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

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

**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

Clinical Stage I
- Consider diagnostic Endoscopic Mucosal Resection (EMR) for cT1NO

Not medically operable or patient declines surgery

Clinical T2 and/or Node Positive
- Refer to Medical Oncology for evaluation

Refer to Metastatic Gastric Cancer Guideline & Resources for additional information

Operable

Candidate for FLOT
- FLOT x4 cycles
  - Surgery*

Individualized discussion regarding imaging

Surgery

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

Dietician consult
Screen for psychosocial needs

Screen for psychosocial needs
Dietician consult

Dietitian consult

- CT Head or MRI: for patients suspected of having brain metastases
- Bone Scan: for patients suspected of having bone metastases

Operable Clinical Stage I

Operable Clinical T2 and/or Node Positive

Operable Consider diagnostic Endoscopic Mucosal Resection (EMR) for cT1NO

Operable Candidate for FLOT
- FLOT x4 cycles
  - Surgery*

Operable Individualized discussion regarding imaging

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

Operable Clinical Stage I

Operable Clinical T2 and/or Node Positive

Operable Consider diagnostic Endoscopic Mucosal Resection (EMR) for cT1NO

Operable Candidate for FLOT
- FLOT x4 cycles
  - Surgery*

Operable Individualized discussion regarding imaging

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

Operable Clinical Stage I

Operable Clinical T2 and/or Node Positive

Operable Consider diagnostic Endoscopic Mucosal Resection (EMR) for cT1NO

Operable Candidate for FLOT
- FLOT x4 cycles
  - Surgery*

Operable Individualized discussion regarding imaging

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

MMR or MSI testing by Cancer Centre

Refer for Evaluation:
• Medical Oncology
• Radiation Oncology consultation or discussion

< 16 lymph nodes resected or positive margins

Considered for adjuvant chemoradiation (MacDonald Protocol)

≥ 16 lymph nodes or D2 dissection

Consider adjuvant chemotherapy

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

**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

*If adenocarcinoma, test for HER2+

**Refer for Evaluation:**
- Medical Oncology
- Radiation Oncology (palliation of pain, bleeding, or obstruction)

**Palliative & Supportive Care Guidelines and Resources**
- Refer to [Gastric Cancer Guideline and Resources](#) for additional information

**Endoscopy – pathology**
- CT (chest, abdomen, pelvis)
- Obstructive symptoms – consider endoscopic stent, radiation, or feeding tube if necessary

**Dietician consult**
- Screen for psychosocial needs

**Last revision: April 2021**