GI Stromal Tumors of the Stomach

## 1 GI Stromal Tumors

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

## 2 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

## 3 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

## 4 GIST Treatment

* Initial treatment usually surgery
* Risk of recurrence determined by pathology
* Size of tumor
* Mitotic rate = how rapidly tumor is dividing

## 5 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

## 6 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**

## 7 Distal Cancers

Distal cancers are those in the lower part of the stomach

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## 8 Partial Gastrectomy

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

Locally-advanced cancers are those that have grown through the wall of the stomach

## 9 Partial Gastrectomy

Locally-advanced cancers are those that have grown through the wall of the stomach

## 10 Distal Gastrectomy

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

Locally-advanced cancers are those that have grown through the wall of the stomach

## 11 Distal Gastrectomy

Locally-advanced cancers are those that have grown through the wall of the stomach

## 12 Body Cancers

Some cancers are found in the body of the stomach

Body is the mid-portion of the stomach

## 13 Subtotal Gastrectomy

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

Locally-advanced cancers are those that have grown through the wall of the stomach

## 14 Subtotal Gastrectomy

Locally-advanced cancers are those that have grown through the wall of the stomach

## 15 Proximal Tumors

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

If the lymph nodes contain enough cancer cells, they can be seen on CT scans or PET scans

## 16 Total Gastrectomy

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

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## 17 Total Gastrectomy

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## 18 Esophagogastrectomy

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

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## 21 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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## 23 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

Not all patients with gastric cancer need a laparoscopy.

## 24 Laparoscopy

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

## 25 Risks of Surgery

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

## 26 Primary Care Practitioner (PCP)

Critical to coordinate care between specialists.

We will update your PCP after each visit

PCP Referral Line (844) 235-6998

## 27 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

## 28 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)

## 29 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
  + Smoking Cessation Counseling (Metro Charlotte)