



# Role of Surgery in Gastric Adeno Carcinoma

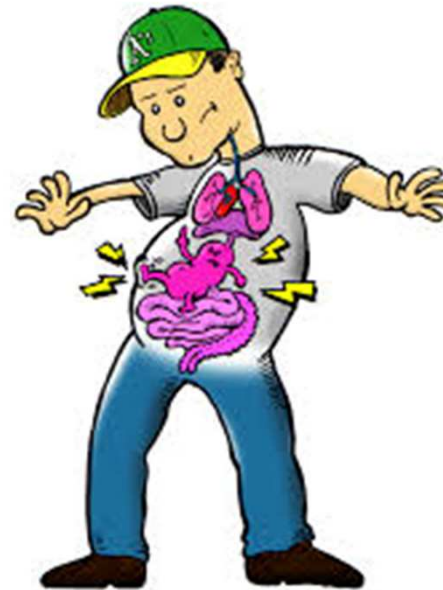
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# “Team Work”

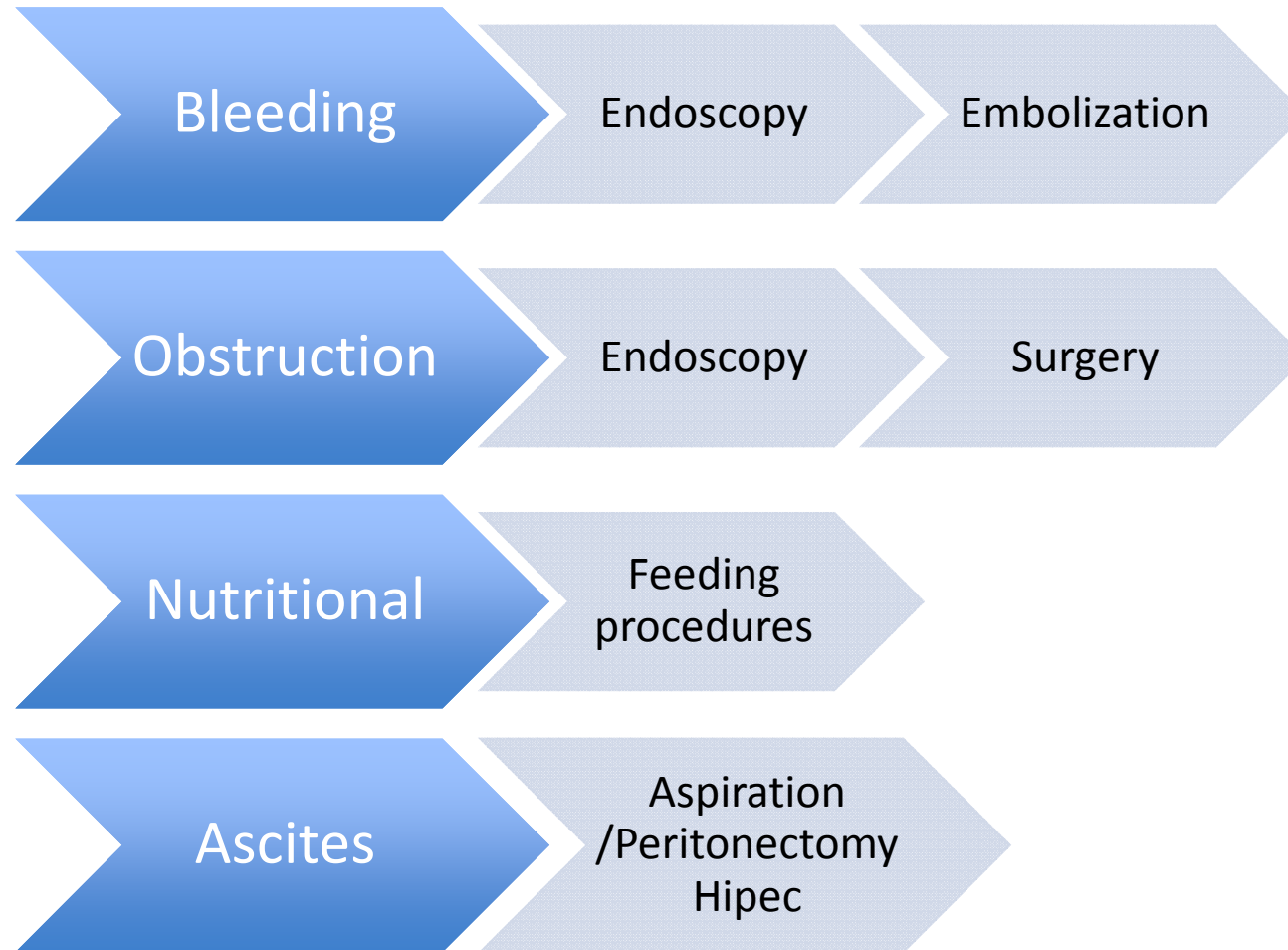


# Surgery of Ca Stomach

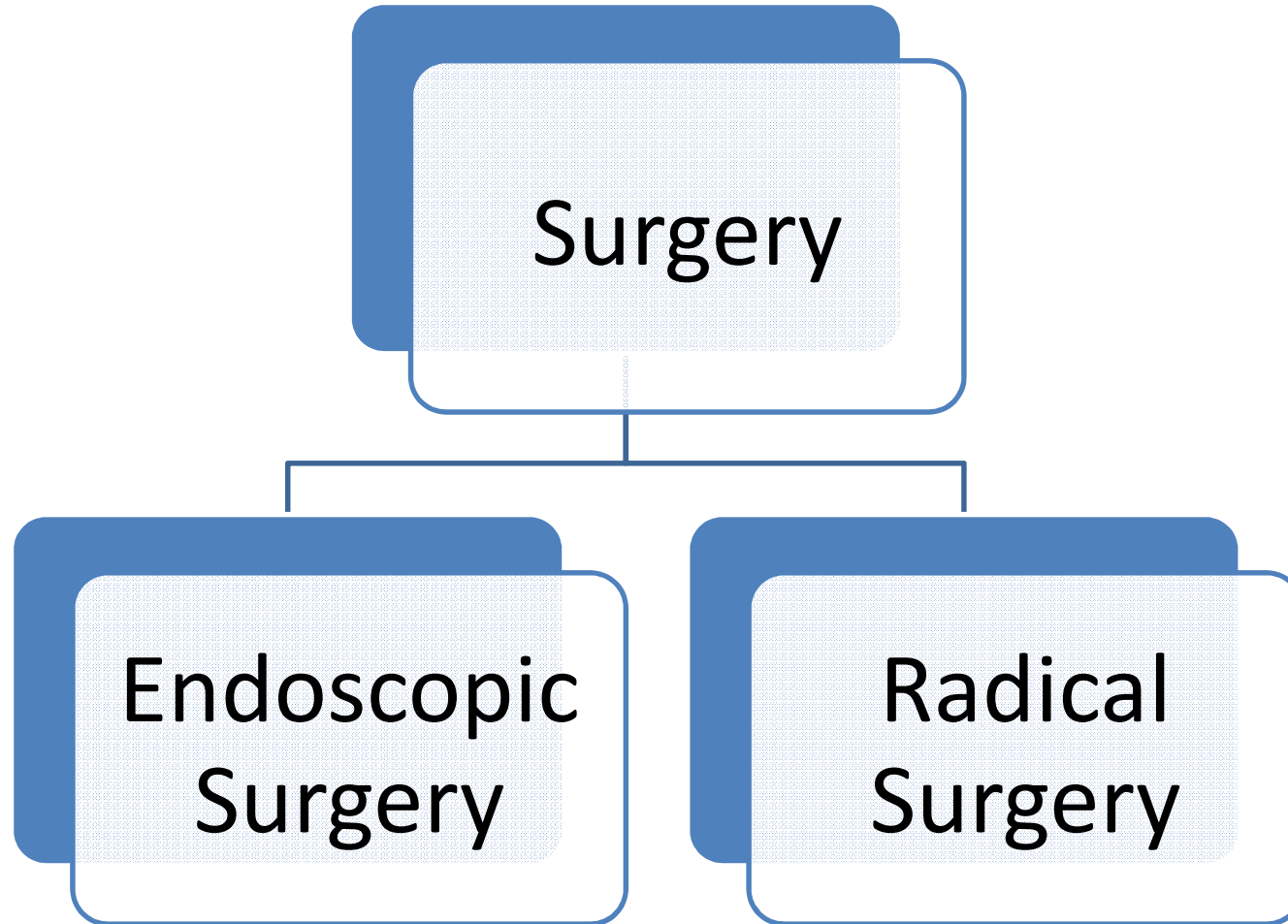
- Essential in Cure
- Role in Palliation



# Palliation



# Surgery for Cure



# Surgery for Cure

No Metastatic Disease

No Locally Inoperable disease

- No Level N3 (hepatoduodenal and root of mesentery)
- No N4 (para-aortic) lymph node
- No Invasion or encasement of major vascular structures

Medically Fit Patient

# Procedures

<b>T stage</b>	<b>Procedure</b>
<b>Tis, T1a</b>	<b>Endoscopic Surgery</b>
<b>T2b,T3</b>	<b>D2 Gastrectomy</b>
<b>T4</b>	<b>+Adjacent Organ Resection</b>

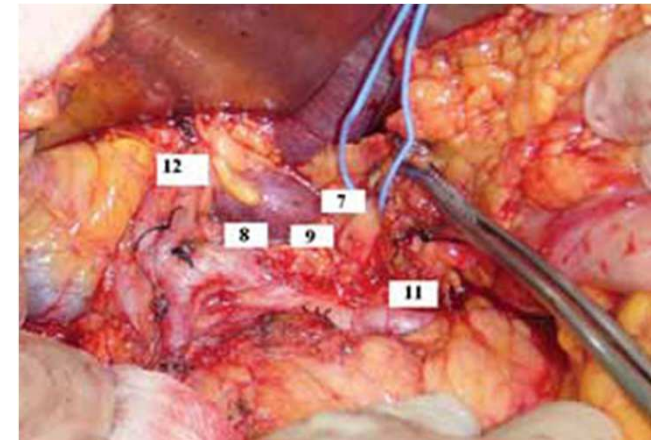
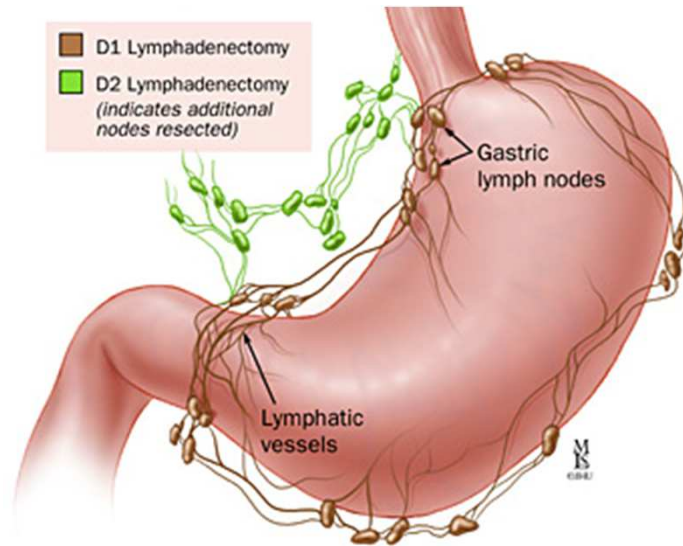
# Radical Surgery

- Depends on
- Stage
- Location
- Previous Medical /Surgical History



# Radical Surgery

- Gold Standard "D2 Gastrectomy"



# Approaches

- Minimally Invasive
- Open

# Laparoscopy in Carcinoma Stomach

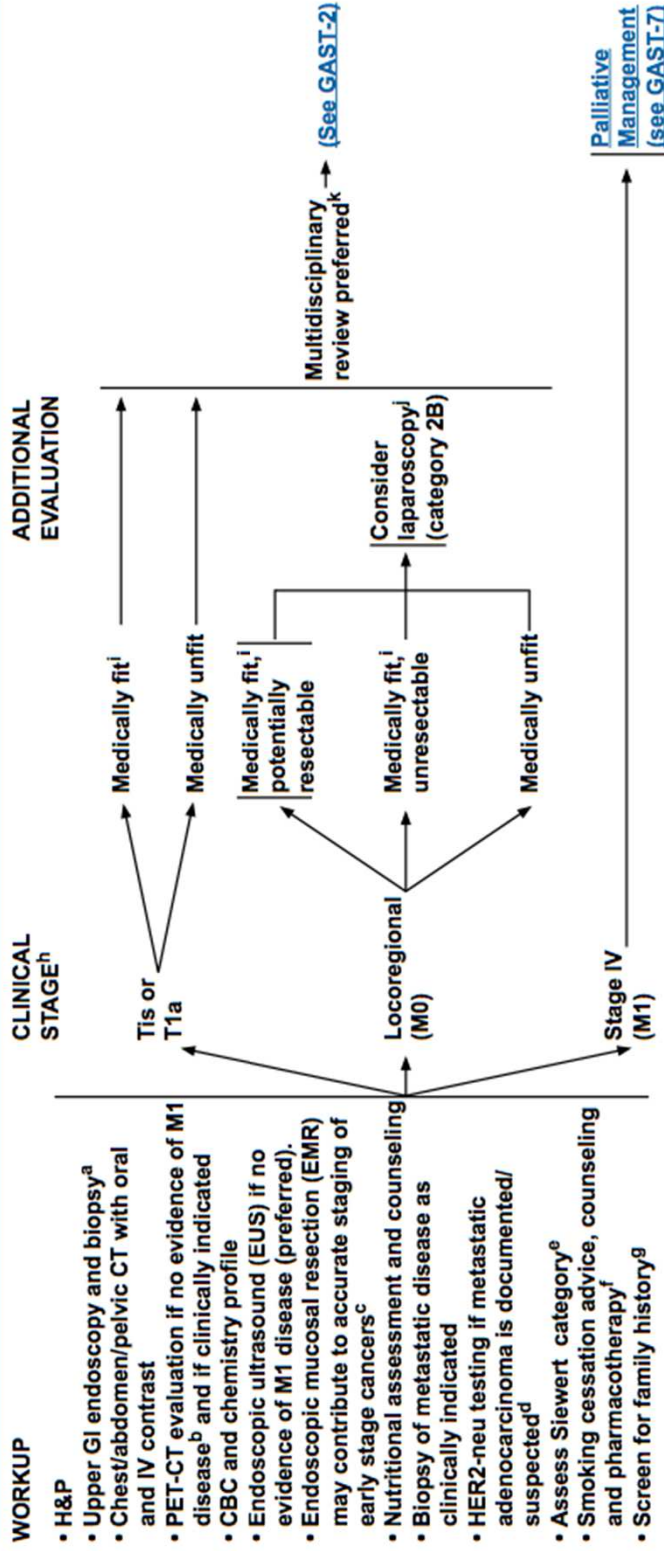
- Diagnosis
- Staging
- Treatment

# Staging work up

- **Upper GI endoscopy and biopsy**
- **Chest/abdomen/pelvic CT**
- **HER2-neu testing if metastatic**

## NCCN Guidelines Version 1.2014 Gastric Cancer

[NCCN Guidelines Index](#)  
[Gastric Cancer Table of Contents](#)  
[Discussion](#)



<sup>a</sup>See Principles of Endoscopic Staging and Therapy (GAST-A).

<sup>b</sup>May not be appropriate for T1 patients.

<sup>c</sup>EMR may also be therapeutic for early stage disease/lesions.

<sup>d</sup>See Principles of Pathologic Review and HER2-neu Testing (GAST-B).

<sup>e</sup>See Principles of Surgery (GAST-C).

<sup>f</sup>Smoking cessation guidelines are available from the Public Health Service at: [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating\\_tobacco\\_use08.pdf](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf)

<sup>g</sup>See Principles of Genetic Risk Assessment for Gastric Cancers (GAST-D). Also see NCCN Guidelines for Colorectal Cancer Screening and Genetic/Familial High-Risk Assessment: Breast and Ovarian).

<sup>h</sup>See Staging (ST-1) for tumor classification.

<sup>i</sup>Medically able to tolerate major abdominal surgery.

<sup>j</sup>Laparoscopy is performed to evaluate for peritoneal spread when considering chemotherapy or surgery. Laparoscopy is not indicated if a palliative resection is planned. Laparoscopy is indicated for clinical stage T1b or higher.

<sup>k</sup>See Principles of Multidisciplinary Team Approach (GAST-E).

**Note:** All recommendations are category 2A unless otherwise indicated. Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

# OG Junction Cancers

<b>Siewert Type I</b>	<b>adenocarcinoma of the lower esophagus (often associated with Barrett's esophagus) with the center located within 1 cm to 5 cm above the anatomic EGJ</b>
<b>Siewert Type II</b>	<b>true carcinoma of the cardia at the EGJ, with the tumor center within 1 cm above and 2 cm below the EGJ.</b>
<b>Siewert Type III</b>	<b>: subcardial carcinoma with the tumor center between 2 and 5 cm below EGJ, which infiltrates the EGJ and lower esophagus from below.</b>

# Postoperative Morbidity

- Bleeding
- Leak
- Sepsis
- Wound infection
- Chest infection

# Morbidity

- Delays adjuvant
- Adjuvant precipitates the event