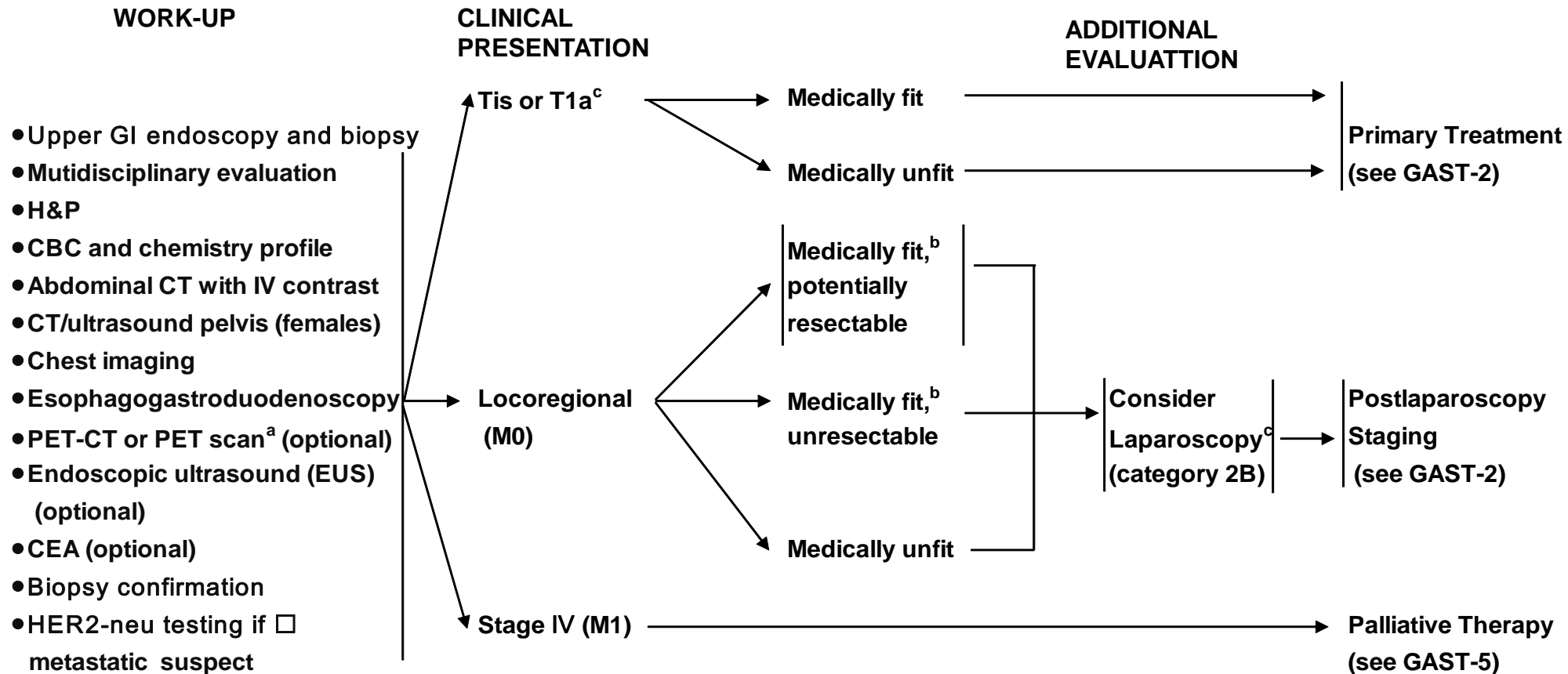


前言

本院臨床指引乃根據NCCN guideline 2015 V1
及Japanese Gastric Cancer Association Guideline
2010 V3，經多學科團隊論會共同修訂完成。

制定人員：

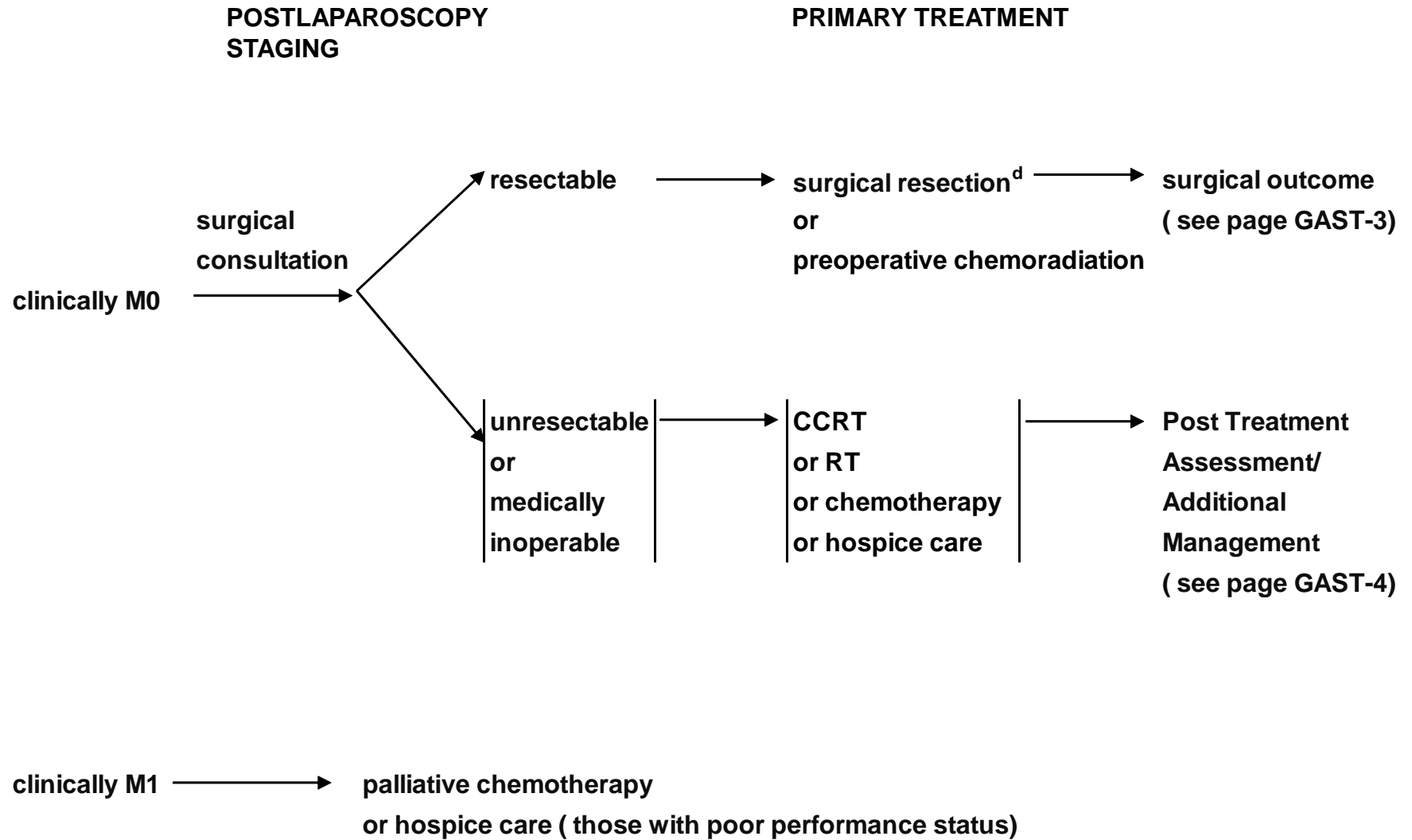
腫瘤內科：林育靖醫師、鄧仲仁醫師
一般外科：吳建明醫師
腸胃內科：梁程超醫師、林政寬醫師
放射腫瘤：謝忱希醫師、徐晨雄醫師
組織病理：黃文志醫師
影像醫學：謝詔裕醫師
核子醫學：汪姍瑩醫師



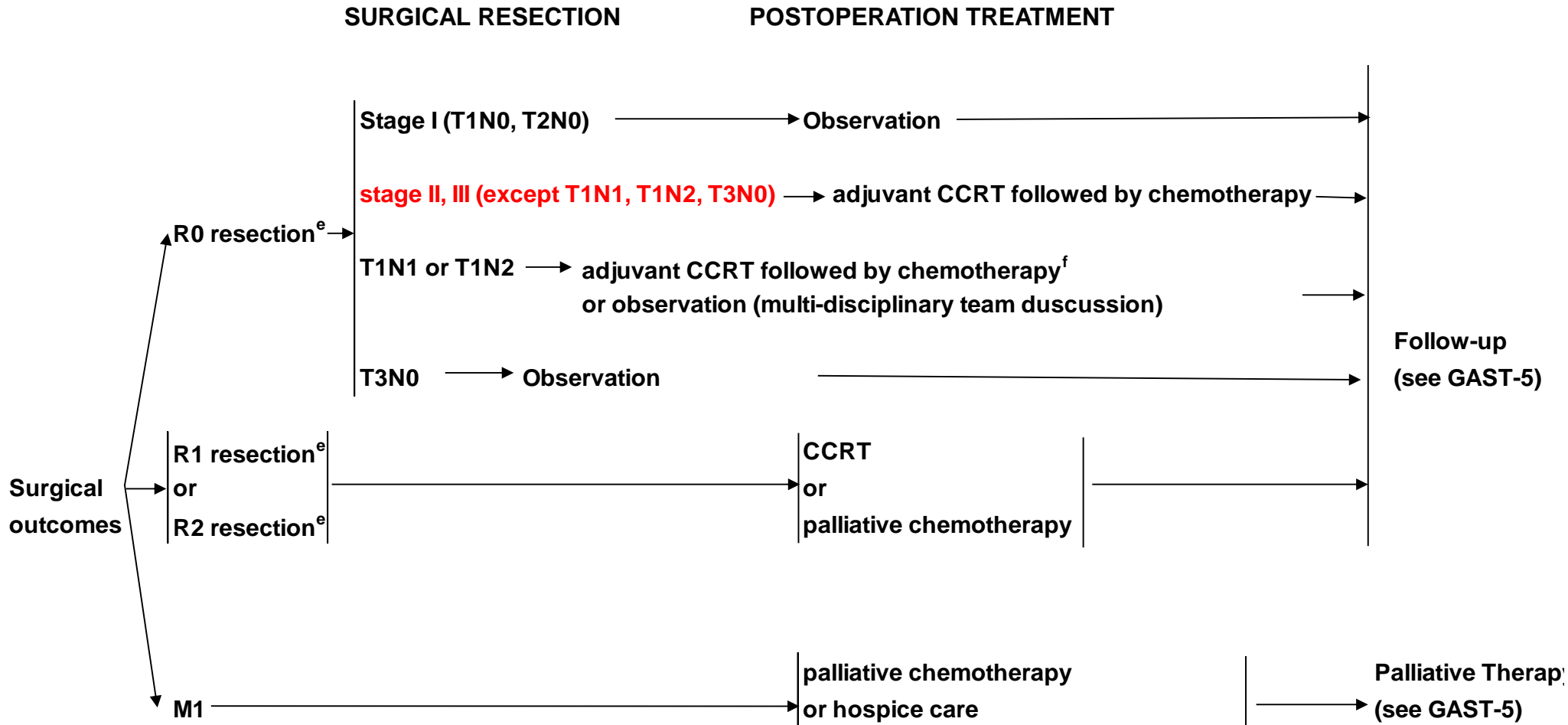
^a May not be appropriate for T1

^b Medically able to tolerate major abdominal surgery.

^c Laparoscopy is performed to evaluate for peritoneal spread when considering chemoradiation or surgery. Laparoscopy is a palliative resection is planned.



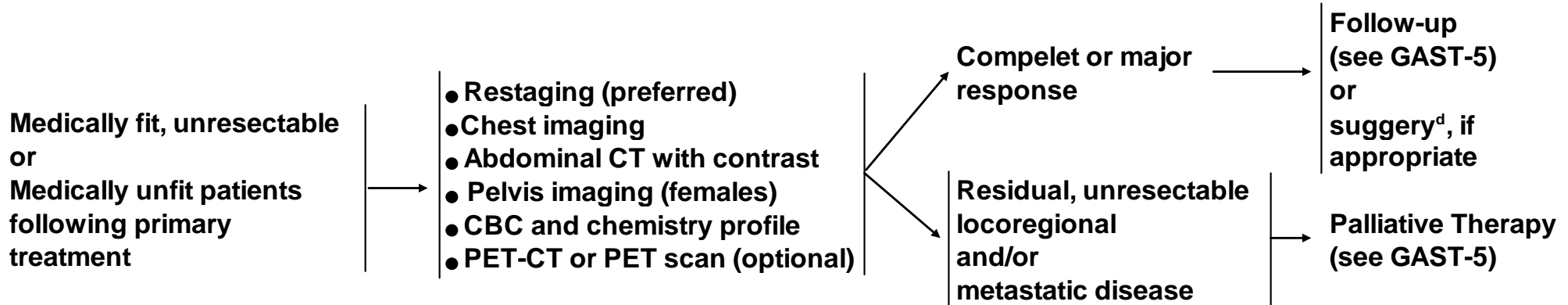
d. See Principles of Surgery (GAST-A)



^e R0=No cancer at resection margins, R1= Microscopic residual cancer, R2= Macroscopic residual cancer or M1B.

^f See Gastric cancer chemoregimen (GAST- B)

POST TREATMENT ASSESSMENT/ADJUNCTIVE TREATMENT



^d See Principles of Surgery (GAST-B)

FOLLOW-UP

- H&P
every 3-6 mo for 1-3 y,
every 6 mo for 3-5 y,
then annually
- CBC and chemistry profile
as indicated
- Radiology, as clinically
indicated
- Monitor for nutritional
deficiency in surgically
respected patients and
treat as indicated

PERFORMANCE STATUS

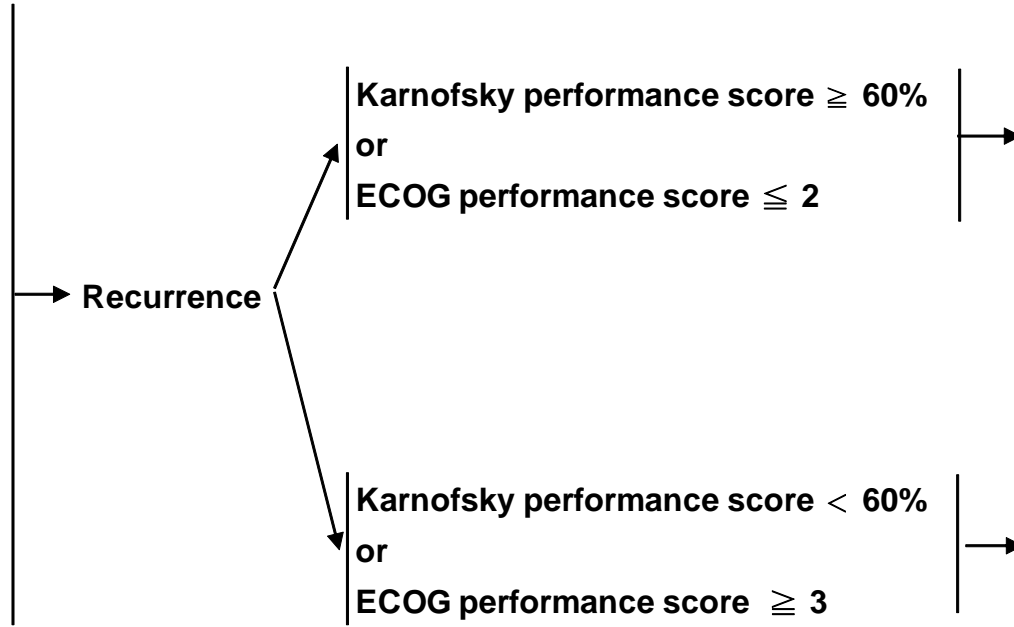
Karnofsky performance score \geq 60%
or
ECOG performance score \leq 2

Karnofsky performance score $<$ 60%
or
ECOG performance score \geq 3

PALLIATIVE THERAPY

Chemotherapy^f
or
Clinical trial
or
Best supportive care

Best supportive care



^f See Gastric cancer chemoregimen (GAST- B)

PRINCIPLES OF SURGERY

Staging

- Determine extent of disease with CT scan \pm EUS
- Laparoscopy 1 may be useful in select patients in detecting radiographically occult metastatic disease
- Positive peritoneal cytology (performed in the absence of visible peritoneal implants), is associated with poor prognosis and should be considered as M1 disease. Patients with advanced tumors, clinical T3 or N+ disease should be considered for laparoscopic staging with peritoneal washings. 2

Criteria of unresectability for cure

- Locoregionally advanced > Level 3 or 4 lymph node highly suspicious on imaging or confirmed by biopsy > Invasion or encasement of major vascular structures· Distant metastasis or peritoneal seeding (including positive peritoneal cytology)

Resectable tumors

- Tis or T1 3 tumors limited to mucosa (T1a) may be candidates for endoscopic mucosal resection (in experienced centers) 4· T1b-T3 5: Adequate gastric resection to achieve negative microscopic margins (typically \geq 4 cm from gross tumor). > Distal gastrectomy > Subtotal gastrectomy > Total gastrectomy· T4 tumors require en bloc resection of involved structures· Gastric resection should include the regional lymphatics-- perigastric lymph nodes (D1) and those along the named vessels of the celiac axis (D2), with a goal of examining at least 15 or greater lymph nodes 6,7,8· Routine or prophylactic splenectomy is not required. 9 Splenectomy is acceptable when the spleen or the hilum is involved· Consider placing feeding jejunostomy tube in select patients (especially if postoperative chemoradiation appears a likely recommendation)

Unresectable tumors (palliative procedures)

- Palliative gastric resection should not be performed unless patient is symptomatic· Lymph node dissection not required· Gastric bypass with gastrojejunostomy to the proximal stomach instead of self-expanding metal stenting in symptomatic patients if they are fit for surgery and have a reasonable prognosis due to the lower rate of recurrent symptoms 10· Venting gastrostomy and/or jejunostomy tube may be considered

Update on 2013/09/24

1. 修訂本院臨床指引【GAST-2頁】新增 or preoperative chemoradiation
2. 修訂本院臨床指引【GAST-2頁】刪除 palliative 字元

Update on 2015/03/24

1. 修訂本院臨床指引【GAST-3頁】 stage II~III(除T3N0M0、T1N1-2M0)應進行輔助性治療(CCRT)，但T1N1-2M0應提討論會進行個別討論。

Table 1
American Joint Committee on Cancer (AJCC)
TNM Staging Classification for Carcinoma of the Stomach
(7th ed., 2010)

Primary Tumor (T)

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ: intraepithelial tumor without invasion of the lamina propria
T1	Tumor invades lamina propria, muscularis mucosae or submucosa
T1a	Tumor invades lamina propria or muscularis mucosae
T1b	Tumor invades submucosa
T2	Tumor invades muscularis propria*
T3	Tumor penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures**,**
T4	Tumor invades serosa (visceral peritoneum) or adjacent structures**,**
T4a	Tumor invades serosa (visceral peritoneum)
T4b	Tumor invades adjacent structures

Regional Lymph Nodes (N)

NX	Regional lymph node(s) cannot be assessed
N0	No regional lymph node metastasis§
N1	Metastasis in 1 - 2 regional lymph nodes
N2	Metastasis in 3 - 6 regional lymph nodes
N3	Metastasis in seven or more regional lymph nodes
N3a	Metastasis in 7 - 15 regional lymph nodes
N3b	Metastasis in 16 or more regional lymph nodes

Distant Metastasis (M)

M0 No distant metastasis

M1 Distant metastasis

Histologic Grade (G)

GX Grade cannot be assessed

G1 Well differentiated

G2 Moderately differentiated

G3 Poorly differentiated

G4 Undifferentiated

* Note: A tumor may penetrate the muscularis propria with extension into the gastrocolic or gastrohepatic ligaments, or into the greater or lesser omentum, without perforation of the visceral peritoneum covering these structures. In this case, the tumor is classified T3. If there is perforation of the visceral peritoneum covering the gastric ligaments or the omentum, the tumor should be classified T4.

**The adjacent structures of the stomach include the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperitoneum.

***Intramural extension to the duodenum or esophagus is classified by the depth of the greatest invasion in any of these sites, including the stomach.

§A designation of pN0 should be used if all examined lymph nodes are negative, regardless of the total number removed and examined.

Table 1 - Continued
American Joint Committee on Cancer (AJCC)
TNM Staging Classification for Carcinoma of the Stomach
(7th ed., 2010)

Anatomic Stage/Prognostic Groups

Stage 0	Tis	N0	M0
Stage IA	T1	N0	M0
Stage IB	T2	N0	M0
	T1	N1	M0
Stage IIA	T3	N0	M0
	T2	N1	M0
	T1	N2	M0
Stage IIB	T4a	N0	M0
	T3	N1	M0
	T2	N2	M0
	T1	N3	M0
Stage IIIA	T4a	N1	M0
	T3	N2	M0
	T2	N3	M0
Stage IIIB	T4b	N0	M0
	T4b	N1	M0
	T4a	N2	M0
	T3	N3	M0
Stage IIIC	T4b	N2	M0
	T4b	N3	M0
	T4a	N3	M0
Stage IV	Any T	Any N	M1