

# Gastric Cancer Pathway

Effective Date: April 2021

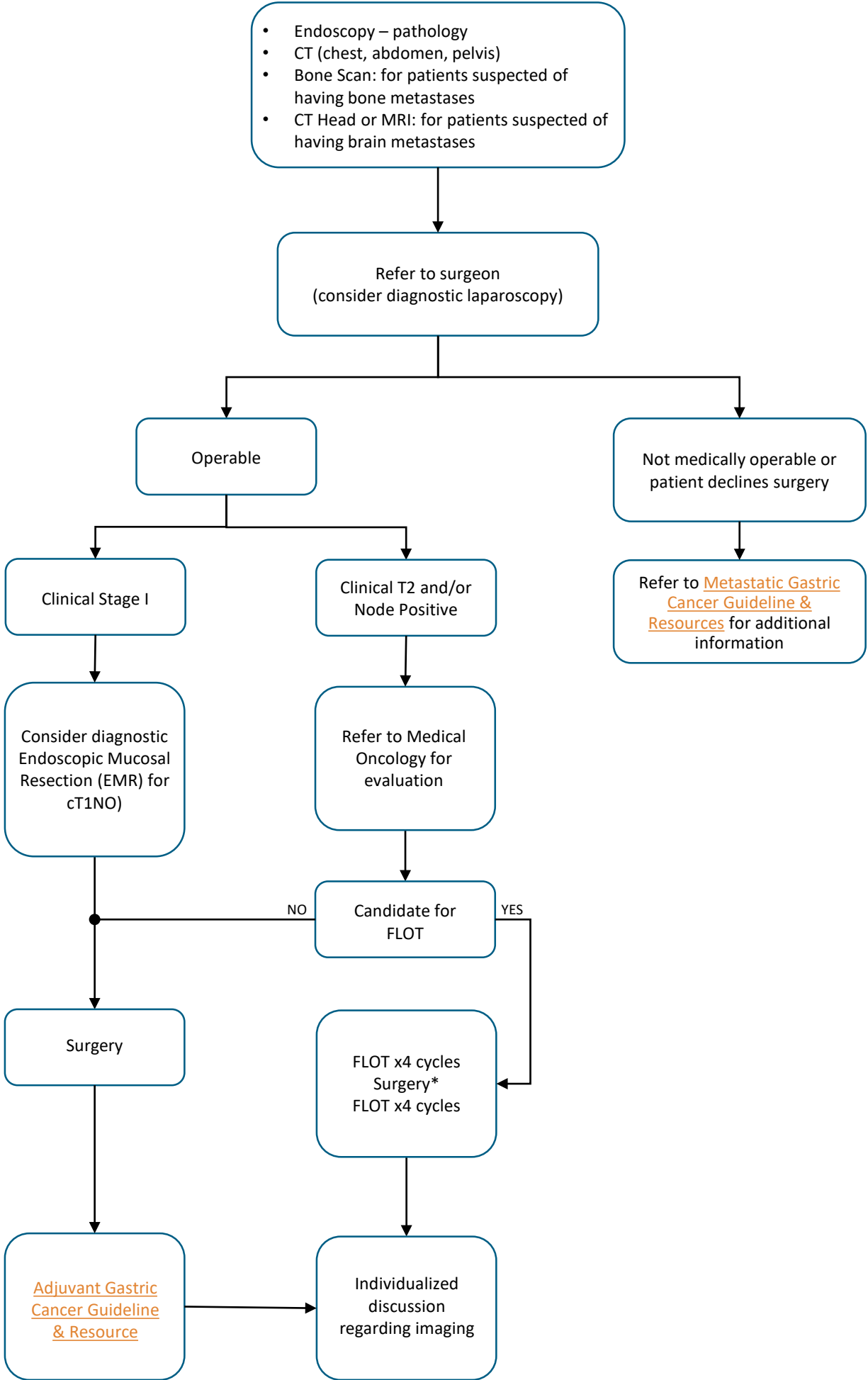
Accompanies: Clinical Practice Guideline GI-008

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.

# Early Stage Gastric Cancer

Dietician consult

Screen for psychosocial needs



Screen for psychosocial needs

Dietician consult

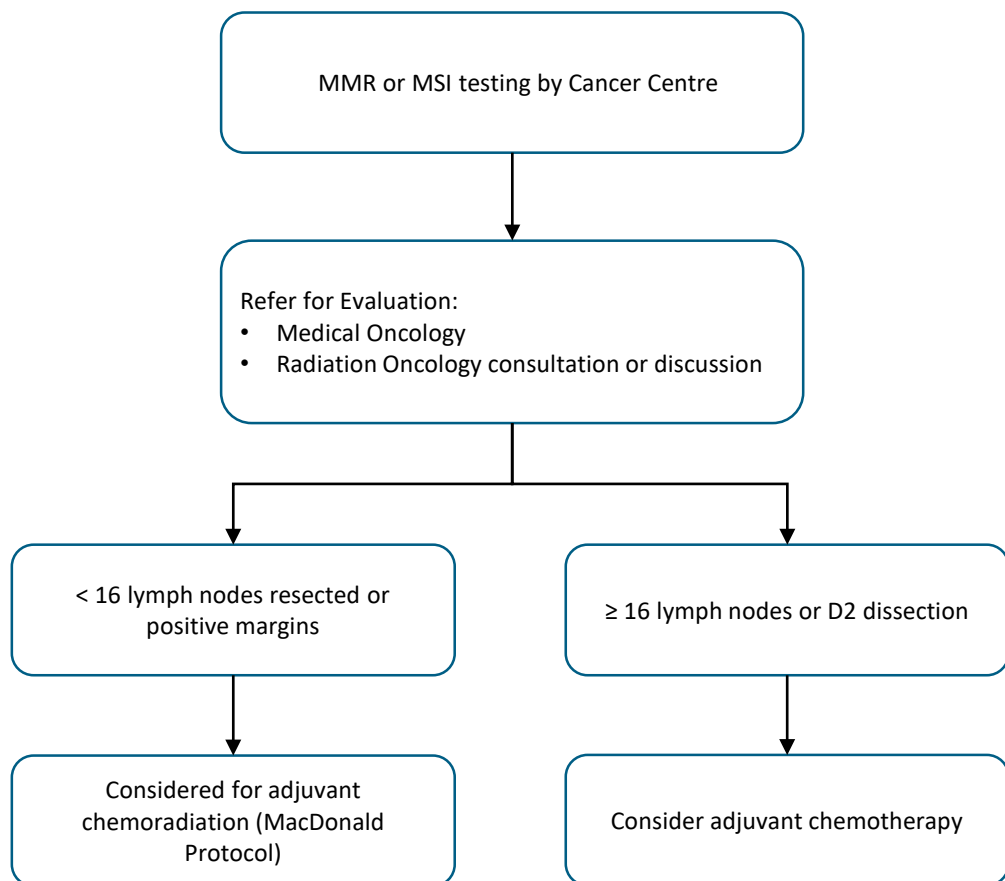
\*There is no evidence to suggest modifying post-operative treatment based on pathologic response impacts outcomes

## 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

# 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

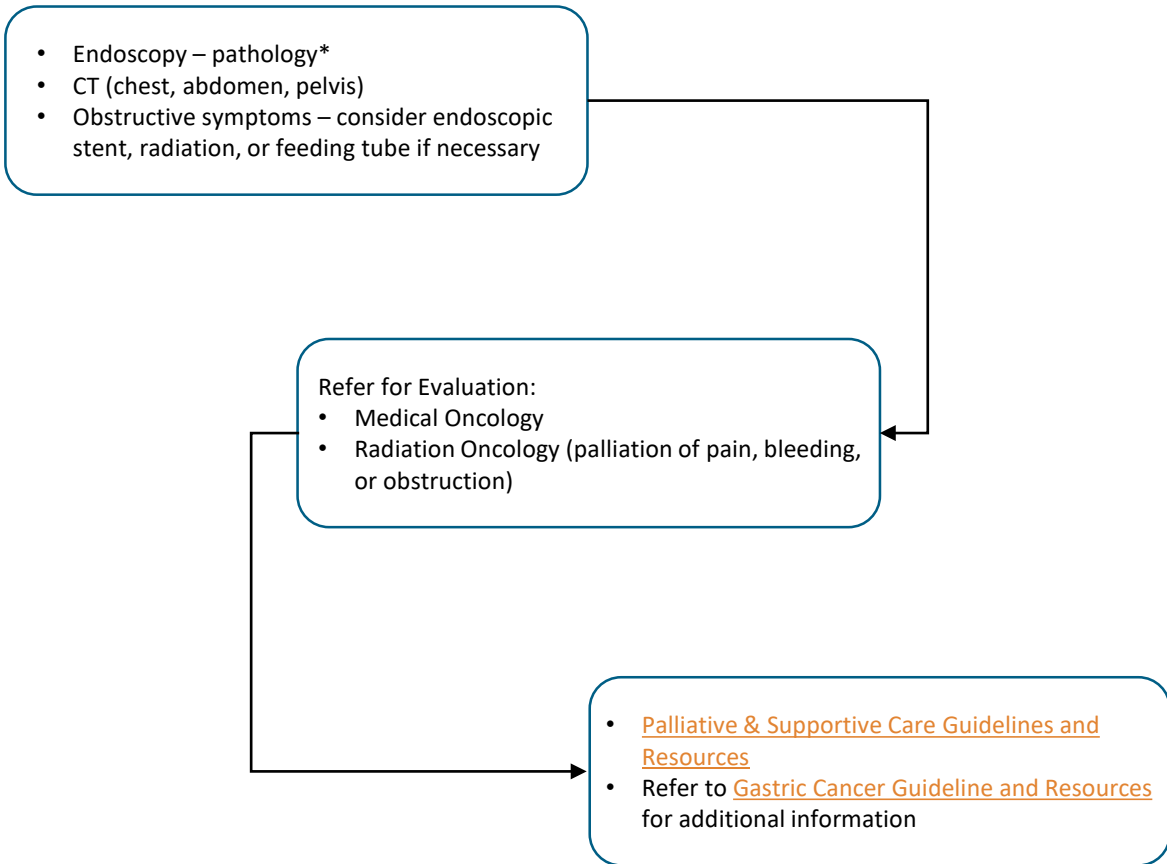
Dietician consult

Screen for psychosocial needs

# Metastatic Gastric Cancer

Dietician consult

Screen for psychosocial needs



\* If adenocarcinoma, test for HER2+

## Quality Measures:

- Percentage of patients referred to Medical or Radiation Oncology
- 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