



Gastric Cancer

Work up

Clinical presentation

Clinical stage

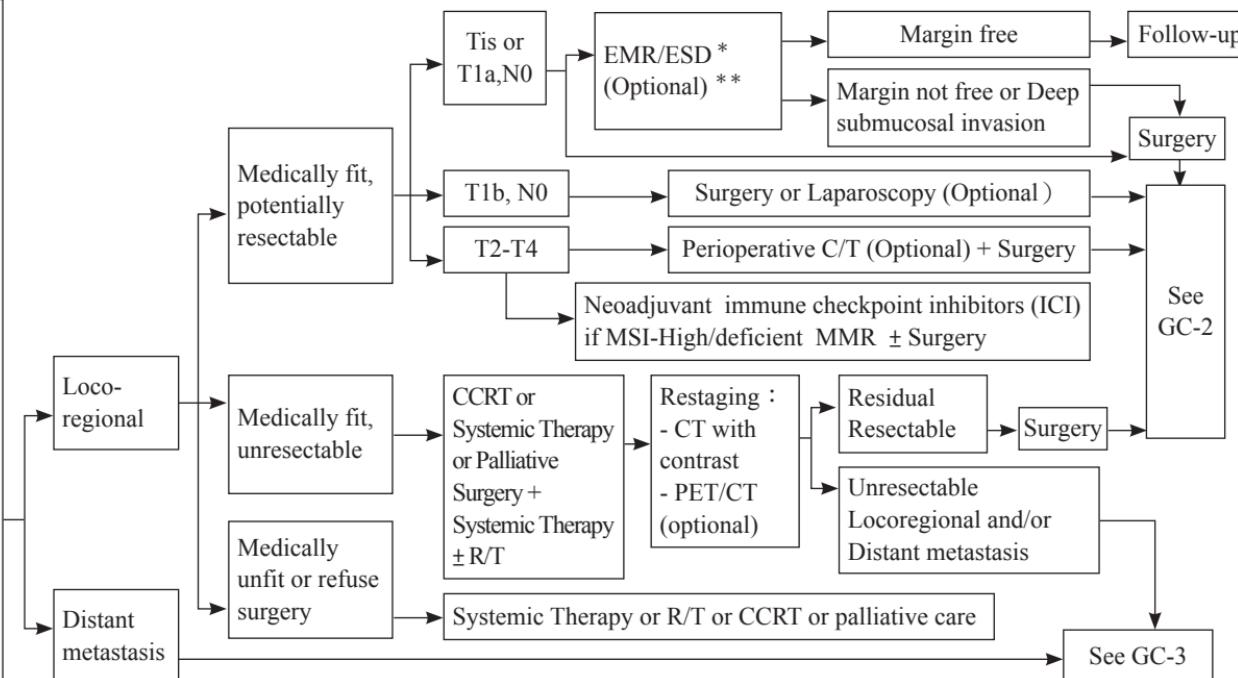
Primary treatment

Necessary

- H&P
- Chest X-ray
- Abd-Pelvis CT with contrast
- UGI endoscopy + Biopsy
- Nutritional assessment and counseling
- Chest CT with contrast (HIPEC Necessary)
- Her2/neu (stage IV)
- MMR (stage IV)

Optional

- Her2/neu (stage IV except)
- MMR (stage IV except)
- PD-L1
- NGS
- MSI
- CLDN 18.2 (T2 or higher)
- Diagnostic Laparoscopy
- UGI series
- Endoscopic ultrasound (EUS)
- Bone scan
- PET/CT
- H. pylori status

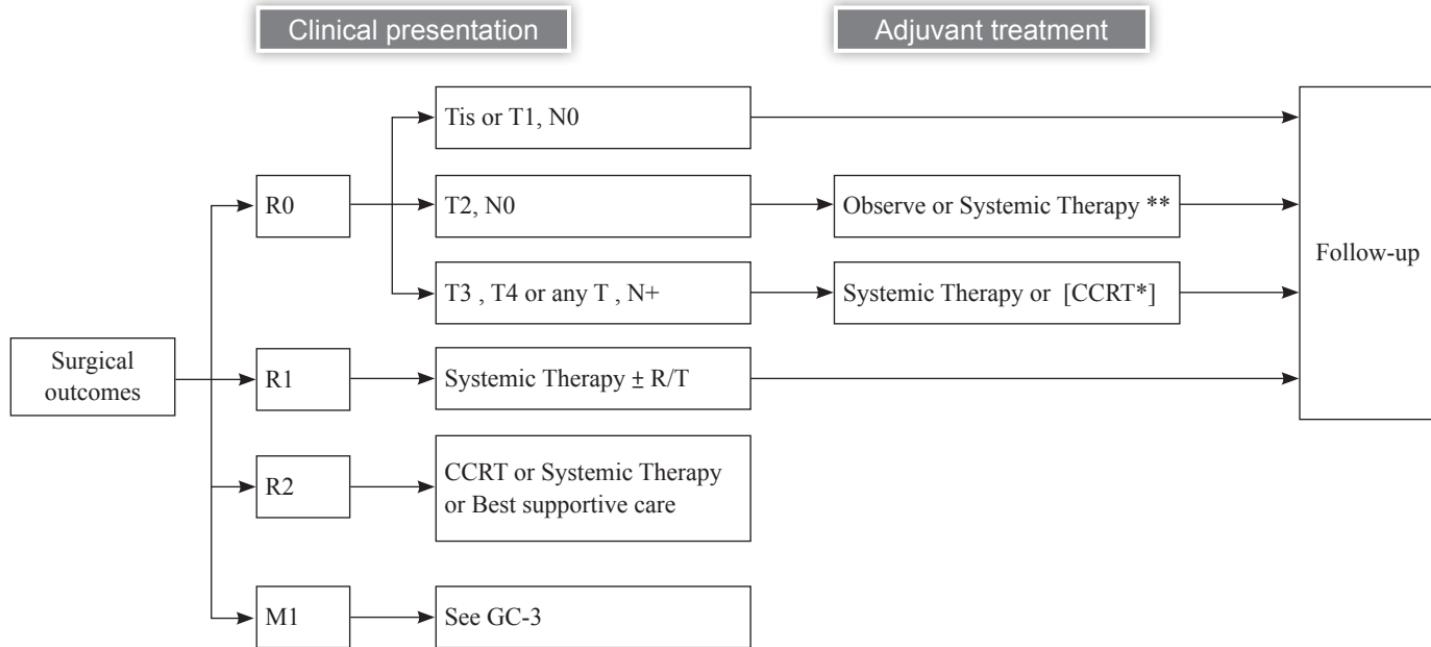


* EMR : Endoscopic mucosal resection ; ESD : Endoscopic submucosal dissection .

※ : 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 »



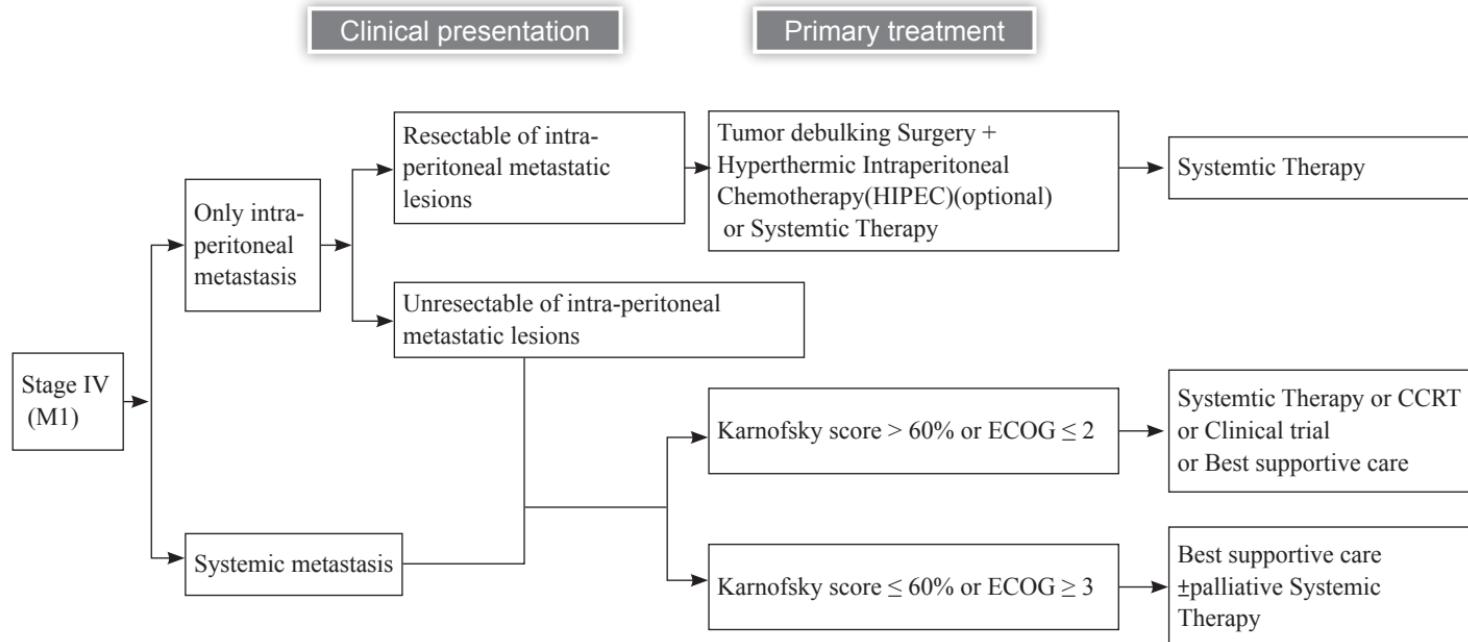
* stage III or higher, N2-3 or below D2 dissection or if necessary after tumor board discussion → Adjuvant CCRT.

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

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

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

《GC-3》



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

※ : 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, 1years 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.

《 Reference 》

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Principle of Radiation Therapy for Gastric Cancer

一、Target Volume

1. Gastric Tumor
2. Postoperative residual tumor or Tumor/Gastric bed
3. Nodal metastases
4. Pertinent nodal groups

二、Dose / Fraction

1. Postoperative without residual tumor : 48Gy(45-50.4Gy) /Fractions 27(25-28fx)
2. Postoperative with residual tumor : 53Gy(50.0-55.8Gy) /Fractions 28(25-31fx)

三、Treatment :

Intensity-modulated radiation therapy(IMRT) is used, including Volumetric modulated arc therapy(VMAT) and Tomotherapy. Image-guided radiotherapy(IGRT) may be used in clinical settings. Treatment options including Simultaneous integrated boost(SIB) technique.

四、References :

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