Role of Surgery in Gastric Adeno Carcinoma

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“Team Work”
Surgery of Ca Stomach

- Essential in Cure
- Role in Palliation
Palliation

- **Bleeding**
  - Endoscopy
  - Embolization

- **Obstruction**
  - Endoscopy
  - Surgery

- **Nutritional**
  - Feeding procedures

- **Ascites**
  - Aspiration
  - Peritoneectomy
  - Hipec
Surgery for Cure

Surgery

Endoscopic Surgery

Radical Surgery
Surgery for Cure

No Metastatic Disease

No Locally Inoperable Disease
- No Level N3 (hepatoduodenal and root of mesentery)
- No N4 (para-aortic) lymph node
- No Invasion or encasement of major vascular structures

Medically Fit Patient
## Procedures

<table>
<thead>
<tr>
<th>T stage</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>Tis, T1a</td>
<td>Endoscopic Surgery</td>
</tr>
<tr>
<td>T2b, T3</td>
<td>D2 Gastrectomy</td>
</tr>
<tr>
<td>T4</td>
<td>+Adjacent Organ Resection</td>
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</tbody>
</table>
Radical Surgery

- Depends on
- Stage
- Location
- Previous Medical /Surgical History
Radical Surgery

• Gold Standard "D2 Gastrectomy"
Approaches

• Minimally Invasive
• Open
Laparoscopy in Carcinoma Stomach

• Diagnosis
• Staging
• Treatment
Staging work up

- Upper GI endoscopy and biopsy
- Chest/abdomen/pelvic CT
- HER2-neu testing if metastatic
**NCCN Guidelines Version 1.2014**

**Gastric Cancer**

**WORKUP**
- H&P
- Upper GI endoscopy and biopsy
- Chest/abdomen/pelvic CT with oral and IV contrast
- PET-CT evaluation if no evidence of M1 disease and if clinically indicated
- CBC and chemistry profile
- Endoscopic ultrasound (EUS) if no evidence of M1 disease (preferred)
- Endoscopic mucosal resection (EMR) may contribute to accurate staging of early stage cancers
- Nutritional assessment and counseling
- Biopsy of metastatic disease as clinically indicated
- HER2-neu testing if metastatic adenocarcinoma is documented/suspected
- Assess Stewart category
- Smoking cessation advice, counseling and pharmacotherapy
- Screen for family history

**CLINICAL STAGE**
- Tis or T1a
- Medically fit
- Medically unfit
- Medically fit, potentially resectable
- Locoregional (M0)
- Consider laparoscopy (category 2B)
- Medically unfit

**ADDITIONAL EVALUATION**
- Medically fit, unresectable
- Palliative Management (see GAST-7)

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*See Principles of Endoscopic Staging and Therapy (GAST-A).*

*May not be appropriate for T1 patients.*

*EMR may also be therapeutic for early stage disease/lesions.*

*See Principles of Pathologic Review and HER2-neu Testing (GAST-B).*

*See Principles of Surgery (GAST-C).*

*Smoking cessation guidelines are available from the Public Health Service at: [http://www.ahcpr.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf](http://www.ahcpr.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf)*

*See Principles of Genetic Risk Assessment for Gastric Cancers (GAST-D). Also see NCCN Guidelines for Colorectal Cancer Screening and Genetic/Familial High-Risk Assessment: Breast and Ovarian.*

*See Staging (ST-1) for tumor classification.*

*Medically able to tolerate major abdominal surgery.*

*Laparoscopy is performed to evaluate for peritoneal spread when considering chemoradiation or surgery. Laparoscopy is not indicated if a palliative resection is planned. Laparoscopy is indicated for clinical stage T1b or higher.*

*See Principles of Multidisciplinary Team Approach (GAST-E).*

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Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.
<table>
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<tr>
<th>Siewert Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Type I</td>
<td>adenocarcinoma of the lower esophagus (often associated with Barrett's esophagus) with the center located within 1 cm to 5 cm above the anatomic EGJ</td>
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<tr>
<td>Type II</td>
<td>true carcinoma of the cardia at the EGJ, with the tumor center within 1 cm above and 2 cm below the EGJ.</td>
</tr>
<tr>
<td>Type III</td>
<td>subcardial carcinoma with the tumor center between 2 and 5 cm below EGJ, which infiltrates the EGJ and lower esophagus from below.</td>
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Postoperative Morbidity

- Bleeding
- Leak
- Sepsis
- Wound infection
- Chest infection
Morbidity

- Delays adjuvant
- Adjuvant precipitates the event