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
* 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

## 5 Patial Gastrectomy

Distal cancers are those in the lower part of the stomach

GI Stromal Tumor can come in a variety of sizes

## 6 Partial Gastrectomy

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

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

## 7 Partial Gastrectomy

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

## 8 Risks of Partial Gastrectomy

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

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

## 9 Distal Gastrectomy

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

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

## 10 Distal Gastrectomy

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

## 11 Subtotal Gastrectomy

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

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

## 12 Subtotal Gastrectomy

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

## 13 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

## 14 Total Gastrectomy

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

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

## 15 Total Gastrectomy

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

## 16 Dual Tract Gastrectomy

Alternative surgical approach for small tumors near the top of the stomach

* Preserves the bottom of the stomach as a reservoir

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

## 17 Dual Tract Gastrectomy

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

## 18 Risks of Surgery

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

## 19 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 esophageal cancer need a laparoscopy.

In general, laparoscopy is considered for cancers that invade from the esophagus into the stomach.

## 20 Laparoscopy

A laparoscopy is performed under a general anesthetic.

* Several incisions 1/4” long
* A telescope is inserted to look inside the abdominal cavity.
* Biopsies can be performed.

## 21 Preparing for Cancer Treatment

* Primary Care Physician
* MyAtrium Portal
* Exercise
* Smoking Cessation

## 22 Primary Care Practitioner (PCP)

A PCP is critical to coordinate care between specialists.

We will update your PCP after each visit

If you do not have a PCP, call our referral line at (844) 235-6998

## 23 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

## 24 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 some activity every day)

## 25 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 fredomfromsmoking.org
  + 1:1 Smoking Cessation Counseling (Metro Charlotte)

[Gastrectomy Slideshow](lci_gsurgery.htm)