

# *Gastric Cancer*

## *- a Handbook*

## Purposes of this summary

The purposes of this summary on gastric cancer prevention are to:

- Give information on gastric cancer and how often it occurs
- Describe gastric cancer prevention methods
- Give the symptoms of gastric cancer
- Give the treatment options for gastric cancer



You can talk to your doctor or health care professional about cancer prevention methods and whether these methods would be likely to help you.

## General Info

Alternative Names - cancer of the stomach; stomach cancer.

## Definition

A malignancy of the stomach.

## **GASTRIC CANCER**

Gastric cancer is cancer of the stomach. The most common type of stomach cancer is “gastric adenocarcinoma”, or cancer of the glandular tissue in the stomach. Other rarer forms of

stomach cancer include cancer involving the lymphatic system (lymphomas) and cancer of the connective tissue, such as muscle, fat or blood vessels (sarcomas).

### **Significance of gastric cancer**

Over most of the century, the frequency of gastric cancer has been decreasing in the western countries, but not quite so in India. There has continued to be a decrease in cancer arising in the part of the stomach that is closest to the first part of the small intestine (duodenum). However, cancer at the junction between the esophagus and stomach is on the increase.

### **Gastric cancer prevention**

Gastric cancer can sometimes be associated with known risk factors for the disease. Many risk factors are modifiable though not all can be avoided.

## Diet and Lifestyle

Excessive salt intake has been identified as a possible risk factor for gastric cancer. Having a high intake of fresh fruits and vegetables may be associated with a decreased risk of gastric cancer. Studies have suggested that eating foods that contain beta-carotene and vitamin C may decrease the risk of gastric cancer, especially if intake of micronutrients is inadequate.



## Pre-existing Conditions

Infection with a certain bacteria, *Helicobacter pylori*, is associated with an increased risk of gastric cancer. Long-standing reflux of gastric contents and the development of an abnormal cellular lining is also associated with an increased risk of cancer at the junction of the stomach and esophagus.

## Other factors

They are family history of gastric cancer, blood type group A, history of pernicious anemia, history of chronic atrophic gastritis, condition of decreased gastric acid, history of adenomatous gastric polyp, and partial gastrectomy. The incidence is 2 out of 10,000 people.

## Symptoms

Loss of appetite

- Difficulty swallowing
- Vague fullness
- Nausea and vomiting
- Vomiting blood
- An abdominal pain
- Belching
- Breath odor
- Excessive gas and flatus
- Heartburn after meals
- Weight loss
- A decline in general health
- An abdominal fullness prematurely after meals.

## Signs and Tests

An upper GI series showing gastric cancer

An EGD (esophagogastroduodenoscopy) and biopsy showing gastric cancer

A complete blood check showing anemia

## **Treatment**

Surgery on the stomach (gastrectomy) is the only curative treatment. Radiation therapy and chemotherapy can be beneficial.

## **Complications**

A complication is the cancer spreading (metastasizing) to other organs or tissues.

Expectations (prognosis)

There is a wide variation in malignancy of gastric tumors. Ten per cent of patients with surgical resection will be cured of cancer. Sources report that in Japan, where mass screenings detect gastric cancers earlier, cure rates are increased.