NOSCAN
North of Scotland
Cancer Network

North of Scotland Cancer Network Clinical Management Guideline for Gastric Cancer (*including gastroesophageal junction*)

UNCONTROLLED WHEN PRINTED

DOCUMENT CONTROL	
Original Prepared by	Prof RD Petty 120216 + format changes by NMcL
Approved by	NOSCAN UGI MCN – 18th September 2017
Issue date	September 2017
Review date	August 2018
Version	2.1 (20171127) post NHST COG [TNM8]

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North of Scotland Cancer Network

Clinical Management Guideline for Gastric Cancer
(Squamous and Adenocarcinoma)
Initial Diagnosis and assessment

General Principles:

Where available, clinical trials should always be considered the preferred option for eligible patients

All patients (including those who decline, or are considered clinically not suitable for active treatment) should be registered with the appropriate local Upper GI or OG Cancer MDT/MDTM in order to ensure an opportunity for peer review and accurate data capture.

In advance of any patient being discussed at the specialist weekly Upper GI or OG Cancer MDT, it is important to have taken steps earliest to establish i) a definitive diagnosis and ii) an indication of clinical staging (see page 5)

Confirm Diagnosis

- Full History & Clinical Examination
- Full blood profile
  (ie FBC, U+E, LFT, Ca + HER2* status)
- Endoscopic visualisation of oesophagus/stomach
- Biopsy
- CT Thorax, Abdomen & Pelvis

* HER2 status should be considered in all patients with adenocarcinoma

Pathology

For Biopsy:

- Site
- Type
- Differentiation

For Resection (*in addition to above*)

- Margin status
- Nodal involvement
- Local Invasion
- Background abnormalities

Baseline assessments of

- Performance Status [ECOG and/or ASA/other]
- Nutritional Status [MUST Score]

ECOG - *East Coast Oncology Group*
ASA - *American Society of Anesthesiologists*
MUST - *Malnutrition Universal Screening Tool*

All patients should be at earliest opportunity to the service identified Clinical Nurse Specialist for assessment and ongoing specialist advice, education, co-ordination of care and psychological/emotional/social support for both the patient and their relatives throughout the treatment pathway: this is in addition to any other specialist referrals that may also be clinically identified appropriate and/or required.

At all stages throughout the treatment pathway:

- Any treatment plans should during their preparation and any subsequent review be discussed with patient
- Patients should be provided with written information and/or signposted to accredited resources
- Primary Care should be notified and kept updated of patients' pathway progress

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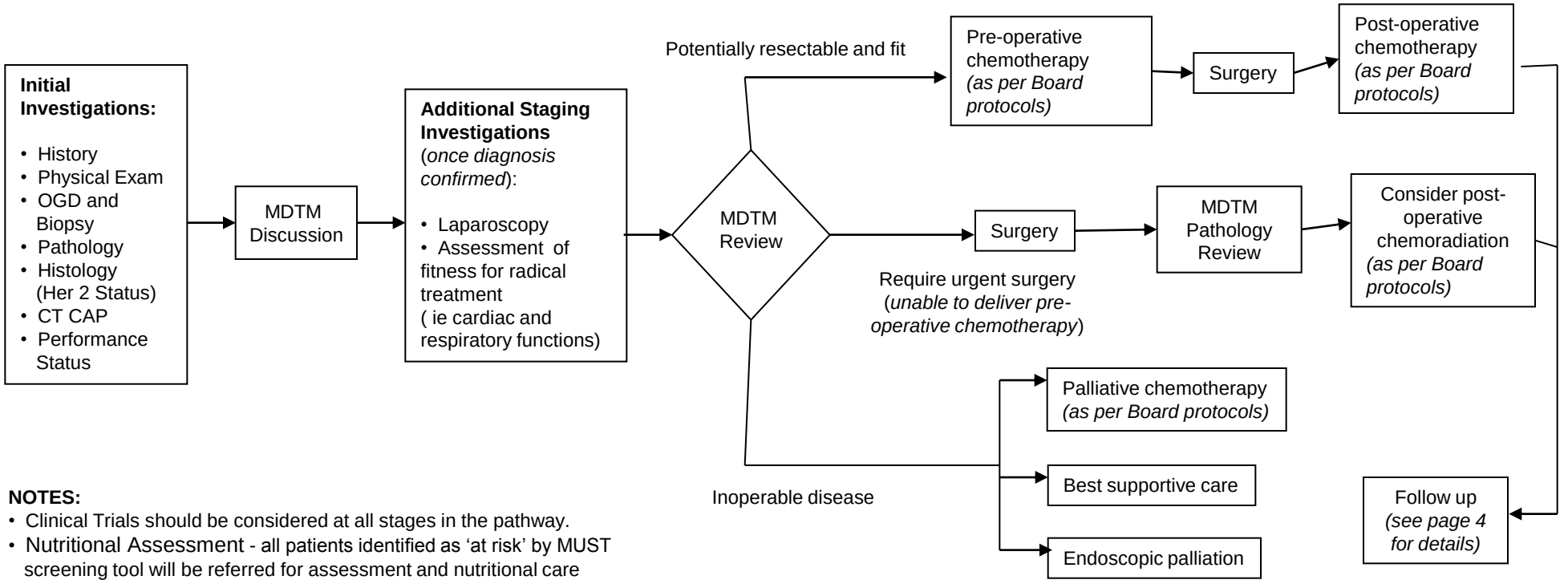
Clinical Management Guideline for Gastric Cancer (*including gastroesophageal junction*) Staging and initial treatment

Initial Evaluation | **Clinical Stage** | **Treatment**



NOTES:
- Clinical Trials should be considered at all stages in the pathway.
- Nutritional Assessment - all patients identified as 'at risk' by MUST screening tool will be referred for assessment and nutritional care planning/support.
- CNS support should be considered at all stages in the pathway.

MDTM - Multidisciplinary Team Meeting
OGD -
MUST - Malnutrition Universal Assessment Tool

Where available, clinical trials should be considered the preferred option for eligible patients

There continues to be a lack of clinical evidence or definitive guidance to support a regional recommendation on post-treatment follow up.

Consequently (and excepting for patients who are participating in a clinical trial and who should thereafter be followed up according to the applicable trial protocol), it is recommended that:

- all patients should have a Holistic Needs Assessment (HNA) completed as part of their discharge planning.

- any post treatment follow-up should be determined on an individual patient basis and according to local policies currently in place

UICC TNM 8 Staging

Note: if a history of neoadjuvant chemo/radiotherapy, the prefix '**y**' should be added to the TNM stage applicable, with only viable tumour/tumour cells being considered in any assessment

Stage	Definition
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria, high grade dysplasia
T1	Tumour invades lamina propria, muscularis mucosae, or submucosa
T1 a	Tumour invades the lamina propria and or muscularis mucosae
T1 b	Tumour invades submucosa
T2	Tumour invades muscularis propria
T3	Tumour invades subserosa
T4	Tumour perforates serosa (visceral peritoneum) or invades adjacent structures
T4 a	Tumour perforates serosa
T4 b	Tumour invades adjacent structures
Nodal Involvement	
NX	Regional lymph node(s) cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in 1 to 2 regional lymph nodes
N2	Metastasis in 3 to 6 regional lymph nodes
N3	Metastasis in 7 or more regional lymph nodes
N3 a	Metastasis in 7 to 15 regional lymph nodes
N3 b	Metastasis in more than 16 regional lymph nodes
Metastasis	
M0	No distant metastases
M1	Distant metastases : Includes involvement of non-regional intra-abdominal lymph nodes (such as retro-pancreatic, mesenteric and para-aortic groups) and the liver, or the presence of peritoneal seedlings