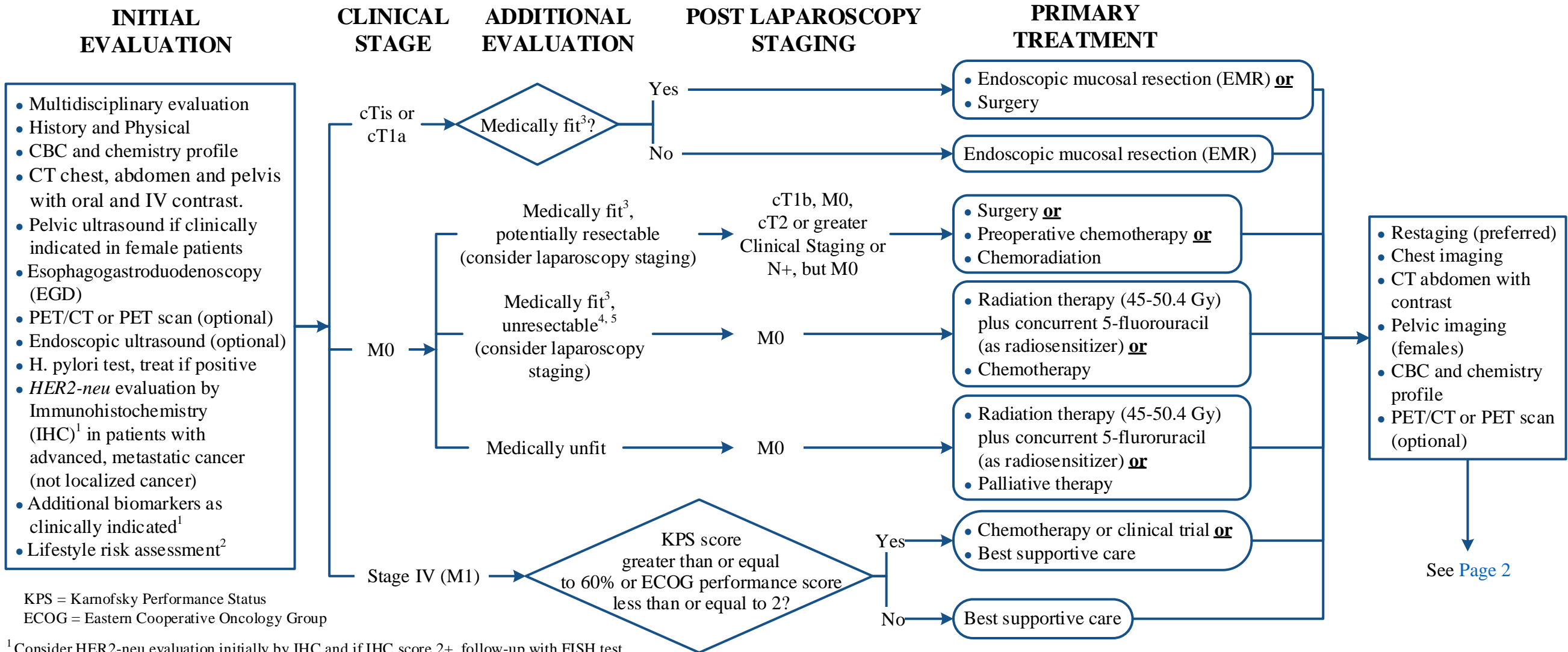


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Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.



¹ Consider *HER2-neu* evaluation initially by IHC and if IHC score 2+, follow-up with FISH test
 See 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

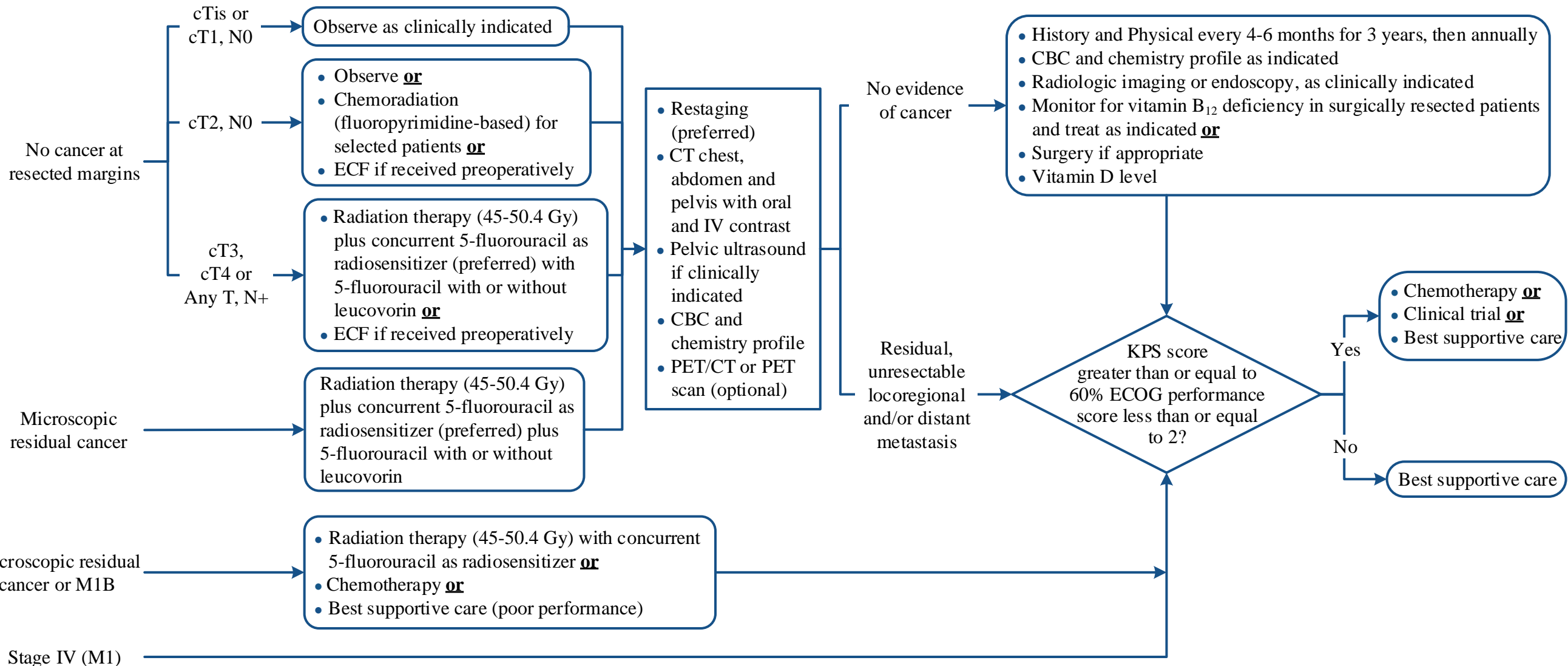
⁴ M0 Unresectable refers to an unresectable T4 primary

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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ADJUVANT TREATMENT



ECF = epirubicin, cisplatin and 5-fluorouracil

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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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