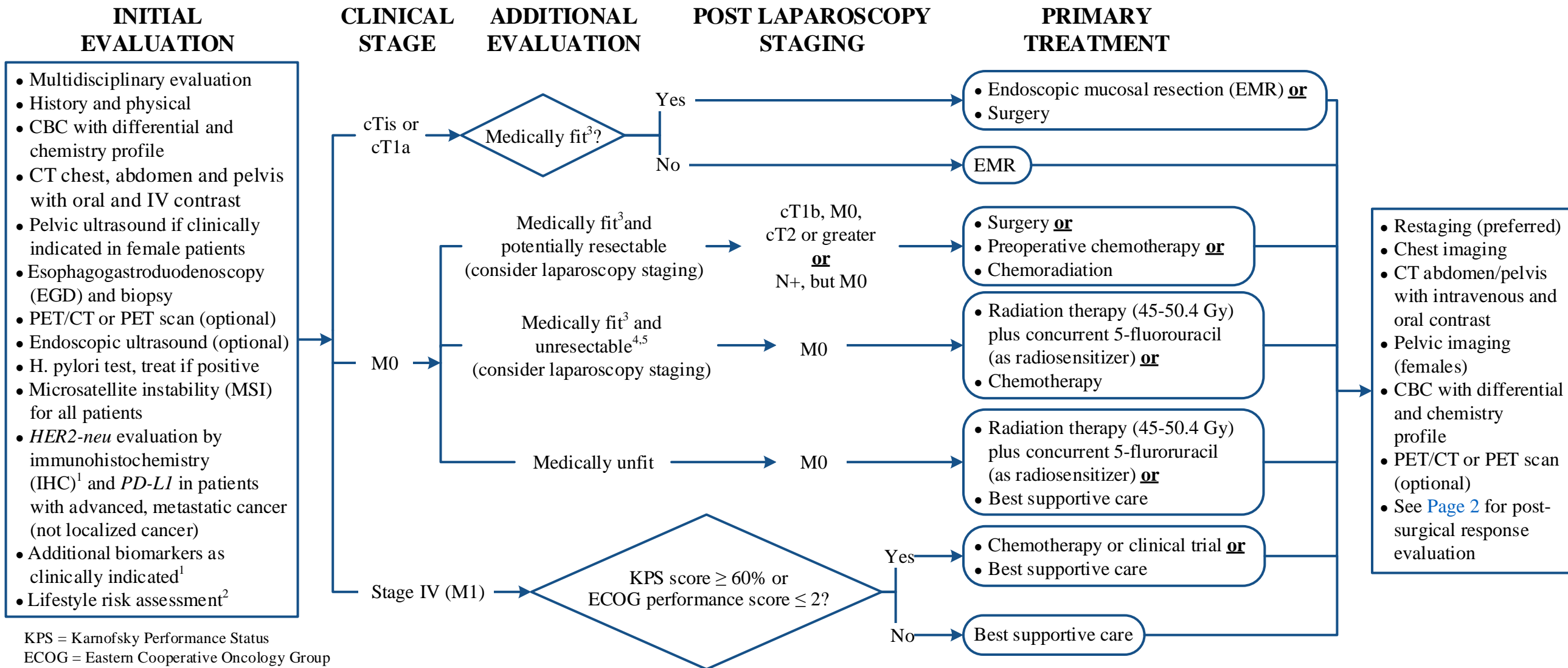


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Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.



¹ Consider *HER2-neu* evaluation initially by IHC and if IHC score 2+, follow-up with FISH test. See [MD Anderson Approved Biomarker algorithm](#)

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 (< 5% chance of mortality) for major surgery

⁴ M0 Unresectable refers to an unresectable T4 primary

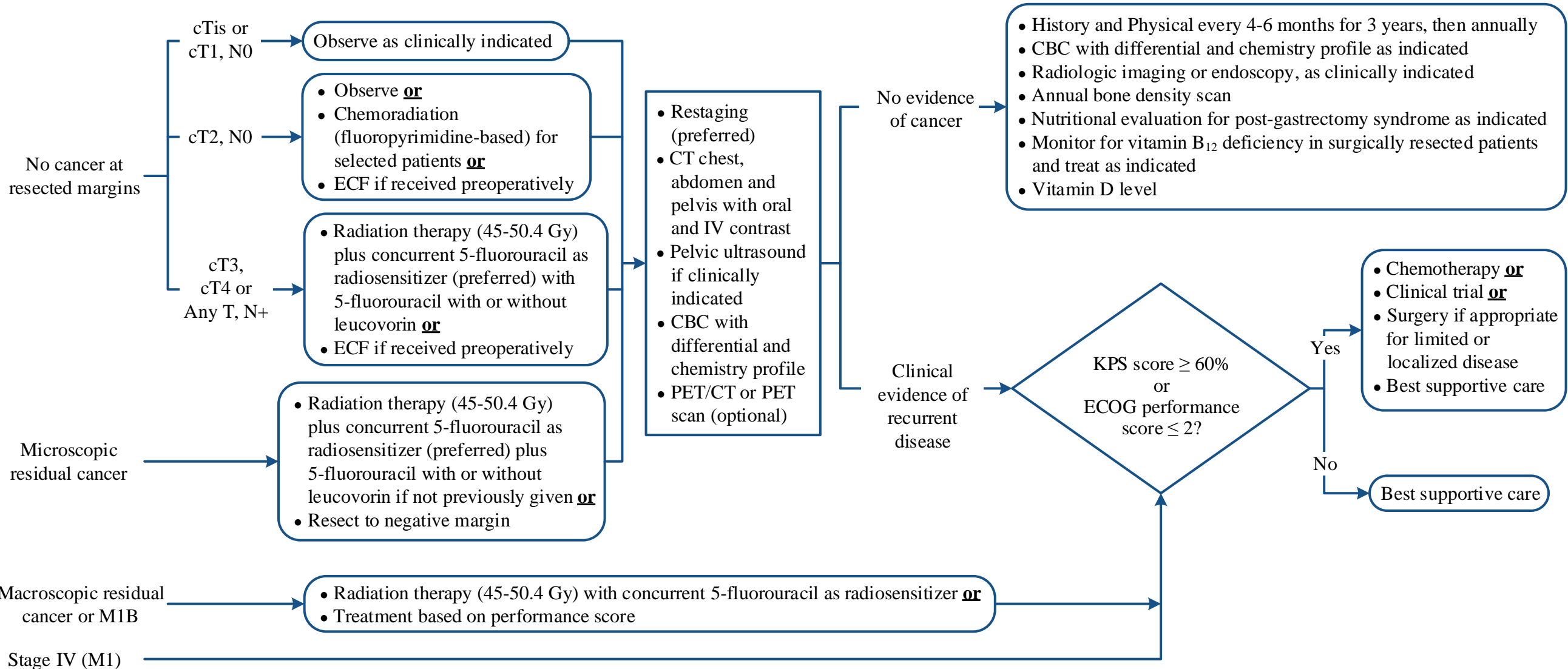
⁵ Medically fit patients with positive cytology in the peritoneal fluid (but no macroscopic cancer) may be re-assessed for surgery after prolonged systemic therapy and chemoradiation

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POST SURGICAL RESPONSE EVALUATION

ADJUVANT TREATMENT



ECF = epirubicin, cisplatin and 5-fluorouracil

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SUGGESTED READINGS

PRINCIPLES OF MULTIDISCIPLINARY TEAM APPROACH FOR GASTROESOPHAGEAL CANCERS

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SUGGESTED READINGS - continued

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

Cunningham, D., Starling, N., Rao, S., Iveson, T., Nicolson, M., Coxon, F., ... Norman, A. R. (2008). Upper Gastrointestinal Clinical Studies Group of the National Cancer Research Institute of the United Kingdom capecitabine and oxaliplatin for advanced esophagogastric cancer. *The New England Journal of Medicine*, 358(1), 36-46. doi:10.1056/NEJMoa073149

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OTHER SUPPORTIVE READINGS

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