

## GI Stromal Tumors of the Stomach

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## GI Stromal Tumors

- Arise from the wall of the stomach
- Grow slowly over time
- Lymph nodes rarely involved
- Not conventional stomach cancer

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## GIST vs Adenocarcinoma

### GIST

- Starts from wall of stomach
- Slow growing
- Rarely spreads to lymph nodes

### Adenocarcinoma

- Conventional "stomach cancer"
- Starts from lining of stomach
- Can spread to lymph nodes
- More aggressive

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## Benign or Malignant?

GIST tumors have a range of behavior:

- Small tumors tend to behave in a benign manner but can grow over time
- Larger tumors tend to behave in a malignant (cancerous) manner

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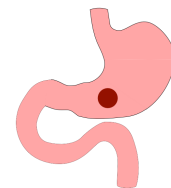
## GIST Treatment

- Initial treatment usually surgery
- Gleevec pills after surgery for patients at high risk of recurrence
  - 1 to 3 years depending upon risk
- Large tumors treated with Gleevec before surgery

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## Patial Gastrectomy

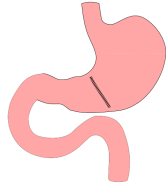
GI Stromal Tumor can come in a variety of sizes



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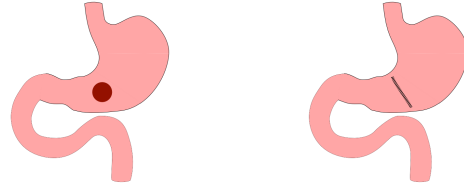
### Partial Gastrectomy

- Tumor removed from wall
- Stomach wall closed
- Lymph nodes not removed



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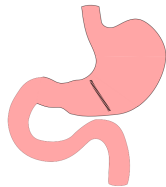
### Partial Gastrectomy



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### Risks of Partial Gastrectomy

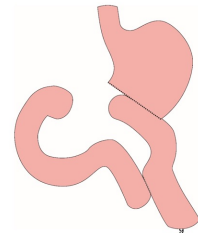
- Leakage from closure of wall
- Bleeding requiring return to surgery
- Delayed stomach emptying



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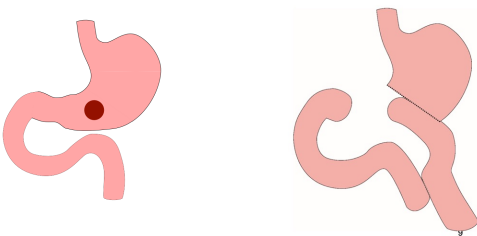
### Distal Gastrectomy

- Removes bottom half of the stomach
- Rarely required for GI Stromal Tumors



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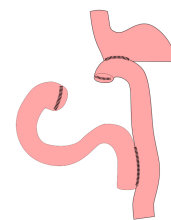
### Distal Gastrectomy



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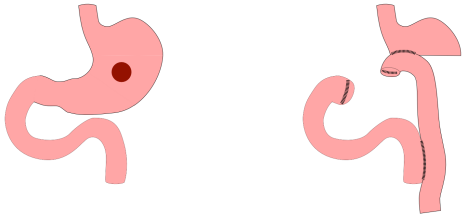
### Subtotal Gastrectomy

- Removes bottom 2/3 of stomach
- Rarely required for GI Stromal Tumors



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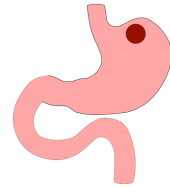
### Subtotal Gastrectomy



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### Proximal Tumors

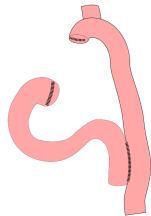
- Located near the top of the stomach
- Challenging area for surgery



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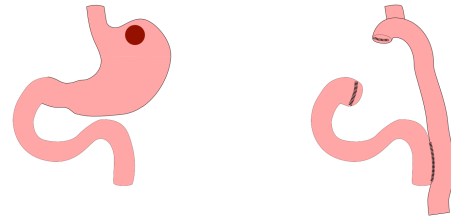
### Total Gastrectomy

- Removes all of the stomach - Very rarely required for GI Stromal Tumors



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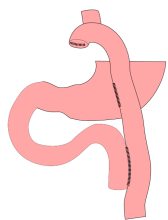
### Total Gastrectomy



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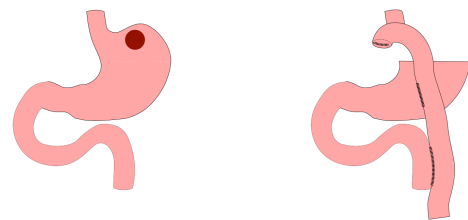
### Dual Tract Gastrectomy

- Alternative surgical approach for small tumors near the top of the stomach
- Preserves the bottom of the stomach as a reservoir



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### Dual Tract Gastrectomy



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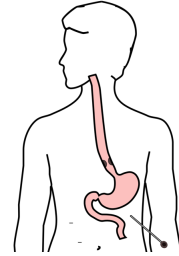
### Risks of Surgery

- Leak where bowel is joined together (anastomosis)
- Bleeding requiring reoperation
- Delayed stomach function
- Infection in the abdomen

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### Laparoscopy

- Some stomach cancers can spread inside the abdomen
- Areas of spread can be very small (grain of rice)
- Laparoscopy can detect spread inside the abdomen

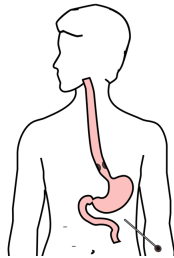


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### Laparoscopy

A laparoscopy is performed under a general anesthetic.

- Several incisions 1/4" long
- A telescope is inserted to look inside the abdominal cavity.



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### Primary Care Practitioner (PCP)

Critical to coordinate care between specialists.

We will update your PCP after each visit

PCP Referral Line (844) 235-6998

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### My Atrium Patient Portal

- Critical to good communication with your care team
- Available for desktop or laptop or phone
- Sign up at [my.atriumhealth.org](http://my.atriumhealth.org)

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### Exercise

- Reduces risk of complications from treatment
- Goal is 30min/day of vigorous exercise 6 days/week
  - Working hard enough that you can't converse
  - Start slowly and build up
  - Every day counts! (Aim for daily activity)

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### Smoking Cessation

- Smoking makes cancer treatment more difficult
  - Increases risk of complications after surgery
- Options for help with smoking cessation:
  - NC Quit Line 1-800-QUIT-NOW (1-800-784-8669)
  - American Lung Assn  
[www.freedomfromsmoking.org](http://www.freedomfromsmoking.org)
  - Smoking Cessation Counseling (Metro Charlotte)