



UniPath
Palm Beach Pathology
Eastern Carolina Pathology

GASTRIC CANCER

Gastric Cancer

Gastric cancer is cancer of the stomach. The most common type of stomach cancer occurs in the glandular tissue of the stomach and is known as gastric adenocarcinoma. Over the past several years, the number of new cases of gastric cancer in the United States has been steady and the number of deaths has decreased significantly due to early detection and improved treatment options. It is important to quickly and effectively evaluate the extent of gastric cancer. Early detection and diagnosis is achieved by endoscopic examination of the stomach and other tests by a gastroenterologist or endoscopic surgeon. Often times gastric cancer can spread to the liver, pancreas, lungs and other organs near the stomach. Staging is the process of finding out how far the cancer has spread. This is very important because the treatment and the outlook for your recovery depend on the stage of the cancer. Your clinician will recommend any additional testing that he/she feels is needed to evaluate the cancer prior to treatment.

Gastric Cancer Background Information

Gastric or stomach cancer is one of the most common cancers of the digestive tract. The incidence of this cancer is approximately 2 in 10,000. Gastric cancer affects men twice as often as women and is more common in African-Americans than Caucasians. Diagnosis of gastric cancer is often delayed due to the lack of symptoms in early stage disease and due to self treatment of symptoms.

Symptoms: Possible early signs of gastric cancer include indigestion, stomach discomfort, nausea or loss of appetite. In more advanced stages of gastric cancer, symptoms such as blood in the stools, vomiting and unexplained weight loss may occur. These and other symptoms may be caused by gastric cancer or by other conditions.

Risk factors: Gastric cancer can sometimes be associated with known risk factors for the disease. Many risk factors are able to be changed though not all can be eliminated. Some of the most common risk factors are:

- An increased risk of gastric cancer is associated with diets containing large amounts of smoked foods, salted fish and meat, and pickled vegetables. Having a high intake of fresh fruits and vegetables including foods that contain beta-carotene and vitamin C may decrease the risk of gastric cancer.
- There are several pre-existing conditions that put an individual at a higher risk for developing gastric cancer. These include individuals who are infected with a bacterium called *Helicobacter pylori*, those who have had previous surgery to remove a portion of their stomach due to ulcers and those with long-standing reflux of gastric contents and the development of an abnormal cellular lining.
- Smoking increases stomach cancer risk, particularly for cancers of the proximal stomach (the upper portion of the stomach closest to the esophagus). The rate of stomach cancer is approximately doubled in smokers.
- Individuals who have a family history of stomach cancer are at an increased risk.





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Follow-up and Treatment Options for Gastric Cancer

Treatment is available for all stages of gastric cancer. The choice of treatment depends on many factors including the location and the stage of the tumor, age, state of health and personal preferences. The main treatments for gastric cancer are surgery, chemotherapy and radiation therapy. Only a physician can determine the most appropriate treatment.

Surgery: Surgery is the only way to cure gastric cancer. If the gastric cancer is in its early stages and the patient is healthy enough, an attempt should be made to completely remove the cancer. Even when the cancer is too widespread to be completely removed by surgery, most patient's surgery may be done with the intentions of relieving or preventing symptoms, but not curing the cancer.

Chemotherapy: Chemotherapy is the use of drugs to kill the cancer cells or stop them from dividing. Most chemotherapy is given in the form of injections, however, some can be taken by mouth. This type of therapy is useful for cancer that has spread to organs outside of the stomach. These drugs enter the bloodstream and travel throughout the entire body. It can even be helpful in relieving symptoms in some patients. Chemotherapy is currently being studied as a pre-surgical treatment and as an adjunctive treatment. In some instances, chemotherapy is combined with radiation therapy to increase the effects of both.

Radiation Therapy: Radiation therapy involves the use of high-energy rays to kill cancer cells. Radiation therapy is focused directly on the affected area and is sometimes given after surgery to kill any remaining cancer cells. Some studies show that radiation may prevent the recurrence of cancer after surgery. In addition, radiation therapy can be useful in relieving some symptoms.

Questions to Ask Your Healthcare Provider

- Are there any other tests that we need to perform?
- Has the cancer spread outside of the stomach?
- What treatment do you suggest?
- What are the benefits of this type of treatment?
- What are the risks and side effects of this treatment option?
- Is there anything I should be doing or not doing during treatment?
- What are the steps after treatment?
- What are the chances of recurrence after my treatment plan?

Sources for Additional Information

- American Cancer Society: www.cancer.org
- National Cancer Institute: www.cancer.gov
- CancerCare: www.cancercare.org

The content on this handout is provided to you as general information and not intended as a diagnosis. Please consult with your physician regarding the essential details about your condition.

