

Can stomach cancer be prevented?

- It can be prevented to a large extent if you had eliminated all the known risk factors which had been mentioned earlier, knowledge of the genetic mutation, if there was family history and if you had CDH1 Mutation, you may be offered total gastrectomy
- H-pylori if found in endoscopy must be treated and eliminated by medical treatment. Follow up surveillance is required and you should attend follow up visits and not stop, if symptom had disappeared. H. pylori induced gastritis, increases your risk of stomach cancer
- Treat gastritis, ulcers promptly.
- Engage in healthy eating – diet high in fruits and vegetables
- Avoid smoking, using tobacco products
- Maintain healthy weight and regular exercise
- Zero alcohol is best

Stomach cancer out look depends on the stage at the time of diagnosis. The 5-year survival for advanced cancer may be only 5-10%. If found in early stage, survival at 5 years can be as high as 70%.

Can stomach cancer be detected early today.

- **Smokers with 20 pack year history, adults with suspicious early symptoms, adults with family history, heavy drinkers, should seriously CONSIDER TO HAVE A BLOOD TEST. Cancer cells release DNA fragments and RNA fragments into the blood stream and using next generation sequencing, with biomarkers, early cancer can be identified.**

This is called **LIQUID BIOPSY.**

Can this be done at Continental Hospital?

Yes, by special arrangements. Contact the Department of Cancer Prevention and early detection.




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CANCER PREVENTION STAY AHEAD OF CANCER

**EARLY DETECTION
BETTER OUTCOMES**

STOMACH CANCER



**DEPARTMENT OF
CANCER PREVENTION AND
EARLY CANCER DETECTION**

Stomach cancer can develop any where in the stomach, although commonest is at the Junction of the oesophagus and stomach. Stomach cancer starts in the lining of the stomach. The stomach lies in the left side of the upper abdomen. Food moves from the mouth to the stomach, through the hollow tube oesophagus. In the stomach, food is mixed with digestive juices and partly digested food enters the small intestine, continuing its transit into the colon.

- Gastrooesophageal junction cancer, arises at the junction where the oesophagus meets the stomach. Cancer cells are classified on how they look under the microscope.
- Cancer can arise from the cell which resemble nerve cells, or a hormone making cell. These are called Neuroendocrine tumours.
- Cancers can arise from nerve cells found in the wall of the stomach.
- Lymphoma can also arise from the stomach
- There are also other rare forms of cancer
- The cancer cells can resemble normal cells in one variety of cancer called intestinal adenocarcinomas. In another variety, cancer cells look different from normal cells and they are called diffuse adeno carcinomas, which grow rapidly and spread fast.

The key for survival is EARLY DETECTION

Stomach Cancer is the fifth most common Cancer among males in India and second most common cause of death globally.

SYMPTOMS

- Loss of appetite, difficulty in swallowing
- Fatigue / weakness
- Nausea/Vomiting
- Unexplained weight loss
- Heart Burn / Indigestion
- Stomach pain
- Feeling full even after eating a small meal
- It is a common mistake to take, “over the counter medications,” when you have any of the above symptoms
- If you have any of the symptom above, seek help from your health care provider maunder promptly.

Known causes of stomach cancer

- Family history of stomach cancer
- History of stomach polyps, persisting ulcers
- Helicobacter pylori (H. PYLORI) infection(persisting)
- Acid Reflux disease(Long Standing)
- Barret’s oesophagus (a pre cancerous condition)
- Epstein Barr Virus infection
- A diet high in smoked, pickled, fatty, salty foods
- A diet deficient in fruits/vegetables
- Frequent exposure to coal, metal dust, rubber chemicals
- Smoking, chewing tobacco, vaping
- Excessive consumption of alcohol
- Obesity
- Autoimmune atrophic gastritis
- Many genetic conditions
Lynch syndrome,
Peutz Jerghers syndrome
L1 Fraumeni Syndrome
Hereditary diffuse gastric cancer

- **FAMILIAL ADENOMATOUS POLYPOSIS**
- Common variable Immunodeficiency
- There is a known association of stomach cancer, more prevalent, in blood group type A, reasons are not known

Diagnosis of stomach cancer

- Based on the history you have given to your specialist, examination will be carried out and tests arranged to arrive at a diagnosis
- During the clinical exam, your Specialist may find a growth in the upper abdomen
- Investigations would include lab tests, assessment of any co-existing morbidities, upper endoscopy, where the Specialist would insert a flexible thin tube with a camera at its tip, insert through your mouth, until the endoscope reaches the stomach. Any; abnormal polyps, ulcers will be seen. Clearly in such instances, a sample of tissue will be taken and sent to the lab for analysis. The specialist may carry out endoscopic ultrasound which can show if the cancer has spread from stomach lining into the stomach wall.

Other investigation include CT scan, Barium Swallow, MRI, PET Scan. If the cancer has spread, PET Scan will be done which the shows the areas of cancer spread. The Specialist may carry out laparoscopy to view the organs directly.

If the lab has confirmed cancer, the specialist would want further information to know about type of cancer, if it has spread outside the stomach, stage the cancer, genetic mutations of the cancer cells, as all of these factors would influence the modality of treatment. One of the mutations is called **CDH1** which can co-exist with stomach cancer and breast cancer – knowledge of the existence of this mutation, together with other findings, the specialist may advice complete removal of the stomach (prophylactic gastrectomy)

If there is evidence that the cancer has spread beyond the superficial layers of the stomach lining, he may advice removal of all or part of your stomach. If total removal is done, the lower end of oesophagus is connected to the small intestine and you would be able to resume eating after two weeks after surgery. Additional treatments may be required to kill the cancer cells . They are:

- Chemotherapy which may be used alone or in combination with radiotherapy. At Continental, such decisions are taken jointly in our multi-disciplinary tumour board meetings, which are held regularly.
- with the knowledge of the genetic changes in the DNA of the cancer cells, our experienced medical oncologists would use drugs to hit at the targets, where the changes had taken place. Targeted therapy can be used in combination with chemotherapy. We at Continental adopt a personalised medicine approach for each patient
- Our oncology specialist may also use immuno therapy to destroy the cancer cells. Immunotherapy is used in advanced cancer or in cases where the cancer has recurred.
- If your cancer has recurred, our experienced medical oncologists may use “cell therapy”And discuss options to participate in clinical trials. If all fails, our oncologists will provide you palliative care with empathy and compassion, together with our helpful nursing staff.