# Gastric Cancer

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

<table>
<thead>
<tr>
<th>INITIAL EVALUATION</th>
<th>CLINICAL STAGE</th>
<th>ADDITIONAL EVALUATION</th>
<th>POST LAPAROSCOPY STAGING</th>
<th>PRIMARY TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidisciplinary evaluation</td>
<td>cTis or cT1a</td>
<td>Medically fit&lt;sup&gt;1&lt;/sup&gt;?</td>
<td>Yes</td>
<td>Endoscopic mucosal resection (EMR) or Surgery</td>
</tr>
<tr>
<td>History and physical</td>
<td>No</td>
<td>Medically fit&lt;sup&gt;1&lt;/sup&gt; and potentially resectable (consider laparoscopy staging)</td>
<td>cT1b, M0, cT2 or greater or N+, but M0</td>
<td>Surgery or Preoperative chemotherapy or Chemoradiation</td>
</tr>
<tr>
<td>CBC with differential and chemistry profile</td>
<td>M0</td>
<td>Medically fit&lt;sup&gt;1&lt;/sup&gt; and unresectable&lt;sup&gt;1,5&lt;/sup&gt; (consider laparoscopy staging)</td>
<td>M0</td>
<td>Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil (as radiosensitizer) or Chemotherapy</td>
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<tr>
<td>CT chest, abdomen and pelvis with oral and IV contrast</td>
<td>Stage IV (M1)</td>
<td>KPS score ≥ 60% or ECOG performance score ≤ 2?</td>
<td>Yes</td>
<td>Chemotherapy or clinical trial or Best supportive care</td>
</tr>
<tr>
<td>Pelvic ultrasound if clinically indicated in female patients</td>
<td></td>
<td></td>
<td>No</td>
<td>Best supportive care</td>
</tr>
<tr>
<td>Esophagogastroduodenoscopy (EGD) and biopsy</td>
<td></td>
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<td></td>
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<td>PET/CT or PET scan (optional)</td>
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<tr>
<td>Endoscopic ultrasound (optional)</td>
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<tr>
<td>H. pylori test, treat if positive</td>
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<tr>
<td>Microsatellite instability (MSI) for all patients</td>
<td></td>
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<tr>
<td>HER2-neu evaluation by immunohistochemistry (IHC) and PD-L1 in patients with advanced, metastatic cancer (not localized cancer)</td>
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<tr>
<td>Additional biomarkers as clinically indicated&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>Lifestyle risk assessment&lt;sup&gt;2&lt;/sup&gt;</td>
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</tbody>
</table>

KPS = Karnofsky Performance Status  
ECOG = Eastern Cooperative Oncology Group

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

<sup>2</sup> See [Physical Activity, Nutrition, and Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice.

<sup>3</sup> Medically fit implies low risk (< 5% chance of mortality) for major surgery.

<sup>4</sup> M0 Unresectable refers to an unresectable T4 primary.

<sup>5</sup> 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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Gastric Cancer

**POST SURGICAL RESPONSE EVALUATION**

- **No cancer at resected margins**
  - cTis or cT1, N0
    - Observe as clinically indicated
  - cT2, N0
    - Observe or Chemoradiation (fluoropyrimidine-based) for selected patients or ECF if received preoperatively
  - cT3, cT4 or Any T, N+
    - 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

- Microscopic residual cancer
  - Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil as radiosensitizer (preferred) plus 5-fluorouracil with or without leucovorin if not previously given or Resect to negative margin

- Macroscopic residual cancer or M1B
  - Radiation therapy (45-50.4 Gy) with concurrent 5-fluorouracil as radiosensitizer or Treatment based on performance score

**ADJUVANT TREATMENT**

- No evidence of cancer
  - Restaging (preferred)
  - CT chest, abdomen and pelvis with oral and IV contrast
  - Pelvic ultrasound if clinically indicated
  - CBC with differential and chemistry profile
  - PET/CT or PET scan (optional)

- Clinical evidence of recurrent disease
  - KPS score ≥ 60% or ECOG performance score ≤ 2?
    - Yes
      - Chemotherapy or Clinical trial or Surgery if appropriate for limited or localized disease
      - Best supportive care
    - No
      - Best supportive care

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ECF = epirubicin, cisplatin and 5-fluorouracil

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Approved by The Executive Committee of the Medical Staff on 07/21/2020
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

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SUGGESTED READINGS - continued

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


OTHER SUPPORTIVE READINGS

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