Authors' reply

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We are grateful to Dr. Talukdar *et al* for their comments on our article, which we fully agree with. The accumulation of data from studies investigating the risk factors of postoperative morbidity or mortality helps clinicians identify which patients can stand invasive surgeries, what kind of complications will be expected in which patients, and how to prepare for or prevent those complications.

Several risk assessment tools have been developed, as Dr. Talukdar *et al* mentioned in their comments. Kitano *et al* reported that the E-PASS scoring system can predict the occurrence of postoperative morbidity in elderly patients who undergo gastrectomy for gastric cancer [1]. In Japan, we have the National Clinical Database (NCD), a nationwide web-based data entry system linked to the surgical board certification. Based on data from the NCD, risk calculators have been developed [2,3], and now we can calculate the expected 30-day and operative mortality rates for patients who undergo distal or total gastrectomy by entering the patients' data over the internet.

The environment surrounding the patients varies from country to country; thus, the variables used in the calculators vary in importance. For example, the average lifespan is generally shorter in developing countries than in industrialized countries. This implies age may be a more significant factor in predicting the postoperative outcome in developing countries. Hence, it is desirable to establish a risk calculator based on area-specific databases that reflect the situation in each country.

References

1. Kitano Y, Iwatsuki M, Kurashige J, et al. Estimation of Physiologic Ability and Surgical Stress (E-PASS) versus modified E-PASS for prediction of postoperative complications in elderly patients who undergo gastrectomy for gastric cancer. *Int J Clin Oncol* 2017;**22**:80-87.
2. Kurita N, Miyata H, Gotoh M, et al. Risk model for distal gastrectomy when treating gastric cancer on the basis of data from 33,917 Japanese patients collected using a nationwide web-based data entry system. *Ann Surg* 2015;**262**:295-303.
3. Watanabe M, Miyata H, Gotoh M, et al. Total gastrectomy risk model: data from 20,011 Japanese patients in a nationwide internet-based database. *Ann Surg* 2014;**260**:1034-1039.

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