

Algorithm for Oesophageal and Gastric Carcinoma (excluding Early Oesophageal and Gastric Cancer/ High Grade Dysplasia)

Document Purpose

An agreed Network wide pathway for the treatment of patients with a diagnosis of gastric carcinoma.

EGC	Early Gastric Cancer
EOC	Early Oesophageal Cancer
OGJ	Oesophago-Gastric Junction
ECF	Epirubicin, Cisplatin, 5 Fluorouracil
ECX	Epirubicin, Cisplatin, Capecitabine

EUS Endoscopic Ultrasound

EMR Endoscopic Mucosal Resection **NEJM** New England Journal of Medicine

APC Argon Plasma Coagulation

SCC Mid Oesophageal Squamous Cell Carcinoma

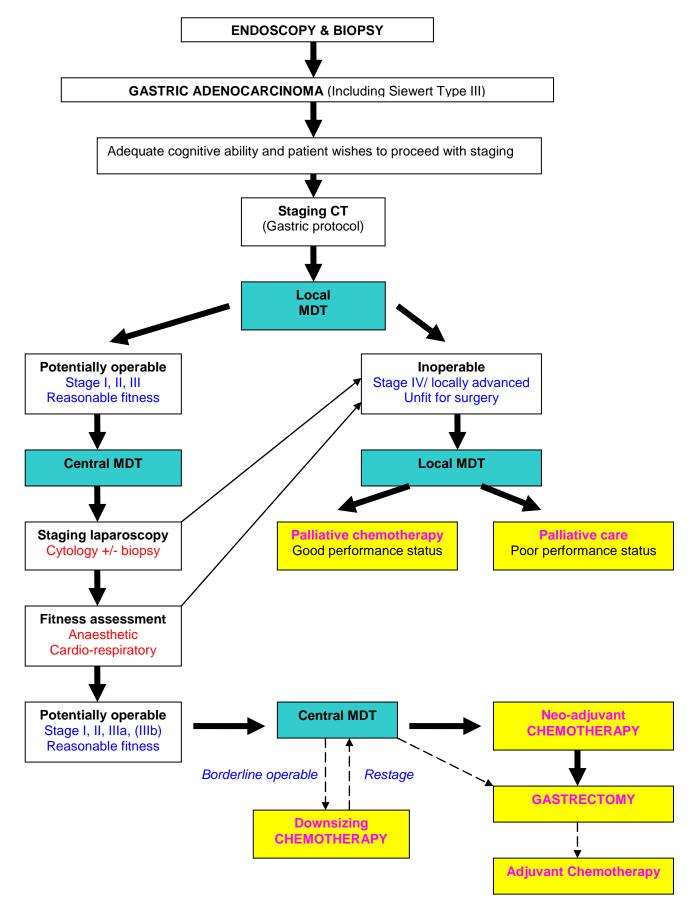
PS Performance Status

MIC Mitmycin, Ifofamide, Cisplatin

HGD High Grade Dysplasia

Agreed by the Upper GI NSSG and published March 2012

1. <u>ALGORITHM for GASTRIC CARCINOMA (excluding EGC/ HGD – see separate guideline)</u>



2. STOMACH CANCER

2.1 POTENTIALLY OPERABLE (CURATIVE)

2.1.1 Peri-operative chemotherapy

MRC ST02 (MAGIC) trial Lancet 2007 - survival benefit from peri-operative chemotherapy

Gastric and Type 3 OGJ ECF (trial) / ECX (regarded as equivalent) 3 cycles pre-op and consider 3 post-op

2.1.2 Direct to Gastrectomy

T1 or HGD not amenable to endoscopic therapy.

Patient informed choice

(Semi) emergency setting – bleeding, perforation, gastric outlet obstruction

2.1.3 Downsizing chemotherapy

If uncertain operability consider downsizing chemotherapy
Max 6 cycles with repeat CT scan after 3 - 4 to reassess
ECX / ECF
Repeat CT (+/- laparoscopy) at completion with central MDT review

2.1.4 Post-op chemoradiation

McDonald et al NEJM 2001 45Gy/25# + concurrent 5FU Still not accepted as standard but consider in selected patients

2.2 PALLIATION

2.2.1 Palliative chemotherapy

ECX (ECF) symptomatic and survival benefit (Cochrane review; 2004) Approx. 45% response rate Max 8 cycles

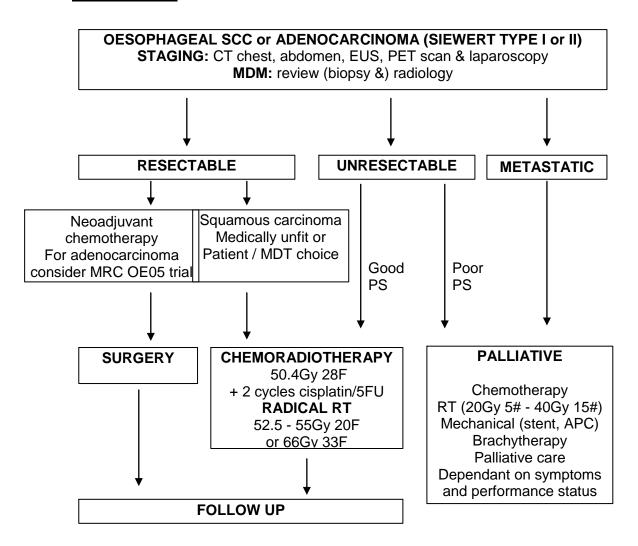
No standard second line regime Reported activity for docetaxel / irinotecan (consider phase II trial) Cannot be recommended routinely

Consider:

Best supportive care
Palliative bypass / stent (obstruction)
APC / radiotherapy (haemorrhage)
Enteral feeding

3. ALGORITHM for OESOPHAGEAL CARCINOMA (excluding EOC/HGD - see separate guideline) **ENDOSCOPY & BIOPSY** OESOPHAGEAL CARCINOMA (Squamous + Adeno (Siewert Type I/ II)) Adequate cognitive ability and patient wishes to proceed with staging Staging CT **Local MDT** Potentially operable Inoperable Stage I, II, III Reasonable fitness **Local MDT Central MDT** Locally advanced Stage IV **Unfit/ Preference PET SQUAMOUS Palliative Care Staging laparascopy** Chemotherapy Type I/ II OGJ Radiotherapy Chemoradiotherapy **EUS** Stent Endotherapy (e.g. APC, laser) **Brachytherapy** Consider for Fitness assessment **SQUAMOUS** Anaesthetic Cardio-respiratory Potentially operable **Central MDT Neoadjuvant CHEMOTHERAPY** Stage I, II, III Reasonable fitness Borderline operable Restage **Downsizing OESOPHAGECTOMY CHEMOTHERAPY**

4. **OESOPHAGUS**



4.1 POTENTIALLY OPERABLE (CURATIVE)

4.1.1 Neoadjuvant chemotherapy

Current NCRN trial OE05 2 cisplatinum / 5FU v 4 ECX

Adenocarcinoma oesophagus including type1, 2 OGJ

Standard treatment 2 cycles cisplatinum/5FU (MRC OE02 trial; Lancet 2002) Alternatives:

Type 1, 2 adenocarcinoma OGJ – 3 cycles ECF / ECX (STO2 MAGIC trial; Lancet 2007)

Squamous carcinoma – 3 - 4 cycles MIC (J Clin Onc 2003)

4.1.2 Direct to Oesophagectomy

Patient informed choice

Emergent setting – bleeding or perforation.

T1 oesophageal cancer or HGD not amenable to endoscopic therapy

4.1.3 Downsizing chemotherapy

If uncertain operability consider downsizing chemotherapy Max 6 cycles with repeat CT scan after 3 - 4 to reassess Squamous MIC Adenocarcinoma – ECX/ECF Restage and MDT review after completion

4.1.4 Radical chemoradiation

Alternative to surgery in upper and mid oesophageal sq cell ca Preferred treatment for post cricoid tumours 50.4Gy + 2 cycles cisplat/5FU (Herskovic NEJM 1992) or consider CX as an alternative

4.1.5 Radical radiotherapy alone

52.5-55gGy 20# or 66Gy 33# may be appropriate in pts deemed unfit for chemotherapy

4.1.6 Adjuvant radiotherapy

Unproven but consider on individual basis in patients with focally positive margins

4.2 PALLIATION

4.2.1 Palliative chemotherapy

Adenocarcinoma - ECX (ECF) - as per gastric cancer (Max 8 cycles) Squamous carcinoma - MIC (Max 6 cycles)

4.2.2 Palliative radiotherapy

20Gy 5# - 40Gy 15#

Consider:

- Best supportive care
- Palliative stent (obstruction)
- Palliative endotherapy laser / APC
- Enteral feeding