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:

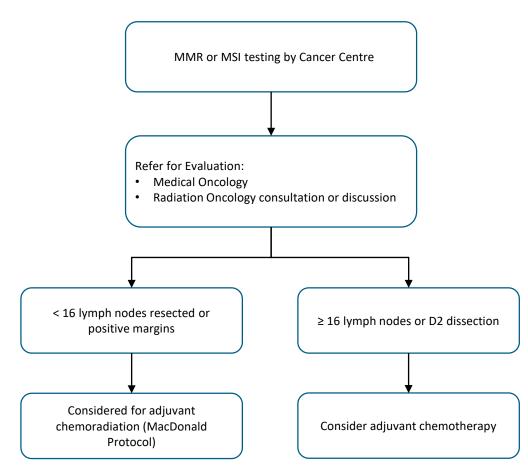
- Time from endoscopy to chemotherapy
- Time from endoscopy to surgical consult
- Time from surgical consult to evaluation by oncology
- Time from Medical Oncology appointment to start of FLOT
- Time from tissue biopsy to start if FLOT

- 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

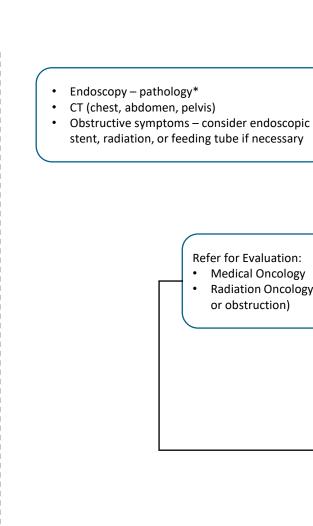
Adjuvant Gastric Cancer*



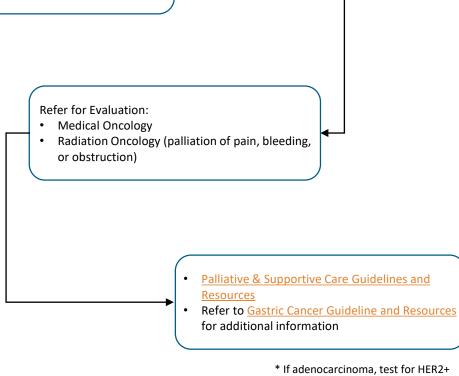
* Patients who have urgent indications for surgery (e.g. bleeding, unresolved obstruction, or are ineligible for neoadjuvant chemotherapy can proceed directly to surgery

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
