



Advancing Diagnosis and Treatment for Gastric Cancer

The Gastric Cancer Care Program of NewYork-Presbyterian/Columbia University Medical Center provides a comprehensive strategy of early detection, multidisciplinary expertise, and effective treatment options to maximize the potential for cure.

Gastric Cancer Care Program of NewYork-Presbyterian/Columbia University Medical Center

Gastric cancer is the second leading cause of cancer deaths in the world. One of the reasons for its high mortality rate is that more than 60 percent of gastric cancers in the United States are diagnosed at later stages when it is too late for potentially curative surgery. This is due, in part, to the fact that gastric cancer is relatively uncommon and early symptoms may be nonspecific.

If gastric cancer is diagnosed in earlier stages, the survival rate is approximately 50 percent at five years after diagnosis. When discovered in its early stages, gastric cancer may be eliminated with complete resection of the tumor alone.

The most frequent type of gastric cancer we treat is adenocarcinoma.

Additional diagnoses include:

- Lymphoma
- Gastrointestinal stromal tumor (GIST)
- Carcinoid
- Adenoacanthoma
- Squamous cell carcinoma

Gastric cancer can be a curable disease with effective treatment options. The Gastric Cancer Care Program brings together an interdisciplinary team of specialists who develop a plan of care based on the stage of the patient's disease, the patient's comorbidities, and the treatment options available to optimize quality of life.

For More Information or to Refer a Patient

Partnering with local providers is critically important in the care of patients with gastric cancer. We look forward to collaborating with you in caring for the patients we serve.

Gastric Cancer Care Program
NewYork-Presbyterian/Columbia University Medical Center
Herbert Irving Pavilion
161 Fort Washington Avenue, Room 821
New York, NY 10032
212.305.9441

Our Interdisciplinary Team

Our interdisciplinary team is dedicated to bringing the most advanced, comprehensive, and individualized treatment strategies to the cure and care of our patients with cancerous, precancerous, and non-cancerous tumors of the stomach.

Surgical Oncology

John A. Chabot, MD
Beth A. Schrope, MD, PhD

Medical Oncology

Paul E. Oberstein, MD
Gulam A. Manji, MD, PhD
Gary K. Schwartz, MD

Radiation Oncology

David P. Horowitz, MD

Interventional Gastroenterology

Tamas A. Gonda, MD
David S. Lee, MD
Amrita Sethi, MD

Gastroenterology - Genetics

Fay Kastrinos, MD
Elana Levinson, MS, MPH

Nutrition

Deborah Gerszberg, RD, CNSC, CDN
Danielle Staub, MS, RD, CDN

Palliative Care

Craig D. Blinderman, MD, MA
Shunichi Nakagawa, MD

Research

Timothy C. Wang, MD

Research Initiatives

Our physicians are participating in a two-part clinical trial for patients with recurrent or metastasized gastric cancer or cancer of the gastroesophageal junction to determine safe and tolerable doses and dosing schedule of MEDI4736 and tremelimumab when administered together, as well as assess the safety and tolerability of each agent when administered alone. In addition, we are beginning a Phase II study of the use of combination chemotherapy with immune checkpoint blockade during the perioperative period to determine the efficacy in eradicating micrometastatic disease.

The program is also in the process of developing a gastric cancer registry. In addition, basic research is underway focusing on understanding the role of inflammation and growth factors in the development of gastrointestinal cancers, with particular emphasis on Helicobacter-mediated gastric cancer. Discoveries here will help to inform clinical research and the development of newer treatments.

Comprehensive Plan of Care

The Gastric Cancer Care Program provides a comprehensive approach to accurately diagnose and treat stomach tumors. A surgeon specially trained in gastric cancer will lead the plan of care – from diagnosis through recovery.

Laboratory Studies

In stomach cancer, the CEA and CA 19-9 biomarkers are frequently ordered to assist in diagnosis. About 50 percent of stomach cancers will be associated with an elevated CEA, about 20 percent will show a rise in CA 19-9.

Imaging

CT scan or MRI of the abdomen with contrast. Not all tumors are seen on these tests, but larger ones can be assessed for size and ability to be removed with surgery, as well as presence of metastases.

PET scan. This test specifically shows the metabolic activity of the tumor, and may be more sensitive in locating the tumor and/or metastases.

Endoscopic ultrasound (EUS). This procedure assesses the depth and extent of a tumor in the stomach and is also useful in looking for enlarged lymph nodes. Often a preliminary “stage” is assigned from the results of the EUS.

Treatment

Surgery. The surgical approach to gastric cancer depends on the location, size, extent of the tumor, and sometimes symptoms. For very small and shallow tumors removal with an endoscopic surgery may be possible. Deeper or larger tumors are very often amenable to laparoscopy or robot-assisted resection. Our surgeons use these minimally invasive approaches for more than 90 percent of surgeries for gastric cancer.

Chemotherapy. Several different chemotherapy regimens, including targeted therapies, are used, tailored to the individual patient, tumor type, and stage. Chemotherapy may be recommended before surgery to make the surgery safer and the likelihood of complete removal greater.

Radiation therapy. Before or after surgery, radiation therapy may be recommended, often with chemotherapy as a sensitizing agent.

Palliative care. Pain management and nutrition services, including endoscopic stenting to allow for oral nutrition, are also available to address symptoms that may present as a result of the cancer or treatment.

Why Choose Us for Gastric Cancer Care

Access to a Broad Range of Specialists

Leading experts in gastrointestinal oncology; medical, surgical and radiation oncology; and nurse practitioners and nutritionists ensure that care for our patients is seamless and that their needs and those of their loved ones are completely addressed throughout the treatment process and ongoing follow-up.

A Personalized Approach

Patients benefit from the collaboration with experts in various subspecialties who come together in case conferences to develop an optimal plan of care. In addition, all of our patients receive nutritional support before and after surgery, and during chemotherapy and radiation treatment. Adequate nutrition is associated with an improved response to chemotherapy and can decrease its toxic effects.

Palliative care specialists are available to assist in relieving symptoms such as pain and stress associated with a cancer diagnosis. Patients may be referred for genetic counseling if there is a family history of gastric and other cancers, especially in close relatives and at a young age.

Advanced Techniques and Access to Clinical Trials

Our physicians are among the first in the United States to introduce new technological advances into clinical practice. These include:

- Confocal laser endomicroscopy and optical coherence tomography, which obtain enhanced images of the stomach wall to detect and treat early cancers not visible by other methods
- Endoscopic mucosal resection and endoscopic submucosal dissection for tumors amenable to endoscopic removal
- Minimally invasive, oncologically effective surgical approach to the treatment of gastric cancer

As participants in clinical trials, our program provides patients with access to the newest therapies not readily available elsewhere.

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 **Columbia University Medical Center**

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