MDAnderson Gastric Cancer

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Cancer Center 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.



to intestinal) histology

⁷ Discuss fertility preservation options as indicated prior to chemotherapy. See Fertility Preservation Prior to Cancer Treatment algorithm.

⁸ M0 unresectable refers to an unresectable T4 primary

⁹Medically 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

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(GCC) with patient or if clinically clinical practice

See the Genetic Counseling algorithm for additional information

⁴GCC should be initiated by the Primary Oncologist. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to GCC home page (for internal use only).

ECOG = Eastern Cooperative Oncology Group

indicated, with Patient

KPS = Karnofsky Performance Status

Representative⁴

Approved by The Executive Committee of the Medical Staff on 12/17/2024

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¹ Discuss fertility preservation options as indicated prior to chemotherapy. See Fertility Preservation Prior to Cancer Treatment algorithm.

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³25-hydroxyvitamin D, also known as 25-hydroxycholecalciferol, calcidiol or abbreviated as 25-OH Vitamin D, the main vitamin D metabolite circulating in plasma

⁴ For patients who are 4 years post-treatment and NED, refer to Survivorship – Gastric Cancer algorithm

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SUGGESTED READINGS

PRINCIPLES OF MULTIDISCIPLINARY TEAM APPROACH FOR GASTROESOPHAGEAL CANCERS

Macdonald, J. S., Smalley, S. R., Benedetti, J., Hundahl, S. A., Estes, N. C., Stemmermann, G. N., ... Martenson, J. A. (2001). Chemoradiotherapy after surgery compared with surgery alone for adenocarcinoma of the stomach or gastroesophageal junction. *The New England Journal of Medicine*, 345(10), 725-730. doi:10.1056/NEJMoa010187

PRINCIPLES OF GASTRIC CANCER SURGERY

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PRINCIPLES OF SYSTEMIC THERAPY FOR GASTRIC OR GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA

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- Al-Batran, S. E., Homann, N., Pauligk, C., Goetze, T. O., Meiler, J., Kasper, S., ... FLOT4-AIO Investigators. (2019). Perioperative chemotherapy with fluorouracil plus leucovorin, oxaliplatin, and docetaxel versus fluorouracil or capecitabine plus cisplatin and epirubicin for locally advanced, resectable gastric or gastro-oesophageal junction adenocarcinoma (FLOT4): A randomised, phase 2/3 trial. *The Lancet, 393*(10184), 1948-1957. doi:10.1016/S0140-6736(18)32557-1

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SUGGESTED READINGS - continued

PRINCIPLES OF SYSTEMIC THERAPY FOR GASTRIC OR GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA – continued

- Dank, M., Zaluski, J., Barone, C., Valvere, V., Yalcin, S., Peschel, C., ... Bugat, R. (2008). Randomized phase III study comparing irinotecan combined with 5-fluorouracil and folinic acid to cisplatin combined with 5-fluorouracil in chemotherapy naive patients with advanced adenocarcinoma of the stomach or esophagogastric junction. Annals of Oncology, 19(8), 1450-1457. doi:10.1093/annonc/mdn166
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OTHER SUPPORTIVE READINGS

- MD Anderson Institutional Policy #CLN1202 Advance Care Planning Policy Advance Care Planning (ACP) Conversation Workflow (ATT1925)
- Peterson, L. A., Zeng, X., Caufield-Noll, C. P., Schweitzer, M. A., Magnuson, T. H., & Steele, K. E. (2016). Vitamin D status and supplementation before and after bariatric surgery: A comprehensive literature review. *Surgery for Obesity and Related Diseases*, *12*(3), 693-702. doi:10.1016/j.soard.2016.01.001

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DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Gastrointestinal Center providers 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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