**Introduction:** Gastric cancer is among the leading causes of cancer death worldwide. The mortality remains high because of a recurrence’s significant number after complete surgical resection. Several postoperative therapies have been studied to decrease the risk for relapse and improve survival and there has been no standard of care yet. The primary objective of this study was to identify the relevant prognostic factors and to analyse the outcomes of adjuvant chemoradiotherapy.

**Methods:** From February 2007 to December 2013, the charts of 50 patients with Stage I–IIIb cancer of the stomach were retrospectively reviewed. All the clinicopathological characteristics were studied including demographic data, pathological diagnosis, extent of surgical procedure, postoperative treatment and follow-up. Potential prognostic factors were determined according to overall survival.

**Results:** The median age was 50.5 years and the male to female ratio was 1.08. The most common clinical manifestations at diagnosis were abdominal pain (35 patients). The median body mass Index (BMI) was 20.5 kg/m² (14-28 kg/m²). The median time to diagnosis was 5 months. Anatomical tumor seat of predilection was antrum (71%) followed by cardia (10%). Within the study group, 21 (42%) were classified as clinical stage IIIB, 12 (24%) as stage IIIA and 15 (30%) as stage II. Patients with metastatic disease were excluded from the analysis. The main histology subtype was the ring cell carcinoma (64%). All patients underwent curative surgery and 49 received adjuvant chemoradiation (only 1 patient had adjuvant radiotherapy without chemotherapy). A total gastrectomy was performed in 68% and 16 patients (32%) underwent a subtotal gastrectomy. Forty four patients had complete resection with no residual disease, 21 had microscopic residual and 15 had macroscopic residual disease. D1.5 and D2 lymph node dissection were performed in 44.4% and 33.3%, respectively. The median total radiation dose was 44 Gy. The chemotherapy included LV5FU2 (90%) and FOLFOX (10%) regimens. Six patients (24%) developed Grade 3 or higher toxicity without treatment-related deaths. Five patients needed to suspend treatment before the scheduled end date of treatment due to acute toxicity. The 2-year overall survival was 61.2%. On univariate analysis, statically significant prognostic factors were for OS tumor site (p = 0.008) and the stage (p = 0.03).

**Conclusion:** Adjuvant radiochemotherapy remains a rational standard therapy for curatively resected gastric cancer with primaries T3 or greater and/or positive nodes. However, the significant toxicity highlights the necessity of determining an optimal timing and sequence of chemotherapy and radiation by further trials.