## LETTER TO THE EDITOR



## Author's reply to letter to the editor: "After propensity score matching in long-term oncologic outcomes of robotic gastrectomy for gastric cancer compared with laparoscopic gastrectomy"

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Response to Dr. Kim:

We are very much thankful for your deep and thorough comment on our article [1]. Especially, we truly agreed to your concern for confusing data presented in this paper. As you mentioned, Table 1 showed incorrect data for clinical stage represented as cT, cN and cStage of the entire cohort. Moreover, in propensity-score matched group, the numbers of metastatic lymph nodes were reversed between the robotic group and laparoscopic group ("robotic vs. laparoscopic =  $0.6 \pm 2.4$  vs.  $1.0 \pm 3.2$ " should be changed to "robotic vs. laparoscopic =  $1.0 \pm 3.2$  vs.  $0.6 \pm 2.4$ ").

All of the authors regret to recognize typing error too late, and would like to correct this error. The revised Table 1 is given in the following corrected Table 1.

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## Table 1 Patient characteristics and clinicopathological features

	Entire cohort		$P^{\dagger}$	Propensity-score matched cohort		$P^{\dagger}$
	Robotic $(n=315)$	Laparoscopic $(n = 525)$		Robotic $(n=311)$	Laparoscopic $(n=311)$	
Age (years) (range)	54.5±12.6 (24–89)	59.3±11.9 (24–88)	< 0.001 <sup>‡</sup>	54.5±12.6 (24–89)	54.8±12.0 (24–83)	0.715 <sup>‡</sup>
Sex			0.510			>0.999
Male	189 (60.0%)	327 (62.3%)		187 (60.1%)	186 (59.8%)	
Female	126 (40.0%)	198 (37.7%)		124 (39.9%)	125 (40.2%)	
Body mass index (kg/m <sup>2</sup> )	$23.6 \pm 3.1$	$23.5 \pm 2.9$	$0.670^{\ddagger}$	$23.6 \pm 3.1$	$23.2 \pm 2.8$	$0.082^{\ddagger}$
Location			0.002			0.350
Upper third	49 (15.6%)	55 (10.4%)		46 (14.8%)	41 (13.2%)	
Middle third	107 (34.0%)	141 (26.9%)		106 (34.1%)	93 (29.9%)	
Lower third	159 (50.5%)	329 (62.7%)		159 (51.1%)	177 (56.9%)	
Size (mm)	$25.5 \pm 13.0$	$26.1 \pm 14.6$	$0.522^{\ddagger}$	$25.3 \pm 13.0$	$25.3 \pm 15.0$	> 0.999*
Histology			0.116			0.628
Differentiated	136 (43.2%)	256 (48.8%)		135 (43.4%)	141 (45.3%)	
Undifferentiated	179 (56.8%)	269 (50.2%)		176 (56.6%)	170 (54.7%)	
Metastatic LN number	$1.0 \pm 3.1$	$0.6 \pm 2.0$	0.043*	$1.0 \pm 3.2$	$0.6 \pm 2.4$	0.113 <sup>‡</sup>
cT classification§			0.631			0.914
T1	284 (90.2%)	473 (90.1%)		282 (90.7%)	285 (91.6%)	
T2	28 (8.9%)	48 (9.1%)		27 (8.7%)	24 (7.8%)	
Т3	2 (0.6%)	4 (0.8%)		2 (0.6%)	2 (0.6%)	
T4a	1 (0.3%)	0 (0.0%)		0 (0%)	0 (0%)	
cN classification8	. ,		0.670			> 0.999
N0	296 (94.0%)	497 (94.7%)		294 (94.5%)	295 (94.9%)	
N1	19 (6.0%)	28 (5.3%)		17 (5.5%)	16 (5.1%)	
N2	0 (0.0%)	0 (0.0%)		0 (0%)	0 (0%)	
cStage <sup>§</sup>			0.419			> 0.999
I	306 (97.1%)	510 (97.1%)		304 (97.7%)	303 (97.4%)	
II	8 (2.5%)	15 (2.9%)		7 (2.3%)	8 (2.6%)	
III	1 (0.4%)	0 (0.0%)		0 (0%)	0 (0%)	
pT classification <sup>§</sup>	- (011)0)		0.038			0.675
Tla	118 (37.5%)	190 (36.2%)	0.000	117 (37.6%)	123 (39.5%)	01070
T1b	126 (40.0%)	222 (42.3%)		126 (40.5%)	133 (42.8%)	
T2	23 (7.3%)	63 (12.0%)		22 (7.1%)	19 (6.1%)	
T3	24 (7.6%)	24 (4.5%)		23 (7.4%)	15 (4.8%)	
T4a	24 (7.6%)	26 (5.0%)		22 (7.4%)	21 (6.8%)	
pN classification <sup>§</sup>	2. (1.6.70)	20 (010/0)	0.033		21 (0.070)	0.226
N0	249 (79.0%)	438 (83.4%)	01000	246 (79.1%)	265 (85.2%)	0.220
N1	34 (10.7%)	44 (8.4%)		33 (10.6%)	26 (8.4%)	
N2	15 (4.8%)	32 (6.1%)		15 (4.8%)	10 (3.2%)	
N2 N3	17 (5.5%)	11 (2.1%)		17 (5.5%)	10 (3.2%)	
pStage <sup>§</sup>	17 (0.070)	11 (2.170)	0.001	17 (3.370)	10 (3.270)	0.202
I	254 (80.6%)	441 (84.0%)	0.001	252 (81.0%)	267 (85.9%)	0.202
I II	234 (80.6%) 30 (9.6%)	64 (12.2%)		232 (81.0%) 29 (9.3%)	25 (8.0%)	
II III	30 (9.8%) 31 (9.8%)	64 (12.2%) 20 (3.8%)		29 (9.5%) 30 (9.6%)	23 (8.0%) 19 (6.1%)	

LN lymph node

\*Values are mean  $\pm$  standard deviation

<sup>†</sup>Chi-square test or Fisher's exact test except

<sup>‡</sup>Student's t test

<sup>§</sup>UICC classification, 7th edition

## Reference

 Obama K, Kim YM, Kang DR, Son T, Kim HI, Noh SH, Hyung WJ. Long-term oncologic outcomes of robotic gastrectomy for gastric cancer compared with laparoscopic gastrectomy. Gastric Cancer. 2018;21:285–95. **Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.