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.

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>
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<tbody>
<tr>
<td>Multidisciplinary evaluation</td>
<td>History and Physical</td>
<td>CBC and chemistry profile</td>
<td>CT chest, abdomen and pelvis with oral and IV contrast</td>
<td>Endoscopic mucosal resection (EMR) or Surgery</td>
</tr>
<tr>
<td>Pelvic ultrasound if clinically indicated in female patients</td>
<td>Esophagogastroduodenoscopy (EGD)</td>
<td>PET/CT or PET scan (optional)</td>
<td>Endoscopic ultrasound (optional)</td>
<td>PET/CT or PET scan (optional)</td>
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<tr>
<td>H. pylori test, treat if positive</td>
<td>HER2-neu evaluation by Immunohistochemistry (IHC) in patients with advanced, metastatic cancer (not localized cancer)</td>
<td>Additional biomarkers as clinically indicated</td>
<td>Medically unfit</td>
<td>Chemotherapy or clinical trial or Best supportive care</td>
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<tr>
<td>Lifestyle risk assessment</td>
<td>Stage IV (M1)</td>
<td>KPS score greater than or equal to 60% or ECOG performance score less than or equal to 2?</td>
<td>Yes</td>
<td>Resting (preferred)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>Best supportive care</td>
</tr>
</tbody>
</table>

KPS = Karnofsky Performance Status
ECOG = Eastern Cooperative Oncology Group

1. Consider HER2-neu evaluation initially by IHC and if IHC score ≥2+, follow-up with FISH test
2. See MDA Approved Biomarkers for additional information (Click here)
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

See Page 2
ADJUVANT TREATMENT

No cancer at resected margins

- cTis or cT1, N0
  - Observe as clinically indicated
  - Observe or Chemoradiation (fluoropyrimidine-based) for selected patients or ECF if received preoperatively

- cT2, N0
  - 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

- cT3, cT4 or Any T, N+
  - Radiation therapy (45-50.4 Gy) plus concurrent 5-fluorouracil as radiosensitizer (preferred) plus 5-fluorouracil with or without leucovorin

Macroscopic residual cancer or M1B

- Radiation therapy (45-50.4 Gy) with concurrent 5-fluorouracil as radiosensitizer or Chemotherapy or Best supportive care (poor performance)

Stage IV (M1)

- ECF = epirubicin, cisplatin and 5-fluorouracil
- History and Physical every 4-6 months for 3 years, then annually
- CBC and chemistry profile as indicated
- Radiologic imaging or endoscopy, as clinically indicated
- Monitor for vitamin B12 deficiency in surgically resected patients and treat as indicated or
- Surgery if appropriate
- Vitamin D level
- Restaging (preferred) CT chest, abdomen and pelvis with oral and IV contrast
- Pelvic ultrasound if clinically indicated
- CBC and chemistry profile
- PET/CT or PET scan (optional)

Residual, unresectable locoregional and/or distant metastasis

KPS score greater than or equal to 60% ECOG performance score less than or equal to 2?

Yes
- Chemotherapy or Clinical trial or Best supportive care

No
- Best supportive care

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Department of Clinical Effectiveness V5
Approved by The Executive Committee of the Medical Staff on 06/26/2018
Gastric Cancer

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
SUGGESTED READINGS - continued

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


OTHER SUPPORTIVE READINGS

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. It was developed using a multidisciplinary approach that included input from the following:

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