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

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## 17 Dual Tract Gastrectomy

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## 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 cancer care team
* Available for desktop or laptop or phone
* Sign up at my.atriumhealth.org

## 24 Exercise

* Important to reduce the risk of complications from cancer treatment
* Goal is 30min/day of vigorous exercise 6 days/week
  + Working hard enough that you can’t carry a conversation
  + Start slow an build up
  + Every day counts! (Aim for some activity every day)

## 25 Smoking Cessation

* Smoking makes it more difficult to get through cancer treatment
  + 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 Asssociation fredomfromsmoking.org
  + 1:1 Smoking Cessation Counseling Clinics (Metro Charlotte)

## 26 GI Tract Anatomy

* Esophagus delivers food to the stomach
* Stomach stores food and delivers it in small quantities to the jejunum
* Jejunum begins digestion in the small intestines

Normally, food passes from the mouth into the esophagus, and then into the stomach. The stomach serves as a reservoir for food, to allow you to eat a big Thanksgiving. The stomach starts digestion, and then after the meal slowly allows small portions of food to pass into the small intestines, where most of the digestion occurs.

## 27 Protein Needs

* Men: Average 75 grams/day
* Women: Average 60 grams/day

## 28 Protein Shakes

There are two types of feeding tubes:

Jejunostomy tubes are placed in the small intestine

Gastrostomy tubes are placed in the stomach

Your dietitian and physician will help you decide which tube is best for your situation

## 29 Feeding Tubes

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## 30 Gastrostomy Tube

Feeding Gastrostomy

* Feeding with a syringe several times per day.
* Tube can be hidden underneath clothing
* Tube does not interfere with eating by mouth
* Removed easily in the office when no longer needed

## 31 Gastrostomy Tube Methods

A gastrostomy tube can be placed either by endoscopy, which is called a PEG tube

A gastrostomy tube can also be placed by laparoscopy, which is usually preferred if surgery on the esophagus is planned in the future.

Your surgeon will help you decide which kind of tube is best for you. This is especially important if you will need esophageal surgery in the future, as the stomach is frequently used to make a new esophagus

## 32 Gastrostomy Tube

* Outpatient Placement (go home the same day)
* Central venous port can be placed at the same time (if needed)

## 33 Jejunostomy tube

The other type of feeding tube is a jejunostomy.

A jejunostomy tube tube is placed into the small intestines. Because the small intestine is used to receiving food in small quantities, a jejunostomy tube requires the use of a pump to deliver feedings gradually over a matter of hours.

In general, feedings are done at night in order to allow you to be active during the day

## 34 Jejunostomy Video

[Gastrectomy Slideshow](lci_gsurgery.htm)