Gastric Cancer

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Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.

INITIAL EVALUATION

- Multidisciplinary evaluation
- History and Physical
- CBC and chemistry profile
- CT chest, abdomen and pelvis with oral and IV contrast.
- Pelvic ultrasound if clinically indicated in female patients
- Esophagogastroduodenoscopy (EGD)
- PET/CT or PET scan (optional)
- Endoscopic ultrasound (optional)
- H. pylori test, treat if positive
- HER2-neu evaluation by Immunohistochemistry (IHC) in patients with advanced, metastatic cancer (not localized cancer)
- Additional biomarkers as clinically indicated
- Lifestyle risk assessment

CLINICAL STAGE

- cTis or cT1a
  - Medically fit?
    - Yes
    - cT1b, M0, cT2 or greater Clinical Staging or N+, but M0
  - No
    - Medically fit?
      - (consider laparoscopy staging)
      - M0
    - Medically unfit
      - KPS score greater than or equal to 60% or ECOG performance score less than or equal to 2?
        - Yes
          - Post LAPAROSCOPY STAGING
            - M0
          - Best supportive care
        - No
          - Best supportive care
    - Stage IV (M1)

ADDITIONAL EVALUATION

- CT chest, abdomen and pelvis with oral and IV contrast
- Pelvic ultrasound if clinically indicated in female patients
- EGD
- PET/CT or PET scan (optional)
- Endoscopic ultrasound (optional)
- H. pylori test, treat if positive
- HER2-neu evaluation by Immunohistochemistry (IHC) in patients with advanced, metastatic cancer (not localized cancer)
- Additional biomarkers as clinically indicated
- Lifestyle risk assessment

POST LAPAROSCOPY STAGING

- M0
  - Medically fit?
    - (consider laparoscopy staging)
    - M0
  - Medically unfit
    - KPS score greater than or equal to 60% or ECOG performance score less than or equal to 2?
      - Yes
        - Post LAPAROSCOPY STAGING
          - M0
        - Best supportive care
      - No
        - Best supportive care

PRIMARY TREATMENT

- Endoscopic mucosal resection (EMR) or
- Surgery
- Endoscopic mucosal resection (EMR)
- Surgery or
- Preoperative chemotherapy or
- Chemoradiation
- Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil (as radiosensitizer) or
- Chemotherapy
- Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil (as radiosensitizer) or
- Palliative therapy
- Chemotherapy or clinical trial or
- Best supportive care

See Page 2

KPS = Karnofsky Performance Status
ECOG = Eastern Cooperative Oncology Group

1 Consider HER2-neu evaluation initially by IHC and if IHC score 2+, follow-up with FISH test
See MDA Approved Biomarkers for additional information (Click here)
2 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
3 Medically fit implies low risk (less than 5% chance of mortality) for major surgery
4 M0 Unresectable refers to an unresectable T4 primary
5 Medically fit patients with positive cytology in the peritoneal fluid (but no macroscopic cancer) may be re-assessed for surgery after prolonged systemic therapy and chemoradiation

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Observe as clinically indicated

- Observe or
- Chemoradiation (fluoropyrimidine-based) for selected patients or
- ECF if received preoperatively

No evidence of cancer

Restaging (preferred)
- CT chest, abdomen and pelvis with oral and IV contrast
- Pelvic ultrasound if clinically indicated
- CBC and chemistry profile
- PET/CT or PET scan (optional)

Residual, unresectable locoregional and/or distant metastasis

- KPS score greater than or equal to 60% ECOG performance score less than or equal to 2?

- Yes
  - Chemotherapy or
  - Clinical trial or
  - Best supportive care

- No
  - Best supportive care

KPS score

History and Physical every 4-6 months for 3 years, then annually
- CBC and chemistry profile as indicated
- Radiologic imaging or endoscopy, as clinically indicated
- Monitor for vitamin B₁₂ deficiency in surgically resected patients and treat as indicated or
- Surgery if appropriate
- Vitamin D level

No cancer at resected margins

- cTis or cT1, N0
  - Observe as clinically indicated
  - Observe or
  - Chemoradiation (fluoropyrimidine-based) for selected patients or
  - ECF if received preoperatively

- cT2, N0
  - Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil as radiosensitizer (preferred) with 5-fluorouracil with or without leucovorin or
  - ECF if received preoperatively

- cT3, cT4 or Any T, N+
  - Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil as radiosensitizer (preferred) plus 5-fluorouracil with or without leucovorin or

Microscopic residual cancer

- Radiation therapy (45-50.4 Gy) with concurrent 5-fluorouracil as radiosensitizer or
- Chemotherapy or
- Best supportive care (poor performance)

Macroscopic residual cancer or M1B

Stage IV (M1)

ECF = epirubicin, cisplatin and 5-fluorouracil

Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.

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SUGGESTED READINGS

PRINCIPLES OF MULTIDISCIPLINARY TEAM APPROACH FOR GASTROESOPHAGEAL CANCERS

PRINCIPLES OF GASTRIC CANCER SURGERY

PRINCIPLES OF SYSTEMIC THERAPY FOR GASTRIC OR GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA

Continued on next page
SUGGESTED READINGS - continued

PRINCIPLES OF SYSTEMIC THERAPY FOR GASTRIC OR GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA - CONTINUED


OTHER SUPPORTIVE READINGS

DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Gastrointestinal Center Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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