

National Institute for Health and Clinical Excellence

677 – Laparoscopic gastrectomy for cancer

Consultation Comments table

IPAC date: 16 May 2008

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1, BUPA	1	1.1 Bupa agrees.	Thank you for your comment
2	Consultee 1, BUPA	2	2.1 No comment (For interest, Prof Nick Wald is conducting a long term epidemiological RCT evaluating the roles of H pylori in the pathogenesis and its treatment in the prevention of gastric cancer, the participants having been recruited at Bupa Health Assessment centres.	Thank you for your comment. This falls outside the scope of this guidance.
3	Consultee 1, BUPA	2	2.2 The last sentence seems too brief which, and how many, lymph nodes are resected seems key to the success of the procedure.	Insufficient comparative data are available to determine the optimum level of lymph node resection. The Committee's views on the number of lymph nodes removed in laparoscopic procedures are given in section 2.5.2.
4	Consultee 1, BUPA	2	2.3 Needs more on which lymph nodes to take, and why, I feel.	See response to comment no. 3.
5	Consultee 1, BUPA	2	2.4 No comment, thank you.	Thank you for your comment.
6	Consultee 1, BUPA	2	2.5.2 seems too cryptic.	Section 2.5.2 now reads 'The Committee noted concerns about the possibility that removal of fewer lymph nodes in a laparoscopic compared with an open procedure might result in increased tumour recurrence. However, the evidence on survival showed no difference. Further publication of long-term outcomes would be useful.'