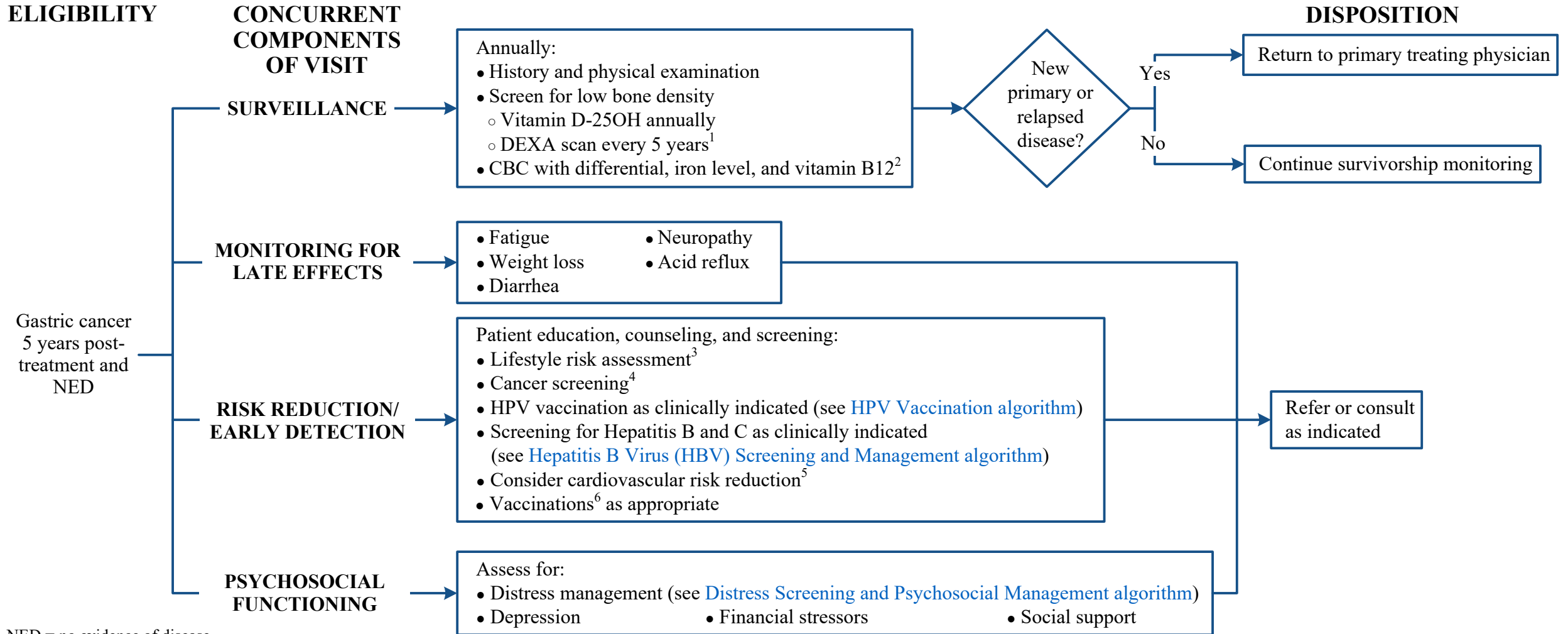


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.



NED = no evidence of disease

DEXA = dual-energy X-ray absorptiometry

<sup>1</sup> If abnormal, consider repeating the scan within 1-3 years

<sup>2</sup> Labs may be monitored by primary care provider (PCP)

<sup>3</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>4</sup> Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), and [skin](#) cancer screening

<sup>5</sup> Consider use of Vanderbilt’s [ABCDE’s approach to cardiovascular health](#)

<sup>6</sup> Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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.

## SUGGESTED READINGS

- Centers for Disease Control and Prevention. (2018). *Recommended immunization schedule for adults aged 19 years or older, United States 2018*. Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Chasen, M. R. & Bhargava, R. (2010). A rehabilitation program for patients with gastroesophageal cancer – a pilot study. *Supportive Care In Cancer*, 18(Suppl 2), S35-40. <https://doi.org/10.1007/s00520-010-0828-7>
- Hwang, I. C., Yun, Y. H., Kim, Y. W., Ryu, K. W., Kim, Y. A., Kim, S., . . . Sohn, T. S. (2014). Factors related to clinically relevant fatigue in disease-free stomach cancer survivors and expectation-outcome consistency. *Supportive Care In Cancer*, (22)6, 1453-1460. <https://doi.org/10.1007/s00520-013-2110-2>
- Jun, J.-H., Yoo, J. E., Lee, J. A., Kim, Y. S., Sunwoo, S., Kim, B. S., & Yook, J.-H. (2016). Anemia after gastrectomy in long-term survivors of gastric cancer: A retrospective cohort study. *International Journal of Surgery*, 28, 162-168. <https://doi.org/10.1016/j.ijso.2016.02.084>
- Kubo, H., Komatsu, S., Ichikawa, D., Kawaguchi, T., Kosuga, T., Okamoto, K., . . . Otsuji, E. (2016). Impacts of body weight loss on recurrence after curative gastrectomy for gastric cancer. *Anticancer Research*, 36(2), 807-813. Retrieved from <http://ar.iiarjournals.org/content/36/2/807.full.pdf+html>
- Laks, S., Meyers, M. O., & Kim, H. J. (2017). Surveillance for gastric cancer. *The Surgical Clinics of North America*, 97(2), 317-331. <https://doi.org/10.1016/j.suc.2016.11.007>
- Lee, J. H., Kim, H. I., Kim, M. G., Ha, T. K., Jung, M. S., & Kwon, S. J. (2016). Recurrence of gastric cancer in patients who are disease-free for more than 5 years after primary resection. *Surgery*, 159(4), 1090-1098. <https://doi.org/10.1016/j.surg.2015.11.002>
- Lim, C.-H., Kim, S. W., Kim, W. C., Kim, J. S., Cho, Y. K., Park, J. M., . . . Park, C.-H. (2012). Anemia after gastrectomy for early gastric cancer: Long-term follow-up observational study. *World Journal of Gastroenterology*, 18(42), 6114-6119. <https://doi.org/10.3748/wjg.v18.i42.6114>
- National Comprehensive Cancer Network. (2022). *Gastric Cancer* (NCCN Guideline Version 2.2022). Retrieved from [https://www.nccn.org/professionals/physician\\_gls/pdf/gastric.pdf](https://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf)
- Oh, H. J., Lim, C. H., Yoon, B. H., Yoon, S. B., Baeg, M. K., Kim, W. C., . . . Park, C. H. (2017). Fracture after gastrectomy for gastric cancer: A long-term follow-up observational study. *European Journal of Cancer*, 72, 28-36. <https://doi.org/10.1016/j.ejca.2016.11.023>
- Park, C. H., Park, J. C., Chung, H., Shin, S. K., Lee, S. K., Cheong, J. H., . . . Kim, C. B. (2016). Impact of the surveillance interval on the survival of patients who undergo curative surgery for gastric cancer. *Annals of Surgical Oncology*, 23(2), 539-545. <https://doi.org/10.1245/s10434-015-4866-8>
- Rock, C. L., Doyle, C., Demark-Wahnefried, W., Meyerhardt, J., Courneya, K. S., Schwartz, A. L., . . . Gansler, T. (2012). Nutrition and physical activity guidelines for cancer survivors. *A Cancer Journal for Clinicians*, 62(4), 243-274. <https://doi.org/10.3322/caac.21142>
- Tack, J., Arts, J., Caenepeel, P., Wulf, D. D., & Bisschops, R. (2009). Pathophysiology, diagnosis and management of postoperative dumping syndrome. *Natures Reviews Gastroenterology & Hepatology*, 6, 583-590. <https://doi.org/10.1038/nrgastro.2009.148>
- Van Beek, A. P., Emous, M., Laville, M., & Tack, J. (2016). Dumping syndrome after esophageal, gastric, or bariatric surgery: Pathophysiology, diagnosis, and management. *Obesity Reviews*, 18(1), 68-85. <https://doi.org/10.1111/obr.12467>
- Vanderbilt Cardio-Oncology Program. (2017). *Know your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>

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.*

---

## DEVELOPMENT CREDITS

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:

### Core Development Team Leads

Jaffer Ajani, MD (GI Medical Oncology)  
Brian Badgwell, MD (Surgical Oncology)  
Katherine Gilmore, MPH (Cancer Survivorship)

### Workgroup Members

Mariela Blum Murphy, MD (GI Medical Oncology)  
Wendy Garcia, BS<sup>♦</sup>  
Thoa Kazantsev, MSN, RN, OCN<sup>♦</sup>  
Jeannette Mares, MPAS (GI Medical Oncology)  
Cheryl Pfennig, MSN, APRN (GI Radiation Oncology)  
Allison Trail, PA-C (GI Medical Oncology)

<sup>♦</sup> Clinical Effectiveness Development Team