

**Gastric Cancer**

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

---

**INITIAL EVALUATION**
- Multidisciplinary evaluation
- History and Physical
- CBC & chemistry profile
- Abdominal CT with contrast
- CT/Ultrasound pelvis (females)
- Chest Imaging
- Esophagogastroduodenoscopy (EGD)
- PET/CT or PET scan (optional)
- Endoscopic Ultrasound (optional)
- H. pylori test, treat if positive
- HER2-neu evaluation by Immunohistochemistry (IHC) in patients with advanced, metastatic cancer (not localized cancer)

**CLINICAL STAGE**
- cTis or cT1a
- M0

**ADDITIONAL EVALUATION**
- Medically fit?
- Medically fit, potentially resectable (consider laparoscopy staging)²
- Medically unfit

**POST LAPAROSCOPY STAGING**
- cT1b, M0, cT2 or greater Clinical Staging or N+, but M0
- M0

**PRIMARY TREATMENT**
- Endoscopic mucosal resection (EMR) or Surgery
- Endoscopic mucosal resection (EMR)
- Surgery or Preoperative chemotherapy or Chemoradiation
- Radiotherapy, 45-50.4 Gy plus concurrent 5-FU based radiosensitization or Chemotherapy
- Chemoradiation
- Radiotherapy, 45-50.4 Gy plus concurrent 5-FU based radiosensitization or Palliative Therapy
- Palliative Therapy

---

1. Consider HER2-neu evaluation initially by IHC and later with FISH if clinically indicated.
2. Medically fit implies low risk (less than 5% chance of mortality) for major surgery.
3. M0 Unresectable refers to an unresectable T4 primary
4. 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).

Copyright 2016 The University of Texas MD Anderson Cancer Center
Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.
Gastric Cancer

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

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

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


CONTINUED ON NEXT PAGE
Gastric Cancer

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

SUGGESTED READINGS - CONTINUED

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


OTHER SUPPORTIVE READINGS

Gastric Cancer

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

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

DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Gastrointestinal Center Faculty at the University of Texas, MD Anderson Cancer Center. A multidisciplinary approach was used and included input from the following medical oncologists, radiation oncologists, surgical oncologists, and pathologists:

*Jaffer, Ajani, MD
Brian Badgwell, MD
Manoop Bhutani, MBBS
Mariela Blum, MD
Prajnan Das, MD, MPH
Jeannelyn Santiano Estrella, MD
Keith Fournier, MD
Linus Ho, MD

Jeffrey H. Lee, MD
Steven Lin, MD, PHD
Paul Mansfield, MD
Dipen Maru, MD
William A. Ross, MD
Heath Skinner, MD, PHD
James Welsh, MD

Core Development Team