North of Scotland Clinical Management Guideline (CMG): Gastric Cancer (including gastroesophageal junction)

Last Updated 07/09/2023

Lead Group: North Cancer Upper GI Pathway Board (NCGPB) **File Reference:** NCA-CMG-GAS V4
Approved: 06/09/2023 **Published:** 08/09/2023

For symptoms of suspected Upper GI cancer, please refer to the Scottish Referral Guidelines for Suspected Cancer

Contents

Staging

All patients with a confirmed diagnosis of Gastric cancer will have their cancer staged using the TNM8 system as documented on Page 5 of this CMG.

Cancer staging will allow a clinical decision on treatment options to be made in accordance with the guidance provided by this CMG in the management of patients aged 18 years and older with Gastric cancer.

General Principles

- Referrals should be vetted in accordance with the Scottish Referral Guidelines for Suspected Cancer.
- All patients must be discussed at MDT Meetings throughout their patient journey as required.
- Where available, clinical trials should always be considered as the preferred option for all eligible patients and consideration given to referral to other centres in Scotland.
- Patients must be involved in all decision-making relating to their care with informed consent required for patients undergoing treatment.
- A list of SACT regimens is provided (Page 6).
- All patients should be identified to the Clinical Nurse Specialist at the earliest opportunity 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.
- At all stages through the treatment pathway, any treatment plans should during their preparation and subsequent review be discussed with the 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.

All Patients: Initial Investigations

- Full medical history
- Clinical examination
- Routine blood profile (Full Blood Count, U+E,LFT, CA+HER2* status)
- Endoscopic visualisation of oesophagus/stomach
- Biopsy including HER2 status
- CT Thorax, Abdomen and Pelvis
- Performance Status (ECOG and/or ASA or other)
- Nutritional screening (MUST score and referral to dietitian if MUST ≥2)

**HER2 status should be undertaken on all patients being considered for palliative systemic treatment.*

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Pathology

For Biopsy (Site, Type, Differentiation)

For Resection (in addition to above) - Margin Status, nodal involvement, local invasion, background abnormalities

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All Patients: Additional staging investigations (once diagnosis confirmed)

Formal fitness assessment (may include CPEX after MDT discussion)

- Laparoscopy
- Assessment of fitness for radical treatment (i.e. cardiac and respiratory functions)
- HER2 status*
- PDL1 CPS*

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Evaluation	Treatment	Follow-Up

Nutritional Screening – all patients identified as 'at risk' by MUST screening tool will be referred for assessment and nutritional care planning/support.

CURABLE OR PORTENTIALLY CURABLE DISEASE

Pre-operative chemotherapy → Surgery → Post-operative chemotherapy → Follow-up (see page 4)

Additional Assessments
Formal fitness assessment (may include CPEX)

Additional Investigations as required
PET CT
HER2 status *
MRI Liver
Laparoscopy including peritoneal cytology

Potentially resectable and fit

MDTM Review Curative

Requires urgent surgery (unable to deliver pre-operative chemotherapy) → Surgery → MDT Pathology Review → Consider post-operative chemotherapy → Follow-up (see page 4)

Clinical Assessment
History
Physical Examination
Performance Status
Nutritional Screening #

Investigations
OGD and Biopsy
CT Chest, Abdomen & Pelvis
HER2 status *

MDTM Discussion

*HER2 status should be undertaken on all patients being considered for palliative systemic treatment.

INCURABLE DISEASE → Non Curative Treatment** →
- Palliative SACT
- Palliative radiotherapy
- Palliative chemoradiotherapy
- Palliative surgery
- Palliative endoscopic therapy
- Supportive Care

**For any palliative patient to be considered for SACT, PDL1 should be tested in the HER2 negative group of adenocarcinomas

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 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.
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Note: if a history of neoadjuvant chemo/radiotherapy, the prefix 'y' should be added o the TNM stage applicable, with only viable 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 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 a	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

Neoadjuvant and adjuvant treatment / Resectable adenocarcinoma - stomach, OGJ, lower oesophagus				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
1	**FLOT**	5-Fluorouracil 2600mg/m2 IV Day 1 (over 24 hours) Oxaliplatin 85mg/m2 IV Day 1 Docetaxel 50mg/m2 IV Day 1 Folinic acid 350mg IV Day 1 Every 14 days for 8 cycles (peri-operative - 4 pre / 4 post)		Curable
2	**mFOLFOX** (Alternative to FLOT)	Oxaliplatin 85mg/m2 IV Day 1 5-Fluorouracil 400mg/m2 IV Day 1 Folinic acid 350mg IV Day 1 5-Fluorouracil 2400 mg/m2 IV over 46 hours Every 14 days for 8 cycles (peri-operative - 4 pre / 4 post)		Curable
3	**ECX** (Alternative to FLOT)	Epirubicin 50mg/m2 IV Day 1 Cisplatin 60mg/m2 IV Day 1 Capecitabine 625mg/m2 Oral/Twice daily Days 1-21 Every 21 days for 6 cycles (peri-operative - 3 pre / 3 post)		Curable
4	**ECF (21 DAY 5FU)** (Alternative to FLOT)	Epirubicin 50mg/m2 IV Day 1 Cisplatin 60mg/m2 IV Day 1 5-Fluorouracil 200mg/m2/day IV continuous Days 1-21 Every 21 days for 6 cycles (peri-operative - 3 pre / 3 post)		Curable
5	**ECF (4 DAY 5FU)** (Alternative to FLOT)	Epirubicin 50mg/m2 IV Day 1 Cisplatin 60mg/m2 IV Day 1 5-Fluorouracil 1000mg/m2/day IV continuous Days 1-4 Every 21 days for 6 cycles (peri-operative) - 3 pre / 3 post)		Curable
6	**Nivolumab** **(SMC 2429)**	Nivolumab 240mg every 2 weeks (or 480mg every 4 weeks) After 16 weeks, 480mg every 4 weeks Maximum of 12 months	Adjuvant treatment (completely resected oesophageal or GOJ cancer if residual pathologic disease following prior neoadjuvant chemoradiotherapy)	Curable

Note:- Regimens 7 - 13 are Included within the CMG for oesophageal cancer

Inoperable gastric, oesophageal, OGJ (locally advanced and metastatic)				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
14	**Pembrolizumab** **(with CapOX every 3 weeks, maximum 6 cycles)** **(SMC 2420)**	Pembrolizumab 200mg IV Day 1 Oxaliplatin 130mg/m2 IV Day 1 Capecitabine 1000mg/m2 Oral/Twice daily Days 1-14 Every 21 days Can continue immunotherapy for up to 2 years i.e. Pembrolizumab 200mg IV every 3 weeks or 400mg every 6 weeks	As per SMC 2420, first-line treatment (HER2-negative). In summary:- -squamous or undifferentiated -if CPS>10 -not gastric Adenocarcinoma/oesophageal /CPS >10 - prescribe either pembrolizumab or nivolumab	Non-curable
15	**Nivolumab** **(with mFOLFOX, every 2 weeks, maximum 9 cycles)** **(SMC 2458)**	Nivolumab 240mg IV Day 1 Oxaliplatin 85mg/m2 IV Day 1 5-Fluorouracil 400mg/m2 IV Day 1 5-Fluorouracil 2400mg/m2 IV over 46 hours Every 14 days Can continue immunotherapy for up to 2 years i.e. Nivolumab 360mg every 3 weeks or 240mg every 2 weeks	As per SMC 2420, first-line treatment (HER2-negative). In summary:- -includes gastric -adenocarcinoma only, CPS>5 -the only option if CPS >5 and <10 Adenocarcinoma/oesophageal /CPS >10 - prescribe either pembrolizumab or nivolumab	Non-curable
16	**Pembrolizumab** **(with Cisplatin/5FU every 3 weeks, maximum 6 cycles)** **(SMC 2420)**	Pembrolizumab 200mg IV Day 1 Cisplatin 80mg/m2 IV Day 1 5FU 1000mg/m2/day IV Days 1-4 Every 21 days Can continue immunotherapy for up to 2 years i.e. Pembrolizumab 200mg IV every 3 weeks or 400mg every 6 weeks	As per indications above and for use when oxaliplatin may be contra-indicated (e.g. neurotoxicity). (5FU may be given via either a 4-day pump or 2 x 2-day pumps)	Non-curable

Inoperable gastric, oesophageal, OGJ (locally advanced and metastatic)				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
17	**CX(75/625)**	Cisplatin 75mg/m2 IV Day 1 Capecitabine 625mg/m2 Oral/Twice daily Days 1-21 Every 21 days for 6-8 cycles		Non-curable
18	**CF**	Cisplatin 80mg/m2 IV Day 1 5-Fluorouracil 1000mg/m2/day IV continuous Days 1-4 Every 21 days for 6-8 cycles		Non-curable
19	**CAPOX**	Oxaliplatin 130mg/m2 IV Day 1 Capecitabine 1000mg/m2 Oral/Twice daily Days 1-14 Every 21 days for 6-8 cycles		Non-curable
20	**OXCAP**	Oxaliplatin 130mg/m2 IV Day 1 Capecitabine 625mg/m2 Oral/Twice daily Days 1-21 Every 21 days for 6-8 cycles		Non-curable
21	**G02 OXCAP**	Oxaliplatin 78mg/m2 IV Day 1 Capecitabine 375mg/m2 Oral/Twice daily Days 1-21 Every 21 days for 6-8 cycles	Lower doses (60%) for frail or older patients	Non-curable
22	**Teysuno (tegafur/gimeracil/oteracil) + Cisplatin**	Cisplatin 75mg/m2 IV Day 1 Teysuno 25* mg/m2 Oral/Twice daily Days 1-21 *expressed as tegafur Every 28 days for 6 cycles (can continue beyond 6 cycles until disease progression or toxicities)	Prescribed rarely in coronovasospasm (alternatively give paclitaxel/carboplatin)	Non-curable
23	**mFOLFOX**	Oxaliplatin 85mg/m2 IV Day 1 5-Fluorouracil 400mg/m2 IV Day 1 Folinic acid 350mg on Day 1 5-Fluorouracil 2400mg/m2 IV over 46 hours Every 14 days for 8 cycles	If unable to swallow capecitabine	Non-curable

Inoperable gastric, oesophageal, OGJ - progressed on or after 1st line treatment				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
24	**Docetaxel**	Docetaxel 75mg/m2 IV Day 1 Every 21 days for 6 cycles		Non-curable
25	**Paclitaxel**	Paclitaxel 80mg/m2 IV Days 1, 8, 15 Every 28 days for 6 cycles		Non-curable
26	**Irinotecan**	Irinotecan 180mg/m2 IV Day 1 Every 14 days for 12 cycles	If neuropathy with taxanes. Can apply a dose reduction to 150mg/m2 if required	Non-curable
27	**Nivolumab** **(SMC 2362)**	Nivolumab 240mg IV Day 1 14 days until disease progression or toxicities	2nd line, unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma after prior fluoropyrimidine- and platinum-based combination chemotherapy	Non-curable

1st line treatment of HER-2 positive metastatic or locally advanced adenocarcinoma of stomach or OGJ				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
28	**Trastuzumab + cisplatin + capecitabine (T-CX)**	Trastuzumab 6mg/kg IV Day 1 (Cycle 1 Loading = 8mg/kg) Cisplatin 80mg/m2 IV Day 1 Capecitabine 1000mg/m2 Oral/Twice daily Days 1-14 Every 21 days for 6 cycles (trastuzumab continued beyond 6 cycles until disease progression)	Primary option	Non-curable
29	**Trastuzumab + cisplatin + 5-FU**	Trastuzumab 6mg/kg IV Day 1 (Cycle 1 Loading = 8mg/kg) Cisplatin 80mg/m2 IV Day 1 5-Fluorouracil 800mg/m2/day Continuous IV over 5 days (Days 1-5) Every 21 days for 6 cycles (trastuzumab continued beyond 6 cycles until disease progression)	Primary option	Non-curable
30	**Trastuzumab + CAPOX**	Trastuzumab 6mg/kg IV Day 1 (Cycle 1 Loading = 8mg/kg) Oxaliplatin 130mg/m2 IV Day 1 Capecitabine 1000mg/m2 Oral/Twice daily Days 1-14 Every 21 days for 6 cycles (trastuzumab continued beyond 6 cycles until disease progression)	If not suitable for cisplatin	Non-curable
31	**Trastuzumab + GO2 OXCAP**	Trastuzumab 6mg/kg IV Day 1 (Cycle 1 Loading = 8mg/kg) Oxaliplatin 78mg/m2 IV Day 1 Capecitabine 375mg/m2 Oral/Twice daily Days 1-21 Every 21 days for 6 cycles (trastuzumab continued beyond 6 cycles until disease progression)	If not suitable for cisplatin or CAPOX, i.e. frail or older patients	Non-curable

1st line treatment of HER-2 negative metastatic or locally advanced adenocarcinoma of stomach or OGJ				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
32	**Cisplatin + Capecitabine**	Cisplatin 80mg/m2 IV Day 1 Capecitabine 1000 mg/m2 Oral/Twice daily Days 1-14 Every 21 days for 6 cycles	Primary option Select CAPOX or OXCAP alone, if cisplatin contra-indicated (see regimens 19 and 20)	Non-curable

Metastatic gastric cancer including adenocarcinoma of the gastroesophageal junction				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
33	**Lonsurf (trifluidine/tipiracil)** **(SMC 2329)**	Lonsurf 35mg/m2 orally TWICE daily on days 1-5 and days 8-12 (based on trifluridine content) (maximum 80mg per dose) Every 28 days until disease progression or toxicities	3rd line and beyond, i.e. previously treated with at least two prior systemic treatment regimens for advanced disease	Non-curable

Other regimens - LA or metastatic squamous or adenocarcinoma of oesophagus - Neo-adjuvant, adjuvant or metastatic gastric or OGJ cancer				
No.	**Regimen name**	**Regimen details**	**Other information**	**Treatment intent**
34	**Carboplatin + Paclitaxel**	Carboplatin AUC 5 IV Day 1 Paclitaxel 175mg/m2 IV Day 1 Every 21 days for 6 cycles	If 5-FU contraindicated (e.g. due to cardiac toxicity)	Non-curable

Definitions

ASA – American Society of Anesthesiologists
CPEX – Cardio-Pulmonary Exercise Testing
ECOG – East Coast Oncology Group
MDTM – Multi-disciplinary Team Meeting
MUST – Malnutrition Universal Screening Tool
OGD – Oesophago-Gastric-Dueodenoscopy