

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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GIST: 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
- Risk of recurrence determined by pathology
- Size of tumor
- Mitotic rate = how rapidly tumor is dividing

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Imatinib = Gleevec

- Oral drug shrinks GIST tumors
- Well tolerated
- Given *after* surgery for high-risk tumors
 - 1 or 3 years depending upon risk
- Given *before* surgery for large tumors

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Stomach Cancer Surgery Goals

Staging refers to the tests to determine

- Remove the tumor
- Remove lymph nodes (depends upon tumor type)
- Preserve stomach function
- Reconstruct GI tract

Treatment options depend upon the cancer stage

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Distal Cancers

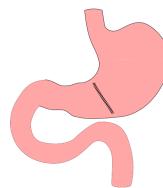
Distal cancers are those in the lower part of the stomach



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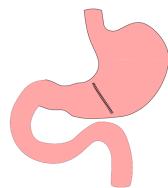
Partial Gastrectomy

- Removes the tumor
- Lymph nodes not removed
- Best suited for:
 - Small adenocarcinoma
 - GI Stromal Tumors



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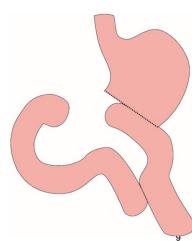
Partial Gastrectomy



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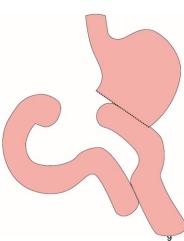
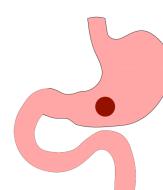
Distal Gastrectomy

- Removes bottom half of the stomach
- Does lower lymph nodes



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Distal Gastrectomy



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Body Cancers

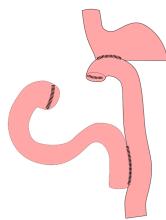
Body is the mid-portion of the stomach



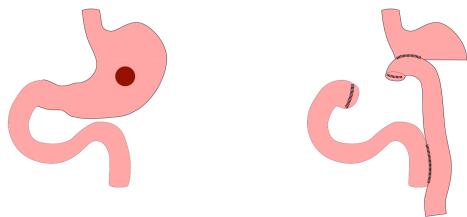
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Subtotal Gastrectomy

- Removes bottom 2/3 of stomach
- Removes lymph nodes
- Reconstruction with small intestine



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Subtotal Gastrectomy

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Proximal Tumors

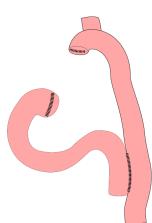
- Located near the top of the stomach
- Challenging area for surgery



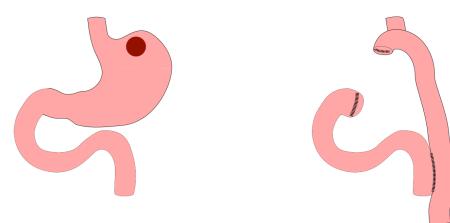
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Total Gastrectomy

- Removes all of the stomach
- Reconstruction with small intestine
- Needed for those with CDH1 mutations



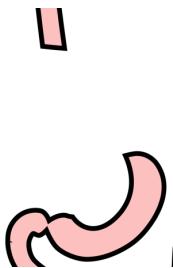
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Total Gastrectomy

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Esophagogastrectomy

- Removes top part of stomach
- Remove bottom half of esophagus
- Surgery in both abdomen and chest



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Esophagogastrectomy

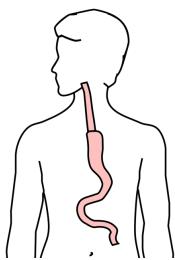
- Removes top part of stomach
- Remove bottom half of esophagus
- Surgery in both abdomen and chest



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Esophagogastrectomy

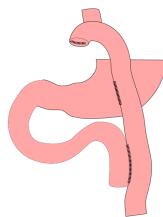
- Removes top part of stomach
- Remove bottom half of esophagus
- Surgery in both abdomen and chest



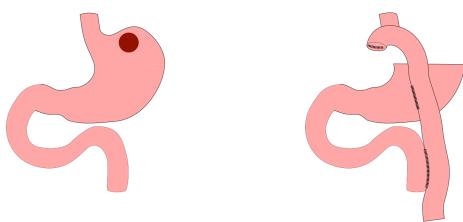
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Dual Tract Gastrectomy

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



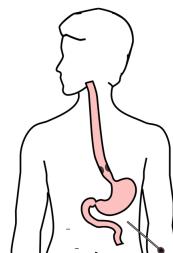
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Dual Tract Gastrectomy

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Laparoscopy

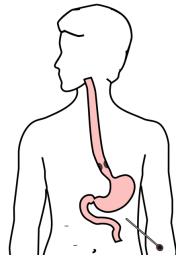
- Some stomach cancers can spread inside the abdomen
- Areas of spread can be very small (grain of rice)
- Laparoscopy can detect spread inside the abdomen



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Laparoscopy

- General anesthetic
- Several 1/4" incisions
- Telescope examines the abdomen
- Biopsies can be performed.



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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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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

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Exercise

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

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