Guideline Resource Unit guru@ahs.ca

# **Gastric Cancer Pathway**

### Effective Date: April 2021

### **Accompanies: Clinical Practice Guideline GI-008**

Disclaimer: The recommendations contained in this guideline are a consensus of the Alberta Provincial GI Tumour Team and are a synthesis of currently accepted approaches to management, derived from a review of relevant scientific literature. Clinicians applying these guidelines should, in consultation with the patient, use independent medical judgment in the context of individual clinical circumstances to direct care.



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## Early Stage Gastric Cancer

Dietician consult Endoscopy – pathology CT (chest, abdomen, pelvis) Bone Scan: for patients suspected of • having bone metastases CT Head or MRI: for patients suspected of having brain metastases Refer to surgeon (consider diagnostic laparoscopy) Operable Not medically operable or patient declines surgery Refer to Metastatic Gastric Clinical T2 and/or Clinical Stage I **Cancer Guideline &** Node Positive Resources for additional information Consider diagnostic Refer to Medical Endoscopic Mucosal Oncology for Resection (EMR) for evaluation cT1NO) NO Candidate for YES FLOT Surgery FLOT x4 cycles Surgery\* FLOT x4 cycles Dietician consult Individualized Adjuvant Gastric discussion **Cancer Guideline** regarding imaging <u>& Resource</u> \*There is no evidence to suggest modifying post-operative treatment based on pathologic response impacts outcomes

#### **Quality Measures:**

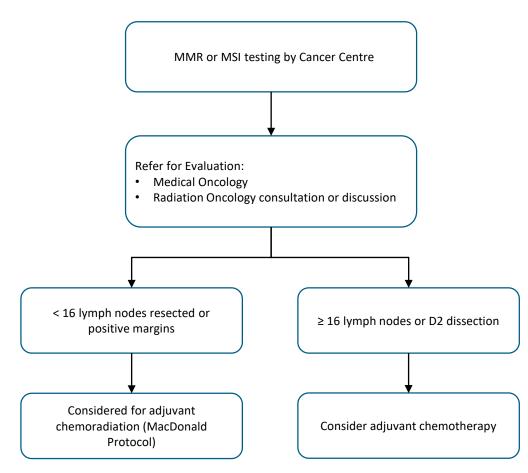
- Time from endoscopy to chemotherapy
- Time from endoscopy to surgical consult
- Time from surgical consult to evaluation by oncology
- Time from Medical Oncology appointment to start of FLOT
- Time from tissue biopsy to start if FLOT

- Post-operative mortality, major complication rate
- Percentage of patients who complete 8 cycles of FLOT
- Percentage of patients who start post-operative FLOT
- Percentage of patients referred to oncology
- Percentage of patients referred to dietician

Screen for psychosocial needs

Screen for psychosocial needs

## Adjuvant Gastric Cancer\*

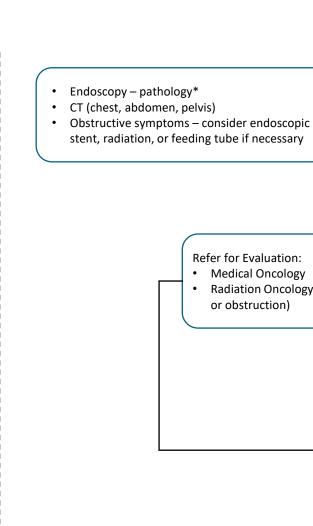


\* Patients who have urgent indications for surgery (e.g. bleeding, unresolved obstruction, or are ineligible for neoadjuvant chemotherapy can proceed directly to surgery

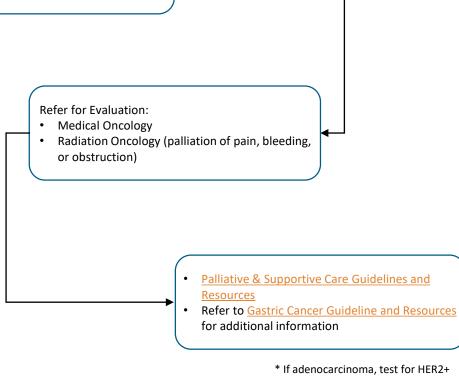
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Screen for psychosocial needs

### **Metastatic Gastric Cancer**



Dietician consult



#### **Quality Measures:**

- Percentage of patients referred to Medical or Radiation Oncology ٠
- For patients who received chemotherapy; time from consult to first dose .
- Proportion of patients referred to Palliative Care
- Percentage of patients with Goals of Care designation or Advanced Care Planning tracking sheet

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