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**Title:** Risk factors for tuberculosis in patients with early gastric cancer: Is gastrectomy a significant risk factor for tuberculosis?

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**Body:** Since 1940s, many studies suggested the strong relationship between gastrectomy and the development of TB. But there is no study about the association between TB development and gastrectomy in patients with early gastric cancer (EGC) We used our EGC cohort confirmed pathologically by gastrectomy (pT1N0M0) or endoscopic mucosal resection (EMR) (pT1) between Jun 2001 and Dec 2008 and followed up with chest X ray over 1year. We searched an active TB case developed at least 3months after gastrectomy and EMR in EGC cohort retrospectively. Of total 1935 patients with EGC, 1495 patients were classified as gastrectomy cohort and 440 patients as EMR cohort. While only one patient (0.2%) was diagnosed as active TB in EMR cohort, 26 (1.7%) were diagnosed in gastrectomy cohort during the follow-up period. TB cumulative incidence showed significant difference between the two cohort (Log-Rank test P=0.030). Cox proportional multivariate analysis after adjustment with age, sex, and BMI group in EGC cohort showed hazard ratio of old TB lesion was 4.911 (95% CI 2.213-10.901) and that of gastrectomy was 8.599 (95% CI 1.155-64.000). In subgroup analysis using gastrectomy cohort, Cox proportional multivariate analysis after adjustment with age and sex showed hazard ratio of old TB lesion was 4.570 (95% CI 2.041-10.231) and postoperative weight reduction (per 10% compared with weight before gastrectomy) was 2.240 (95% CI 1.452-3.486). Gastrectomy and old TB lesion on chest radiograph were significant risk factor for TB development in EGC cohort and old TB lesion on chest radiograph and body weight loss after gastrectomy were too in gastrectomy cohort.