Survivorship – Gastric Cancer

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY
Gastric cancer 5 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE
Annually:
- History and physical examination
- Screen for low bone density
  - Vitamin D-25OH annually
  - DEXA scan every 5 years
- CBC with differential, iron level, and vitamin B12

MONITORING FOR LATE EFFECTS
- Fatigue
- Weight loss
- Diarrhea
- Neuropathy
- Acid reflux

RISK REDUCTION/EARLY DETECTION
- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
  - Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus Screening and Management algorithm)
  - Consider cardiovascular risk reduction
  - Vaccinations as appropriate

PSYCHOSOCIAL FUNCTIONING
- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Depression
  - Financial stressors
  - Social support

DISPOSITION
- New primary or relapsed disease?
  - Yes
    - Return to primary treating physician
  - No
    - Continue survivorship monitoring

Referral or consult as indicated

NED = no evidence of disease
DEXA = dual-energy X-ray absorptiometry

1 If abnormal, consider repeating the scan within 1-3 years
2 Labs may be monitored by primary care provider (PCP)
3 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
4 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, and skin cancer screening
5 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
6 Based on Centers for Disease Control and Prevention (CDC) guidelines

Department of Clinical Effectiveness V1
Approved by The Executive Committee of the Medical Staff on 10/18/2022
SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Gastric Survivorship workgroup 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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