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The Role of the Medical Oncologist in Regional Therapies for Stomach Cancer

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HOPE FOR STOMACH CANCER

PREVENT. TREAT. LIVE.

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

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Disclosures

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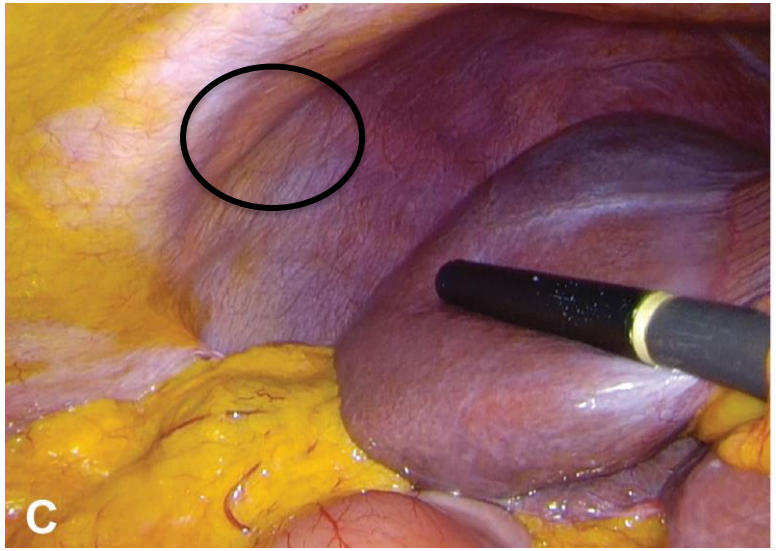
Overview

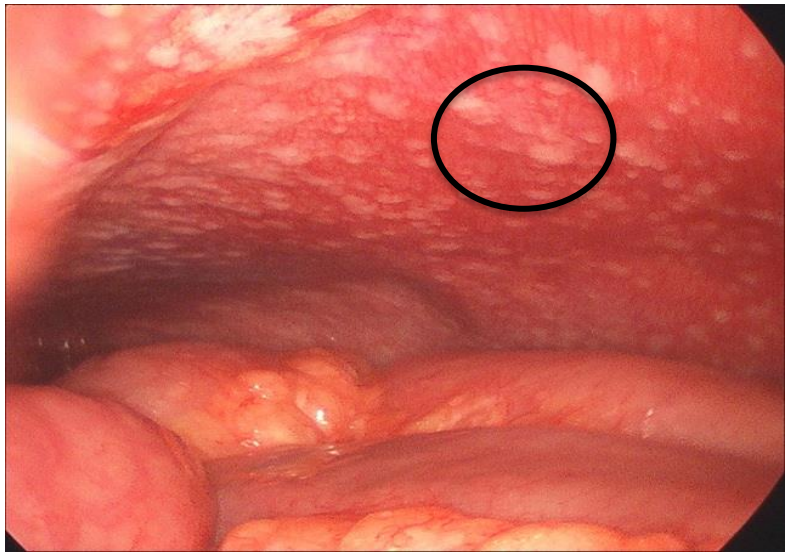
- Brief Anatomy Lesson
- A Reminder on Staging
- Multidisciplinary Patient Selection
- Questions to Ask Your Team

Peritoneum: The Saran Wrap of the Abdomen

- Peritoneum is a membrane lining the abdominal cavity.
- Covers most intra-abdominal organs.
- Composed of a mesothelial lining cells and connective tissue
- Has a parietal (abdominal and pelvic wall) and visceral component (wrapped around organs).
- Space is called peritoneal cavity and normally contains about 50mL of fluid for lubrication

Peritoneal Disease: Sand on a Countertop





Peritoneal Carcinomatosis = Cancer involving the peritoneal lining

Causes:

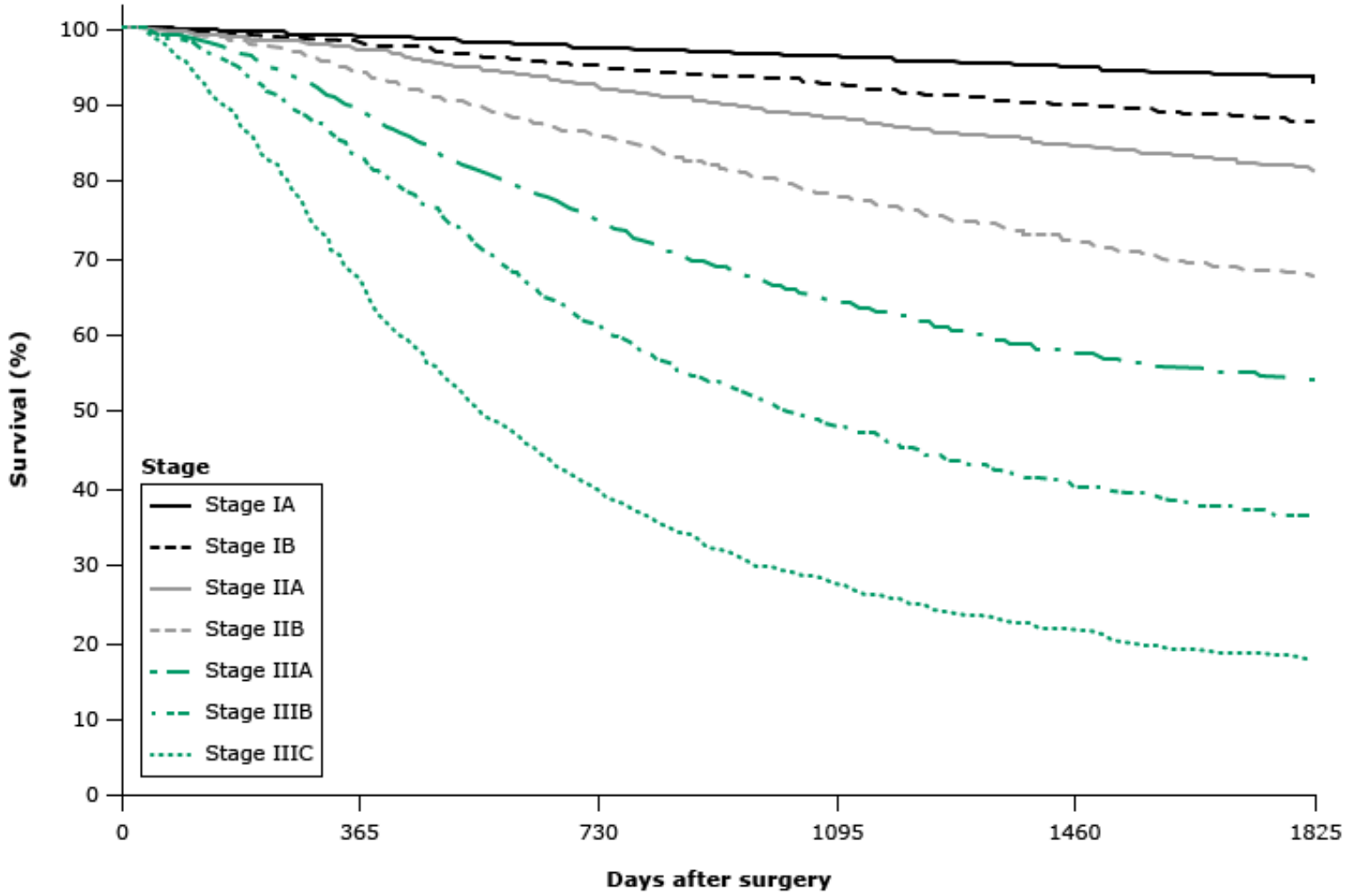
1. Colon Cancer – 10-35%
2. **Gastric Cancer – 40-50%**
3. Ovarian Cancer – 70-75%
4. Appendix Cancers
5. Abdominal Mesotheliomas

Symptoms

A. Bloating/gassy feeling
B. Early satiety, loss of appetite
C. Nausea
D. Bowel habit changes
E. Weight loss (can be gain if ascites)
F. Often no symptoms

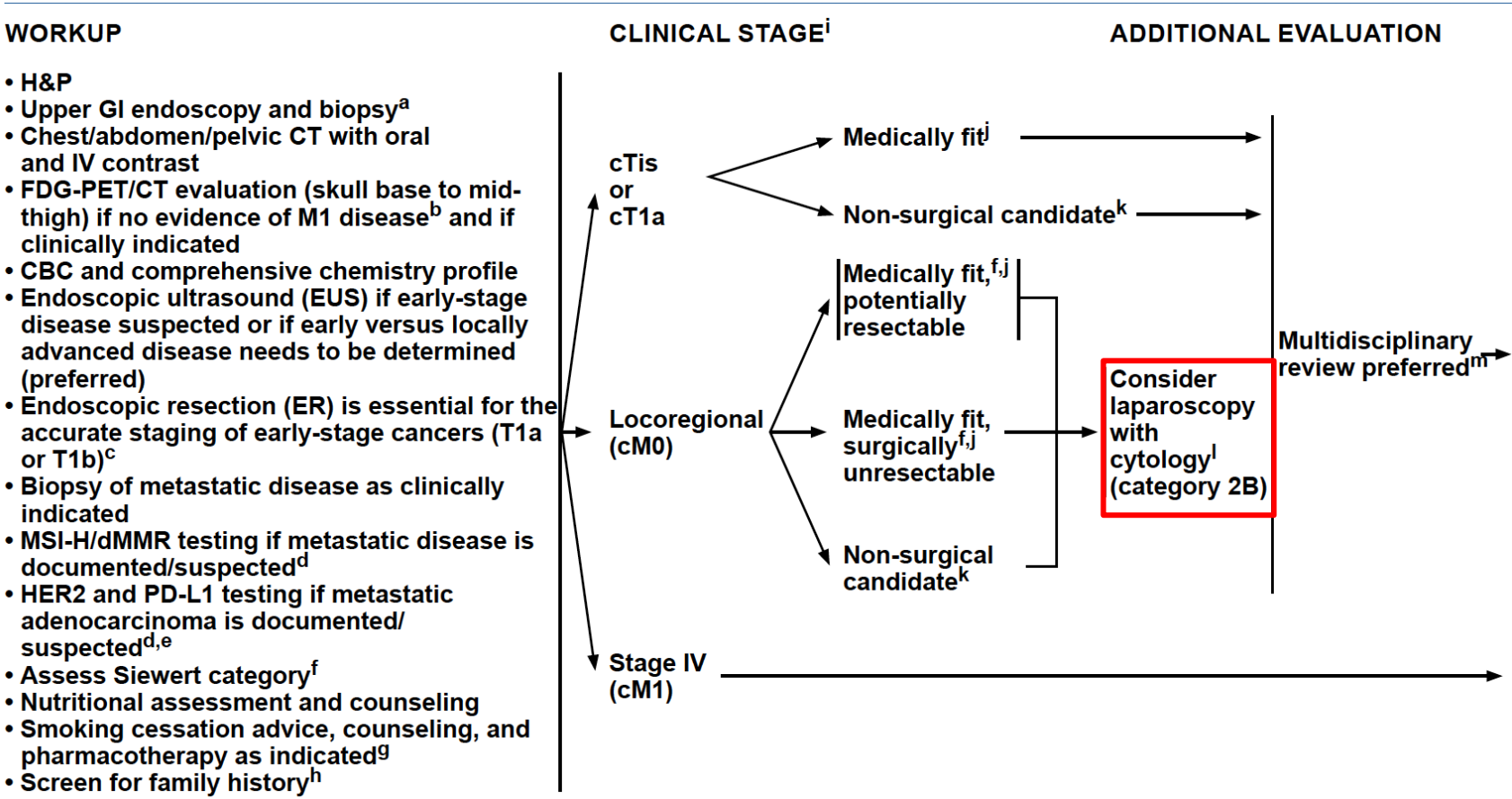
Why Do We Stage Patients?

- **To determine to extent and locations of disease**
- **Because it informs survival!**
- **To guide shared decision making with patients**



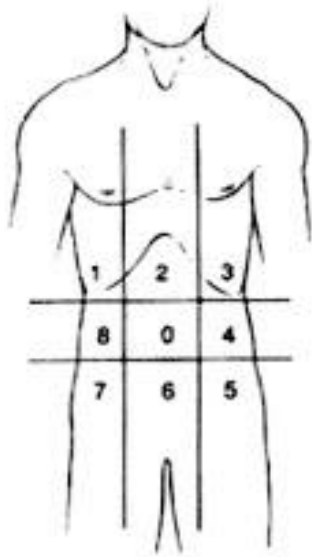
The Problem of the Peritoneum

- **The peritoneum is not well seen on CT, PET, or MRI**
- **Don’t forget diagnostic laparoscopy in staging!!**
- **We recommend for all clinical T1b or greater who are potential surgical candidates**



Stratifying Peritoneal Disease – The PCI

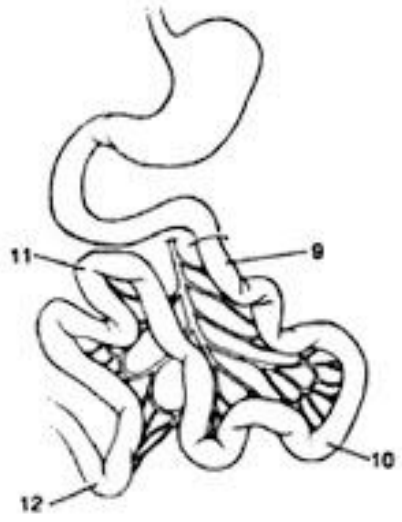
- **We need a shared language among multi-D teams to discuss patients.**
- **The PCI helps evaluate extent of disease in the peritoneal cavity.**
- **Maximal score is 39 (13 x 3) and minimum is 0.**
- **Then we can group patients by PCI scores to examine impact on outcome.**



Regions	Lesion Size
0 Central	
1 Right Upper	
2 Epigastrium	
3 Left Upper	
4 Left Flank	
5 Left Lower	
6 Pelvis	
7 Right Lower	
8 Right Flank	
9 Upper Jejunum	
10 Lower Jejunum	
11 Upper Ileum	
12 Lower Ileum	
PCI	

Lesion Size Score

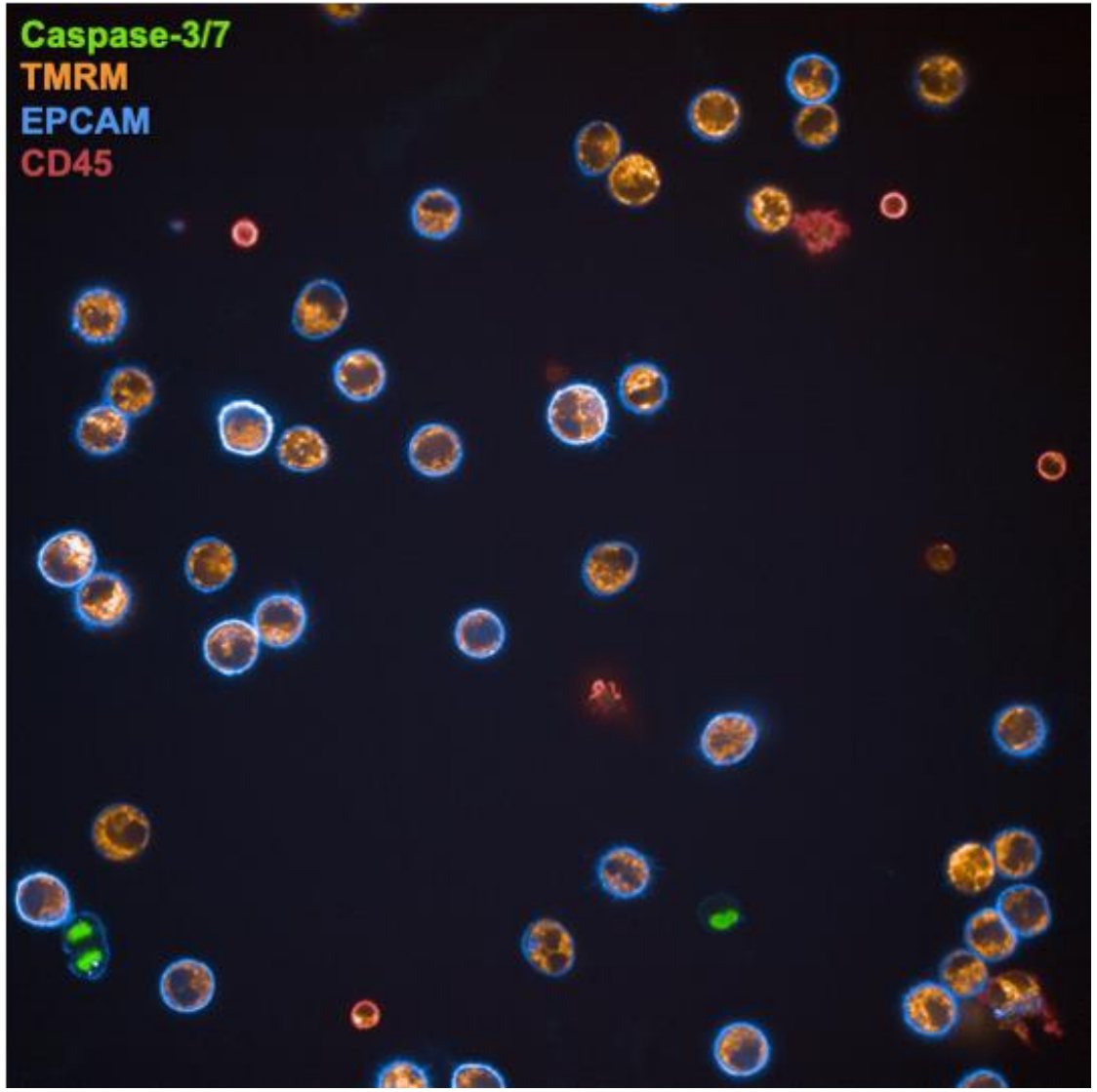
LS 0 No tumor seen
LS 1 Tumor up to 0.5 cm
LS 2 Tumor up to 5.0 cm
LS 3 Tumor > 5.0 cm or confluence



Right Tool, Right Job, Right Way

- **Biologic understanding is the foundation of therapy development**
- **We know very little about peritoneal biology and this is a barrier to treatment**
- **Consider research participation**
- **The national CountMeIn project offers an opportunity to donate ascites for study**

https://escproject.org/home
https://pattern.org/



Regional Therapy Considerations

- What is the status of the systemic disease?
- What is the burden of peritoneal and extraperitoneal disease?
- What is the goal of regional therapy?
- What do we know about the tumor?
- Do we have trials that may be appropriate?
- What data do we have to speak to this situation?

Conclusions

- Regional stomach cancer approaches requires a multi-disciplinary team
- Peritoneal disease defines stage IV stomach cancer
- One of the key medical oncologist roles is ensuring adequate staging and molecular tumor information
- Shared language and objective criteria are critical so we can understand and compare our regional therapy data
- Prospective clinical trials are the optimal method to define the optimal patients and optimal approaches

Contact Information

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