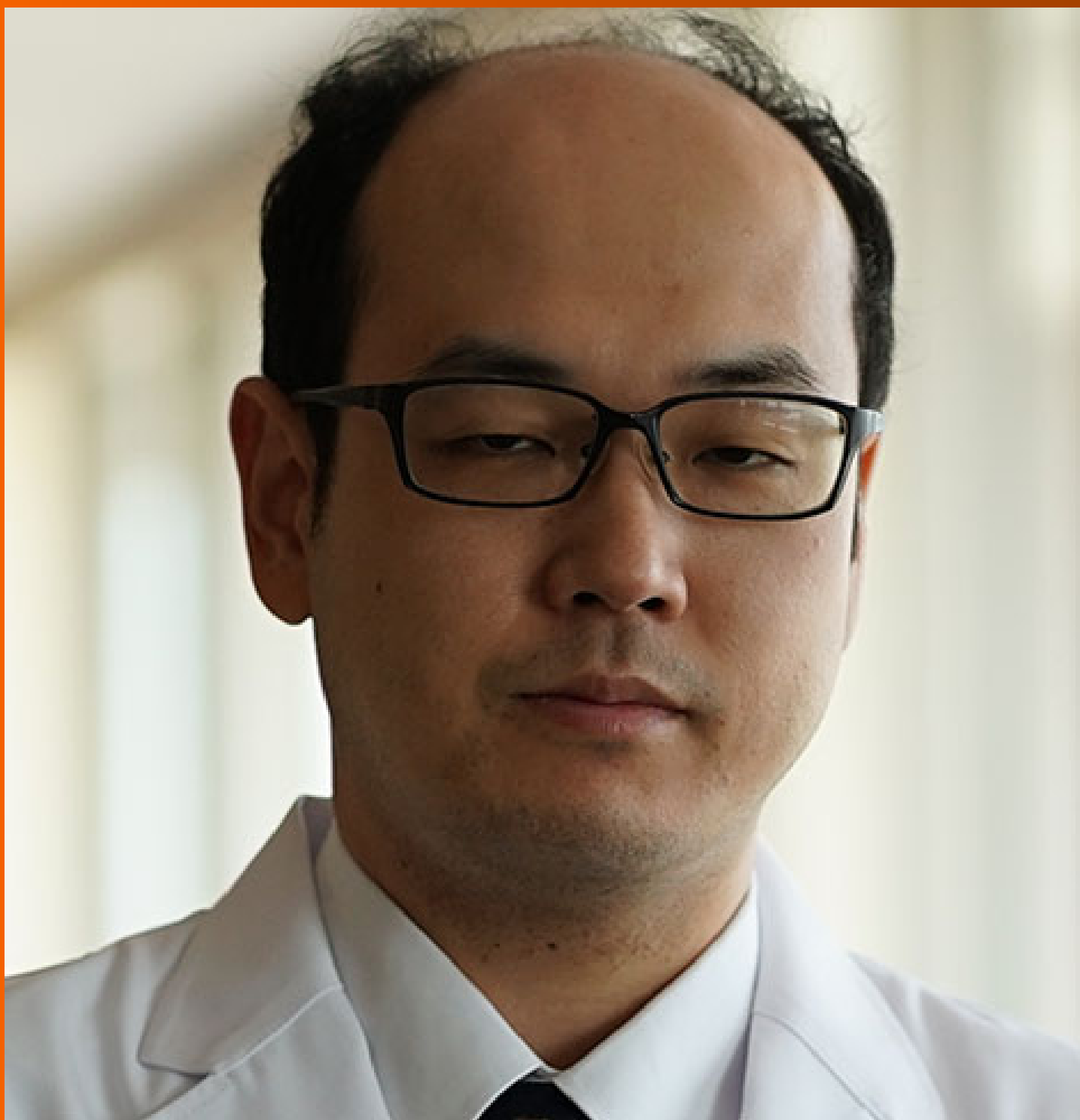


World Journal of *Clinical Oncology*

World J Clin Oncol 2024 September 24; 15(9): 1117-1255



EDITORIAL

- 1117 Advanced glycation end products in gastric cancer: A promising future
Wang MH, Fang H, Xie C
- 1122 Optimizing postsurgical recovery for elderly patients with gastric cancer
Isah AD, Shaibu Z, Dang SC
- 1126 Immunosuppressive tumor microenvironment in gastric signet-ring cell carcinoma
Xie YQ, Li CC, Yu MR, Cao J
- 1132 Navigating emotional challenges: A journey with patients undergoing chemotherapy
Pandey NM, Ramakant P

REVIEW

- 1136 Colorectal cancer: Recent advances in management and treatment
Fadlallah H, El Masri J, Fakhereddine H, Youssef J, Chemaly C, Doughan S, Abou-Kheir W

MINIREVIEWS

- 1157 How to "pick up" colorectal serrated lesions and polyps in daily histopathology practice: From terminologies to diagnostic pitfalls
Tran TH, Nguyen VH, Vo DT
- 1168 Recent advancements in understanding of biological role of homeobox C9 in human cancers
Zhang Y, Li J

ORIGINAL ARTICLE**Clinical Trials Study**

- 1177 Systematic treatment in gastric cancer patients with overt bleeding: A propensity score matching analysis
Yao YH, Zhang H, Xiao Y, Liu ZT, Shi YY, Yu JY, Li Q, Cao BS

Clinical and Translational Research

- 1188 Study on the expression and prognostic relationship of MYL6B in liver cancer based on bioinformatics
Lv HB, Wu QY, Zhang YJ, Quan SW, Ma N, Dai YQ, Sun Y

Basic Study

- 1198 Anti-inflammatory effects of Tao Hong Si Wu Tang in mice with lung cancer and chronic obstructive pulmonary disease
Wang GL, Xu YL, Zhao KM, Sui AF, Wang LN, Deng H, Wang G

CASE REPORT

- 1207 Blastic plasmacytoid dendritic cell neoplasm: Two case reports
Ma YQ, Sun Z, Li YM, Xu H
- 1215 Breast cancer and rectal cancer associated with Lynch syndrome: A case report
Qin PF, Yang L, Hu JP, Zhang JY
- 1222 Periapillary duodenal neuroendocrine tumor in a patient with neurofibromatosis-1: A case report
Zhang XY, Yu JF, Li Y, Li P
- 1232 Successful cetuximab rechallenge in metastatic colorectal cancer: A case report
Guedes A, Silva S, Custódio S, Capela A
- 1239 Large-cell neuroendocrine carcinoma of the bladder: A case report
Zhou Y, Yang L
- 1245 Prenatal ultrasound diagnosis of fetal maxillofacial teratoma: Two case reports
Gao CF, Zhou P, Zhang C

LETTER TO THE EDITOR

- 1251 Timing of antiviral therapy in patients with hepatitis B virus related hepatocellular carcinoma undergoing hepatectomy
Wan DL, Sun LQ

ABOUT COVER

Peer Reviewer of *World Journal of Clinical Oncology*, Takashi Ono, MD, PhD, Doctor, Assistant Professor, Radiation Oncology, Faculty of Medicine, Yamagata University, Yamagata 990-9585, Japan. abc1123513@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Oncology (WJCO, World J Clin Oncol)* is to provide scholars and readers from various fields of oncology with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJCO mainly publishes articles reporting research results and findings obtained in the field of oncology and covering a wide range of topics including art of oncology, biology of neoplasia, breast cancer, cancer prevention and control, cancer-related complications, diagnosis in oncology, gastrointestinal cancer, genetic testing for cancer, gynecologic cancer, head and neck cancer, hematologic malignancy, lung cancer, melanoma, molecular oncology, neurooncology, palliative and supportive care, pediatric oncology, surgical oncology, translational oncology, and urologic oncology.

INDEXING/ABSTRACTING

The *WJCO* is now abstracted and indexed in PubMed, PubMed Central, Emerging Sources Citation Index (Web of Science), Reference Citation Analysis, China Science and Technology Journal Database, and Superstar Journals Database. The 2024 Edition of Journal Citation Reports® cites the 2023 journal impact factor (JIF) for *WJCO* as 2.6; JIF without journal self cites: 2.6; 5-year JIF: 2.7; JIF Rank: 175/322 in oncology; JIF Quartile: Q3; and 5-year JIF Quartile: Q3.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Yu-Qing Zhao*; Production Department Director: *Xu Guo*; Cover Editor: *Xu Guo*.

<p>NAME OF JOURNAL <i>World Journal of Clinical Oncology</i></p> <p>ISSN ISSN 2218-4333 (online)</p> <p>LAUNCH DATE November 10, 2010</p> <p>FREQUENCY Monthly</p> <p>EDITORS-IN-CHIEF Hiten RH Patel, Jian-Hua Mao, Ken H Young, Stephen Safe</p> <p>EDITORIAL BOARD MEMBERS https://www.wjgnet.com/2218-4333/editorialboard.htm</p> <p>PUBLICATION DATE September 24, 2024</p> <p>COPYRIGHT © 2024 Baishideng Publishing Group Inc</p>	<p>INSTRUCTIONS TO AUTHORS https://www.wjgnet.com/bpg/gerinfo/204</p> <p>GUIDELINES FOR ETHICS DOCUMENTS https://www.wjgnet.com/bpg/GerInfo/287</p> <p>GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH https://www.wjgnet.com/bpg/gerinfo/240</p> <p>PUBLICATION ETHICS https://www.wjgnet.com/bpg/GerInfo/288</p> <p>PUBLICATION MISCONDUCT https://www.wjgnet.com/bpg/gerinfo/208</p> <p>ARTICLE PROCESSING CHARGE https://www.wjgnet.com/bpg/gerinfo/242</p> <p>STEPS FOR SUBMITTING MANUSCRIPTS https://www.wjgnet.com/bpg/GerInfo/239</p> <p>ONLINE SUBMISSION https://www.f6publishing.com</p>
--	--

© 2024 Baishideng Publishing Group Inc. All rights reserved. 7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
E-mail: office@baishideng.com <https://www.wjgnet.com>

Optimizing postsurgical recovery for elderly patients with gastric cancer

Adamu D Isah, Zakari Shaibu, Sheng-Chun Dang

Specialty type: Surgery

Provenance and peer review:

Invited article; Externally peer-reviewed.

Peer-review model: Single blind

Peer-review report's classification

Scientific Quality: Grade D

Novelty: Grade D

Creativity or Innovation: Grade C

Scientific Significance: Grade C

P-Reviewer: Saeki Y

Received: March 25, 2024

Revised: August 7, 2024

Accepted: August 16, 2024

Published online: September 24, 2024

Processing time: 157 Days and 0.7 Hours



Adamu D Isah, Department of Radiation Oncology, Institute of Oncology, The Affiliated Hospital of Jiangsu University, Zhenjiang 212001, Jiangsu Province, China

Adamu D Isah, Zakari Shaibu, School of Medicine, Jiangsu University, Zhenjiang 202013, Jiangsu Province, China

Sheng-Chun Dang, Department of Gastrointestinal Surgery, The Affiliated Hospital of Jiangsu University, Zhenjiang 212001, Jiangsu Province, China

Co-first authors: Adamu D Isah and Zakari Shaibu.

Corresponding author: Sheng-Chun Dang, MD, Chief Doctor, Professor, Surgeon, Department of General Surgery, The Affiliated Hospital of Jiangsu University, No. 438 Jiefang Road, Zhenjiang 212001, Jiangsu Province, China. dscgu@163.com

Abstract

Based on a recent study by Li *et al*, this editorial examines the significance of enhanced recovery after surgery (ERAS) protocols for elderly patients with gastric cancer. Cancer-related mortality, which is overwhelmingly caused by gastric cancer, calls for effective treatment strategies. Despite advances in the field of oncology, conventional postoperative care often results in prolonged hospital stays and increased complications. The aim of ERAS is to expedite recovery, reduce surgical stress, and improve patient satisfaction. The study of Li *et al* showed that, compared to traditional care, ERAS significantly reduces mortality risk, shortens hospital stays, and decreases postoperative complications. These findings support the widespread implementation of ERAS protocols in surgical practice to enhance patient outcomes and healthcare value.

Key Words: Enhance recovery after surgery; Gastric cancer; Elderly; Postoperative care; Surgical recovery

©The Author(s) 2024. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: This article examines the safety and effectiveness of enhanced recovery after surgery (ERAS) protocols in elderly patients undergoing surgery for gastric cancer. ERAS results in reduced mortality risk, short hospital stays, and few postoperative complications, thus offering a promising approach to improve outcomes in this vulnerable population.

Citation: Isah AD, Shaibu Z, Dang SC. Optimizing postsurgical recovery for elderly patients with gastric cancer. *World J Clin Oncol* 2024; 15(9): 1122-1125

URL: <https://www.wjgnet.com/2218-4333/full/v15/i9/1122.htm>

DOI: <https://dx.doi.org/10.5306/wjco.v15.i9.1122>

INTRODUCTION

In the field of oncology, gastric cancer is still a formidable challenge and requires effective treatment methods to improve disease prognosis. Surgery is the primary curative treatment for gastric cancer within a multimodal therapeutic approach, despite advances in oncological treatments[1].

The concept of fast-track surgery, also known as enhanced recovery after surgery (ERAS), was first proposed by Professor Henrik Kehlet in Denmark in 1997[2]. To ensure a rapid return to normal physiological function, ERAS uses evidence-based medical procedures to lessen surgical trauma. Nevertheless, conventional postoperative care often entails prolonged hospital stays, increased morbidity, and delayed recovery, stressing the need for innovative strategies to optimize patient outcomes. In contrast, ERAS aims to expedite recovery, reduce surgical stress, and enhance patient satisfaction[3].

SIGNIFICANCE OF ERAS IN SURGERY FOR GASTRIC CANCER

In view of a recent research article by Li *et al*[4], this editorial examines the importance of ERAS protocols for elderly patients with gastric cancer, a disease that significantly contributes to cancer-related mortality worldwide. Aiming to provide a fuller account of the key findings of Li *et al*[4], this commentary highlights the impact of ERAS protocols on patient outcomes.

The main findings of the study by Li *et al*[4] include shorter hospital stays, fewer postoperative complications, and faster recovery after gastrointestinal surgery in patients managed with ERAS than in those receiving conventional care. Although no significant difference was observed in the major trends, the overall trend favored the ERAS approach.

The scope of this study extends beyond the realm of surgery for gastric cancer, emphasizing the broader significance of adopting ERAS protocols in surgical practice. By underscoring the potential to enhance patient outcomes and reduce mortality risk, this study recommends the widespread adoption of ERAS principles in perioperative care. In particular, ERAS protocols have gained acceptance because of their ability to optimize clinical outcomes, improve patient experience, and enhance healthcare value in elderly patients with gastric cancer[5,6]. At the core of the ERAS approach is the integration of multimodal interventions aimed at alleviating the physiological and psychological stressors associated with surgical injury. These interventions, which include preoperative, intraoperative, and postoperative strategies, have the collective goal of stress-free surgery and expedited recovery[2]. Addressing various aspects of perioperative care, the comprehensive nature of ERAS protocols ranges from preoperative counseling and nutrition optimization to intraoperative analgesia and postoperative mobilization.

Several studies have validated the advantages of ERAS protocols, indicating reduced hospital stays for patients with gastric cancer, without the need for readmission after gastrectomy[7-11]. Numerous meta-analyses have reported decreased time to first flatus passage in ERAS-treated patients *vs* those under conventional care, further highlighting the advantages of ERAS protocols in surgical practice[9,11-13]. With respect to vomiting, for example, compared to the control group, the ERAS group showed no significant difference, signifying the safety profile of the ERAS approach[13].

Another investigation involving elderly patients revealed that the implementation of ERAS protocols reduces postoperative complications without any rise in readmission or reoperation rates[14]. Moreover, a comparison of elderly patients who underwent ERAS with those receiving conventional care showed that the ERAS group exhibited relatively short postoperative hospital stays ($P < 0.001$)[14]. These findings are consistent with the results of another study[15] that focused on perioperative ERAS interventions in patients with a high BMI (BMI ≥ 28 kg/m²), where the ERAS group exhibited a significant reduction in intermuscular deep vein thrombosis incidence. Furthermore, in the ERAS group, no additional problems were observed, including intestinal blockage, leakage, and anastomosis failure[15].

This study has a number of limitations. First, it lacked thorough short- and long-term results, covering only six trials with a range of participant ages. Furthermore, there was no assessment of how ERAS affected younger or middle-aged patients. These results need to be further validated with additional high-quality randomized controlled studies.

CONCLUSION

For elderly patients undergoing gastric surgery, the principles of ERAS, supported with compelling evidence by researchers such as Li *et al*[4], offer a safe and effective approach. ERAS reduces mortality risk, postoperative complications, and hospital stays, providing a valuable strategy to enhance safety and optimize outcomes for elderly patients requiring surgery.

FOOTNOTES

Author contributions: Isah AD, Shaibu ZK, and Dang SC contributed to the conceptualization and writing of the manuscript, ensuring its accuracy and intellectual integrity; all of the authors have reviewed and approved the final version of the manuscript.

Supported by the Jiangsu Province 2023 Scientific Research Program on Elderly Health, No. LKZ2023012; and the Zhenjiang City 2023 Science and Technology Innovation Funding Project, No. SS2023011.

Conflict-of-interest statement: All the authors have no conflicts of interest to disclose.

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country of origin: China

ORCID number: Adamu D Isah 0000-0002-0256-1894; Zakari Shaibu 0000-0003-2318-5936; Sheng-Chun Dang 0000-0001-8878-9007.

S-Editor: Liu JH

L-Editor: Wang TQ

P-Editor: Zhao YQ

REFERENCES

- 1 Song Z, Wu Y, Yang J, Yang D, Fang X. Progress in the treatment of advanced gastric cancer. *Tumour Biol* 2017; **39**: 1010428317714626 [PMID: 28671042 DOI: 10.1177/1010428317714626]
- 2 Kehlet H. Multimodal approach to control postoperative pathophysiology and rehabilitation. *Br J Anaesth* 1997; **78**: 606-617 [PMID: 9175983 DOI: 10.1093/bja/78.5.606]
- 3 Lassen K, Soop M, Nygren J, Cox PB, Hendry PO, Spies C, von Meyenfeldt MF, Fearon KC, Revhaug A, Norderval S, Ljungqvist O, Lobo DN, Dejong CH; Enhanced Recovery After Surgery (ERAS) Group. Consensus review of optimal perioperative care in colorectal surgery: Enhanced Recovery After Surgery (ERAS) Group recommendations. *Arch Surg* 2009; **144**: 961-969 [PMID: 19841366 DOI: 10.1001/archsurg.2009.170]
- 4 Li ZW, Luo XJ, Liu F, Liu XR, Shu XP, Tong Y, Lv Q, Liu XY, Zhang W, Peng D. Is recovery enhancement after gastric cancer surgery really a safe approach for elderly patients? *World J Gastrointest Oncol* 2024; **16**: 1334-1343 [PMID: 38660659 DOI: 10.4251/wjgo.v16.i4.1334]
- 5 Mingjie X, Luyao Z, Ze T, YinQuan Z, Quan W. Laparoscopic Radical Gastrectomy for Resectable Advanced Gastric Cancer Within Enhanced Recovery Programs: A Prospective Randomized Controlled Trial. *J Laparoendosc Adv Surg Tech A* 2017; **27**: 959-964 [PMID: 27875094 DOI: 10.1089/lap.2016.0057]
- 6 Liu G, Jian F, Wang X, Chen L. Fast-track surgery protocol in elderly patients undergoing laparoscopic radical gastrectomy for gastric cancer: a randomized controlled trial. *Onco Targets Ther* 2016; **9**: 3345-3351 [PMID: 27330314 DOI: 10.2147/OTT.S107443]
- 7 Jeong O, Jang A, Jung MR, Kang JH, Ryu SY. The benefits of enhanced recovery after surgery for gastric cancer: A large before-and-after propensity score matching study. *Clin Nutr* 2021; **40**: 2162-2168 [PMID: 33069509 DOI: 10.1016/j.clnu.2020.09.042]
- 8 Wang LH, Zhu RF, Gao C, Wang SL, Shen LZ. Application of enhanced recovery after gastric cancer surgery: An updated meta-analysis. *World J Gastroenterol* 2018; **24**: 1562-1578 [PMID: 29662294 DOI: 10.3748/wjg.v24.i14.1562]
- 9 Ding J, Sun B, Song P, Liu S, Chen H, Feng M, Guan W. The application of enhanced recovery after surgery (ERAS)/fast-track surgery in gastrectomy for gastric cancer: a systematic review and meta-analysis. *Oncotarget* 2017; **8**: 75699-75711 [PMID: 29088903 DOI: 10.18632/oncotarget.18581]
- 10 Garcia-Nebreda M, Zorrilla-Vaca A, Ripollés-Melchor J, Abad-Motos A, Alvaro Cifuentes E, Abad-Gurumeta A, Mena GE, Grant MC, Paseiro-Crespo G. Early Return to Intended Oncologic Therapy after implementation of an Enhanced Recovery After Surgery pathway for gastric cancer surgery. *Langenbecks Arch Surg* 2022; **407**: 2293-2300 [PMID: 35441358 DOI: 10.1007/s00423-022-02515-7]
- 11 Jin H, Song S, Lu T, Ma S, Wang Y, Fu L, Zhang G, Han X, Zhang L, Yang K, Cai H. The application of enhanced recovery after surgery in minimally invasive gastrectomy for gastric cancer: a meta-analysis of randomized controlled trials. *Expert Rev Gastroenterol Hepatol* 2022; **16**: 1089-1100 [PMID: 36354134 DOI: 10.1080/17474124.2022.2145944]
- 12 Lee Y, Yu J, Doumouras AG, Li J, Hong D. Enhanced recovery after surgery (ERAS) versus standard recovery for elective gastric cancer surgery: A meta-analysis of randomized controlled trials. *Surg Oncol* 2020; **32**: 75-87 [PMID: 31786352 DOI: 10.1016/j.suronc.2019.11.004]
- 13 Changsheng H, Shengli S, Yongdong F. Application of enhanced recovery after surgery (ERAS) protocol in radical gastrectomy: a systemic review and meta-analysis. *Postgrad Med J* 2020; **96**: 257-266 [PMID: 31685678 DOI: 10.1136/postgradmedj-2019-136679]

- 14 **Cao S**, Zheng T, Wang H, Niu Z, Chen D, Zhang J, Lv L, Zhou Y. Enhanced Recovery after Surgery in Elderly Gastric Cancer Patients Undergoing Laparoscopic Total Gastrectomy. *J Surg Res* 2021; **257**: 579-586 [PMID: [32927324](#) DOI: [10.1016/j.jss.2020.07.037](#)]
- 15 **Tian Y**, Li Q, Pan Y. Prospective study of the effect of ERAS on postoperative recovery and complications in patients with gastric cancer. *Cancer Biol Med* 2021; **19**: 1274-1281 [PMID: [34259423](#) DOI: [10.20892/j.issn.2095-3941.2021.0108](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: office@baishideng.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

