Provincial Gastric Cancer Prevention, Screening & Diagnosis Primary Care Pathway

Gastric Cancer is often diagnosed at advanced stage. Early identification and management of modifiable risk factors, timely recognition of alarm symptoms, and appropriate referrals for specialist evaluation are essential to improving prognosis. This clinical pathway is designed to support primary care providers in three key areas:

1. Promoting **primary prevention** strategies for all patients
2. Identifying **high-risk individuals** who may benefit from targeted screening
3. Guide the **evaluation and management** of patients presenting with dyspepsia

Primary Prevention for ALL

Test and Eradicate H. pylori (in individuals from endemic regions or with HP positive household members)

H. Pylori Pathway

Modifiable risk factor reduction:

- Smoking cessation
- Alcohol moderation
- Diet:
  ↑ fibre-rich foods, fruits and vegetables, and lean meats
  ↓ salt intake, red meat, processed meat and processed foods

Targeted Screening of Asymptomatic Patients

Risk Assessment for Targeted Gastric Cancer Screening:

Consider screening endoscopy in those ≥ 50 + ≥ 1 gastric cancer risk factor(s)

- Immigrant (1st generation) from high-risk region (East Asia, Eastern Europe, Central/South America)
- 1st degree relative with gastric or esophageal cancer*
- Chronic H. pylori + one or more of (smoking >20 PY, high salt, red meat, processed meat, and processed foods, low socioeconomic status)
- Hereditary GI polyposis/cancer syndromes (See Table 1)
- Personal history pernicious anemia
- Personal history gastric atrophy/metaplasia
- Chronic atrophic gastritis

** ≥ age 50 or 10 years earlier than family member diagnosed with gastric or esophageal cancer (whichever comes first)*

No

Gastric Cancer Screening **NOT** indicated. Counsel on primary prevention and reassess if symptoms develop.

Yes

Investigation of Symptomatic Patients

Patient describes symptoms of **dyspepsia**
(> 1 month)

- Epigastric pain/discomfort
- Upper abdominal distention or bloating
- Early satiety

Assess as per Dyspepsia Pathway

Assess for Alarm Features:

- Family History (first-degree relative) of esophageal or gastric cancer
- Personal history of peptic ulcer disease
- Age >60 with new and persistent symptoms (>3 months)
- Unexplained weight loss (≥5% over 6-12 months)
- Progressive Dysphagia
- Persistent Vomiting (not associated with cannabis use)
- GI Bleeding
- Iron Deficiency Anemia

Yes

Refer to Local GI/ Endoscopy Provider. See referral guideline tab for details

Note: If gastric cancer is identified, the endoscopist is responsible for arranging:

- Staging CT chest/abdomen/pelvis
- Concurrent referral to surgery and medical oncology as per local process

No

Continue to manage within primary care as per dyspepsia pathway

If your patient is diagnosed with advanced cancer, consider:

Integrating An Early Palliative Approach to Advanced Cancer Care (Shared Care)

Introducing Early Palliative Care: Tips for Healthcare Professionals