## **Gastric Cancer**



\* EMR : Endoscopic mucosal resection ; ESD : Endoscopic submucosal dissection .

X : Tis, T1, T2, T3, T4: tumor size and range; N0: no lymph node metastasis .

\* \* :choose endoscopic resection, EUS must be done before the operation

《 GC-2 》





\* stage III or higher, N2-3 or below D2 dissection or if necessary after tumor board discussion  $\rightarrow$  Adjuvant CCRT.

\* \* NCCN (T2.N0: High risk features include poorly differentiated or higher grade cancer. Lymphovascular invasion. neural invasion or < 50 years of age.)

X : Tis, T1, T2, T3, T4: tumor size and range; N0: no lymph node metastasis.

X : Note: For pathology stage III and above, add Her2/neu; MSI / MMR by IHC (optional)



\* Hyperthermic Intraperitoneal Chemotherapy (HIPEC) which has been approved as Self-funded surgical project by Department of Health, Taipei City Government.

X : If bleeding or obstruction , palliative surgery or R/T or Nutritional support is considered.



## 《 Follow-up 》

- 1. 1-2 years after surgery.
  - (1) Chest / Abdomen image and tumor marker every 3-6 months, At least one PES is required within one year after surgery. PES at clinical indication.
  - (2) Treated by ESD > EMR, 1 years after surgery PES every 6 months, then one PES every year.

## 2. 3-5 years after surgery.

- (1) Chest / Abdomen image and tumor marker every 6-12 months. PES at clinical indication.
- (2) Treated by ESD  $\$  EMR, one PES every 6 months.
- 3. 5 years after surgery should be check chest / Abdomen imaging and tumor markers at clinical indication.

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