

Stomach Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best proven treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the [Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient's overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5]. For stomach cancer, the team of doctors may include a gastroenterologist, who is a doctor who specializes in the gastrointestinal tract including the stomach and intestines, a surgeon, a medical oncologist, and a radiation oncologist.

Stomach cancer may be treated with surgery, radiation therapy, chemotherapy, or targeted therapy. Descriptions of these common treatment options for stomach cancer are listed below. Often, a combination of these treatments is used. It can be difficult to cure stomach cancer because it is often not detected until it is at an advanced stage.

Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [6].

Surgery

Surgery is the removal of the tumor and surrounding tissue during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. The type of surgery used depends on the stage of the cancer (see [Stages \[7\]](#)).

For a very early stage (T1a) cancer, some doctors may recommend a non-surgical treatment called endoscopic mucosal resection, which is the removal of the tumor with an endoscope (see [Diagnosis \[8\]](#)). In early stages (stages 0 or I), when the cancer is still only in the stomach, surgery is used to remove the part of the stomach with cancer, called a subtotal or partial gastrectomy, as well as the nearby lymph nodes. In a partial gastrectomy, the surgeon connects the remaining part of the stomach to the esophagus or small intestine.

If the cancer has spread to the outer stomach wall with or without having spread to the lymph nodes, surgery plus chemotherapy or chemotherapy and radiation therapy may be used (see below). The surgeon can perform a subtotal gastrectomy or a total gastrectomy, which is the removal of all of the stomach. During a total gastrectomy, the surgeon attaches the esophagus directly to the small intestine.

Gastrectomy is a major surgery and can have serious side effects. After this surgery, the patient will only be able to eat a small amount of food at a time. One common side effect is a group of symptoms known as dumping syndrome, which includes cramps, nausea, diarrhea, and dizziness after eating. This happens when food enters the small intestine too fast. The doctor can suggest ways to avoid this and can prescribe medication to help control these symptoms. The symptoms usually lessen or disappear in a few months, but they may be permanent for some people. Patients who have had their entire stomach removed will need regular injections of vitamin B12 because they will no longer be able to absorb this essential vitamin through their stomach.

Regional lymph nodes are often removed during surgery because the cancer may have spread to those lymph nodes. This is called a lymphadenectomy. There is still debate as to how many lymph nodes should be removed. In Europe and especially in Japan, more lymph nodes are removed than in the United States.

When the cancer is diagnosed as Stage IV, surgery is typically not recommended as the main treatment (see [Metastatic stomach cancer, below](#)).

Learn more about [cancer surgery \[9\]](#).

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. Patients with stomach cancer usually receive external-beam radiation therapy, which is radiation given from a machine outside the body. Radiation therapy may be used before surgery to shrink the size of the tumor or after surgery to destroy any remaining cancer cells.

Side effects from radiation therapy include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished.

Learn more about [radiation therapy](#) [10].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally). A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

The goal of chemotherapy can be to destroy cancer remaining after surgery, slow the tumor's growth, or reduce cancer-related symptoms. It also may be combined with radiation therapy. Currently, there is no single standard chemotherapy treatment regimen that is used worldwide. However, most chemotherapy treatments are based on the combination of at least two drugs, fluorouracil (5-FU, Adrucil) and cisplatin (Platinol). Newer drugs similar to 5-FU, such as capecitabine (Xeloda), and similar to cisplatin, such as oxaliplatin (Eloxatin), appear to work equally well. Other drugs commonly used include docetaxel (Docefrez, Taxotere), epirubicin (Ellence), irinotecan (Camptosar), and paclitaxel (Taxol).

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Learn more about [chemotherapy](#) [11] and [preparing for treatment](#) [12]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [13].

Targeted therapy

Targeted therapy is a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. This type of treatment blocks the growth and spread of cancer cells while limiting damage to healthy cells.

Recent studies show that not all tumors have the same targets. To find the most effective treatment, your doctor may run tests to identify the genes, proteins, and other factors in your tumor. As a result, doctors can better match each patient with the most effective treatment whenever possible. In addition, many research studies are taking place now to find out more about specific molecular targets and new treatments directed at them. Learn more about [targeted treatments](#)

[14].

A patient with later-stage cancer whose stomach tumor has too much of the protein HER2, called HER2-positive cancer, may benefit from receiving trastuzumab (Herceptin) with chemotherapy.

For patients whose tumor has grown while receiving initial chemotherapy, the drug called ramucirumab (Cyramza) was approved in 2014 as an additional treatment. Ramucirumab is a type of targeted therapy called an anti-angiogenic. It is focused on stopping angiogenesis, which is the process of making new blood vessels. Because a tumor needs the nutrients delivered by blood vessels to grow and spread, the goal of anti-angiogenesis therapies is to "starve" the tumor.

Talk with your doctor about possible side effects for a specific medication and how they can be managed.

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about [palliative care](#) [15].

Metastatic stomach cancer

If cancer has spread to another location in the body, it is called metastatic cancer (stage IV in the [Stages](#) [7] section).

Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a [second opinion](#) [16] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3].

The goal of treatment at this stage is typically to lengthen a patient's life and care for the symptoms of the cancer since metastatic stomach cancer is not considered curable. Any

treatment, including chemotherapy or radiation therapy, is considered palliative therapy [15]. Surgery is rarely used, and the main treatment is usually chemotherapy. It is important to note that studies show that the use of palliative chemotherapy for stomach cancer can improve both the length and quality of life.

Given the inability to cure metastatic stomach cancer, this diagnosis is stressful and at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recovery

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called "no evidence of disease" or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it's important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with the fear of recurrence [17].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer's stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above such as surgery, chemotherapy, and radiation therapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [18].

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want

to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [19].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#). [20]

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:

- [1] <http://www.cancer.net/cancer-types/stomach-cancer/treatment-options>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/19653>
- [4] <http://www.cancer.net/node/19656>
- [5] <http://www.cancer.net/node/25356>
- [6] <http://www.cancer.net/node/24582>
- [7] <http://www.cancer.net/node/19651>
- [8] <http://www.cancer.net/node/19650>
- [9] <http://www.cancer.net/node/24720>
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- [20] <http://www.cancer.net/node/25111>