homogenity of the variances. Results were considered statistically ificant at $p<0.05$.

ults

etween May 1993 and December 1999, it has been diagnosed in our ital a total of 120 patients with gastric cancer. Of these, 100 were rgoing surgery, and in 20 of them no surgical procedure was carried Of these 100 patients, 16 met no resection. 76 patients fulfilled our ria for an R0 (no residual tumour) or R1 (minimal residual tumour) tion. 8 patients were found to have macroscopic residual tumour so did not enter in the trial (table 1). 41 patients underwent extended h-node disection and 35 limited lymph-node disection (table 2).

Table 1 Selected patients 120 patients

No surgery	20 (17%)
Surgery without resection	16 (13%)
Resection R2	8 (7%)
Resection R1 or R0*	76 (63%)

* Patiens included in the study.
R2: obvious residual tumour, R1: minimum residual tumour, R0: no residual tumour

Table 2 Details of resection

Residual tumour	Lymph-node dissection	
	Extensive (n=41)	Limited (n=35)
R0	40	24
R1	1	11

an age in the D1 group (69 yr) was higher than those in the D2 (64 yr), although the difference was not statistically significant 3). There were more men in the D1 group, but differences between were neither not significant. We did neither not find statistic difces between the other characteristics of the serie (associated dis-, macroscopic depth invasion and pathological stage) (table 3). gastrectomy was more frequent in the D2 group (table 4). The sity of adding other organs to the gastric resection (spleen and the f the pancreas) was more frequent in the D2 group than in D1 (table lo significant differences were found between morbility in the D2 and D1 group (table 4). Morbility has been higher when it has necessary to add other organs to the gastric resection. Patients with gastrectomy and spleen-pancreatectomy (all in D2 group) have been