### STOMACH CANCER

Patient's information

#### **AGENDA**

WHAT IS STOMACH CANCER

WHEN TO SUSPECT

WHAT TO DO

WHAT DOCTOR WILL DO

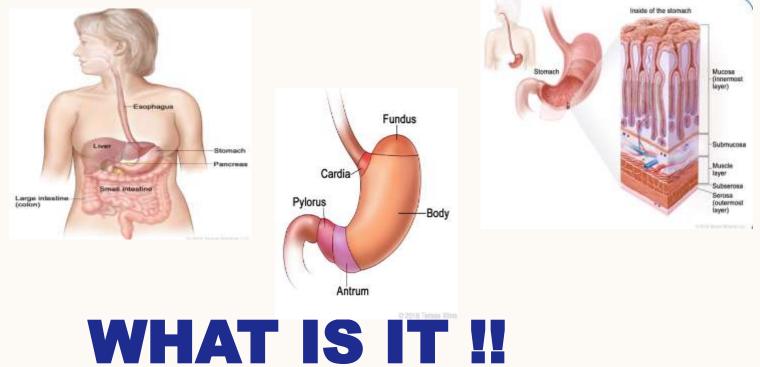
WHAT TEST

TREATMENT OPTIONS

HELP MY DECISION



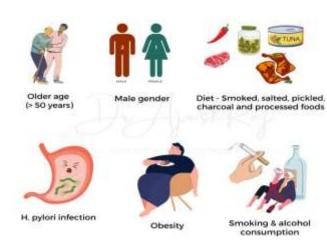


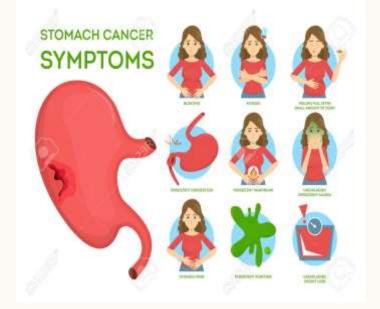


- STOMACH IS A HOLLOW ORGAN, WHICH HELPS IN STORING AND DIGESTING FOOD
- CANCER IN THIS ORGAN ARISES FROM INNER LAYER CALLED MUCOSA AND SPREADS OUTWORD TO DEEPER LAYER AND LYMPH NODES
- MOST COMMON IS ADENOCARCINOMA, BUT CAN BE GIST/NET
- IT CAN BE CAUSED DUE TO CHRONIC INFECTION/SMOKING/ALCOHOL/GENETIC PREDISPOSITION ETC



#### Risk Factors Of Stomach Cancer





#### WHEN TO SUSPECT!!

- MOSTLY FOUND IN ELDERLY AGE GROUPS, BUT INCIDENCE IS INCREASING IN YOUNGS
- MOST COMMON SYMPTOMS ARE- AFTER MEAL FULLNESS, RECURRENT VOMITING, SIGNIFICANT WEIGHT LOSS, BLOOD IN VOMITUS/STOOL



#### **STOMACH**

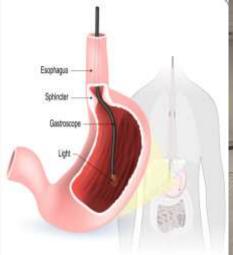
#### WHAT TO DO !!

- DON'T PANIC
- ARRANGE ALL YOUR AVAILABLE MEDICAL RECORDS, DRUG HISTORY, KNOWN FAMILY HISTORY, ANY INVESTIGATIONS IN A FILE
- CONSULT A SURGICAL GASTROENTEROLOGIST IN YOUR AREA
- BRING SOMEONE WITH YOU
- KEEP TRACK OF WEIGHT AND MAINTAING PROPER HYDRATION AND NUTRITION- MAINTAING URINE OF 1-1.5 L/DAY



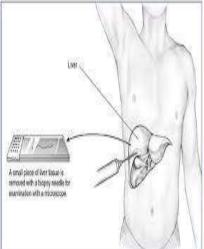
#### WHAT DOCTOR WILL DO!!

- DETAILED HISTORY- PRESENT COMPLAINTS, SYMPTOMS, PAST HISTORY, FAMILY HISTORY ETC
- THOROUGH PHYSICAL EXAMINATION AND ASSESSEMENT OF HYDRATION AND NUTRITION
- GO THROUGH YOUR MEDICAL RECORDS
- WILLASK FOR INVESTIGATIONS





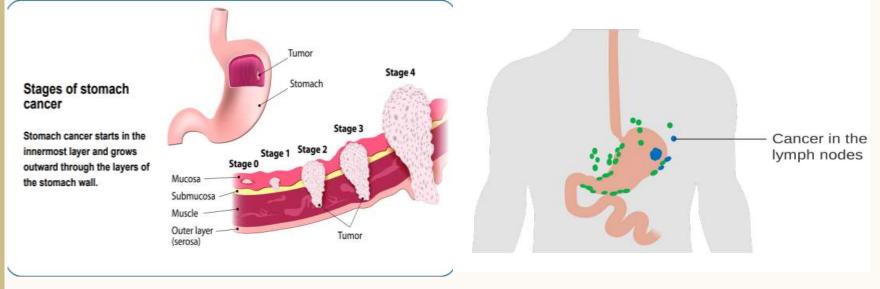




#### WHAT TESTS !!



- BASED ON HISTORY AND EXAMINATION, DOCTOR CAN ASK FOR ANY OF THE FOLLOWING TESTS
- ENDOSCOPY WITH BIOPSY
- ULTRASOUND/CHEST X RAY/ROUTEIN BLOOD TEST INCLUDING CEA
- CT SCAN OF CHEST/ABDOMEN AND PELVIS WITH CONTRAST
- PET CT OF WHOLE BODY
- BIOPSY FROM SUSPECTED SITE- GENETIC TESTING LIKE MSI/PD-L1/HER 2 NEU ETC



#### WHAT NEXT!!

- ON BASIS OF INVESTIGATIONS, DOCTOR WILL STAGE THE DISEASE AND WILL GUIDE FURTHER MANAGEMENT
- TUMOR IS STAGGED USING TNM-STAGGING,
- WHERE T STANDS FOR THICKNESS OF INVOLVEMENT
- N STANDS FOR NODAL STATUS
- AND M STANDS FOR METASTASIS OF TUMOR
- IN GENERAL TUMOR >T2 WITH NODE + STATUS ARE LOCALLY ADVANCED AND WITH M+ STATUS IS STAGE 4 DISEASE



#### TREATMENT OPTIONS !!

- FOR VERY EARLY DISEASE- ENDOSCOPIC MANAGEMENT IS CONSIDERED
- FOR RESECTABLE DISEASE DIRECT SURGERY IS CONSIDERED
- FOR LOCALLY ADVANCE DISEASE WHICH IS MOST COMMON, SURGERY ALONG WITH CHEMOTHERAPY IS CONSIDERED
- FOR METASTATIC DISEASE, PALLIATIVE TREATMENT IS CONSIDERED

#### PRIMARY GOALS

EARLY DIAGNOSIS AND EARLY TREATMENT

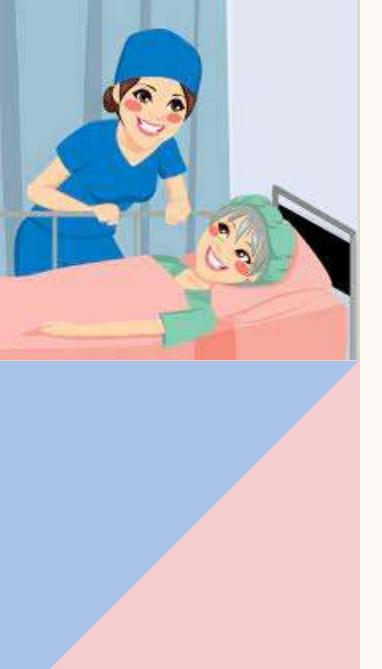






# WHAT MY TREATMENT PLANS WILL LOOK LIKE !!

- VERY EARLY DISEASE- ENDOSCOPIC MUCOSAL RESECTION OR ENDOSCOPIC SUBMUCOSAL DISSECTION— CONFIRMATION ON BIOPSY-- PROCEED
- FOR RESECTABLE DISEASE- RADICAL D2 TOTAL/DISTAL GASTRECTOMY— HISTOPATHOLOGY EVALUATION-- PROCEED
- FOR LOCALLY ADVANCE DISEASE- PRE OPRERATIVE CHEMOTHERAPY— RE-EVALUATION— RADICAL GASTRECTOMY WITH D2 LYMPHADENECTOMY— POST OPERATIVE CHEMOTHERAPY— FOLLOW UP
- FOR METASTATIC DISEASE- NUTRITIONAL SUPPORT+BEST SUPPORTIVE MANAGEMENT





## WHAT AFTER TREATMENT

- AFTER SURGERY FOR STOMACH CANCER SOME LIFE STYLE MODIFICATION IS ADVISED LIKE-
- TAKING SMALL AND FREQUENT MEALS
- AVOID WATER IN BETWEEN MEALS
- QUITE SMOKING/ALCOHOL
- IRON AND B12 SUPPLEMENTS
- HEALTHY LIFE STYLE
- REGULAR FOLLOW UP AS PER INSTITUTIONAL PROTOCOL



#### HELP MY DECISION

- MANAGEMENT OF CANCER IS A MULTIDICIPLINARY APPROACH
- YOUR TREATING WILL CONSIST OF SURGICAL GASTROENTEROLOGIST, MEDICAL GASTROENTEROLOGIST, RADIATION ONCOLOGIST, MEDICAL ONCOLOGIST, RADIOLOGIST, INTERVENTIONAL RADIOLOGIST, NUCLEAR MEDICINE, NUTRITIONALIST
- ITS RECOMMENDED TO DISCUSS ALL FACTORS WITH YOUR TREATING DOCTOR, KEEP ALL RECORDS
- STOMACH CANCER ID CURABLE

# "YOU CAN BE A VICTIM OF CANCER, OR A SURVIVOR OF CANCER. IT'S A MINDSET."

~Dave Pelzer

Presentation title 15

#### SUMMARY

STOMACH CANCER IS CURABLE AND WITH RIGHT APPROACH PROMISES PROLONG SURVIVAL

MULTI-DISCIPLINARY APPROACH WITH MODERN SURGICAL SCIENCE HAS MADE MANAGEMENT OF STOMACH CANCER SAFER THAN EVER

EARLY DIAGNOSIS AND EARLY TREATMENT IS THE WAY FORWARD

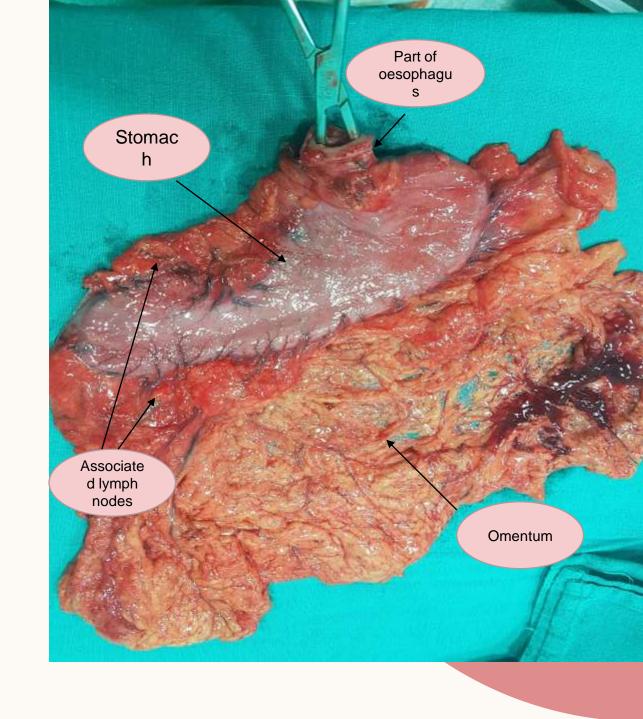


Presentation title

## SHOW ME SOME PICS

This is specimen of total radical gastrectomy with D2 lymphadenectomy

Standard procedure of stomach cancer



#### **THANK YOU**

Dr. Shashank Agrawal www.drshashankagrawal.co