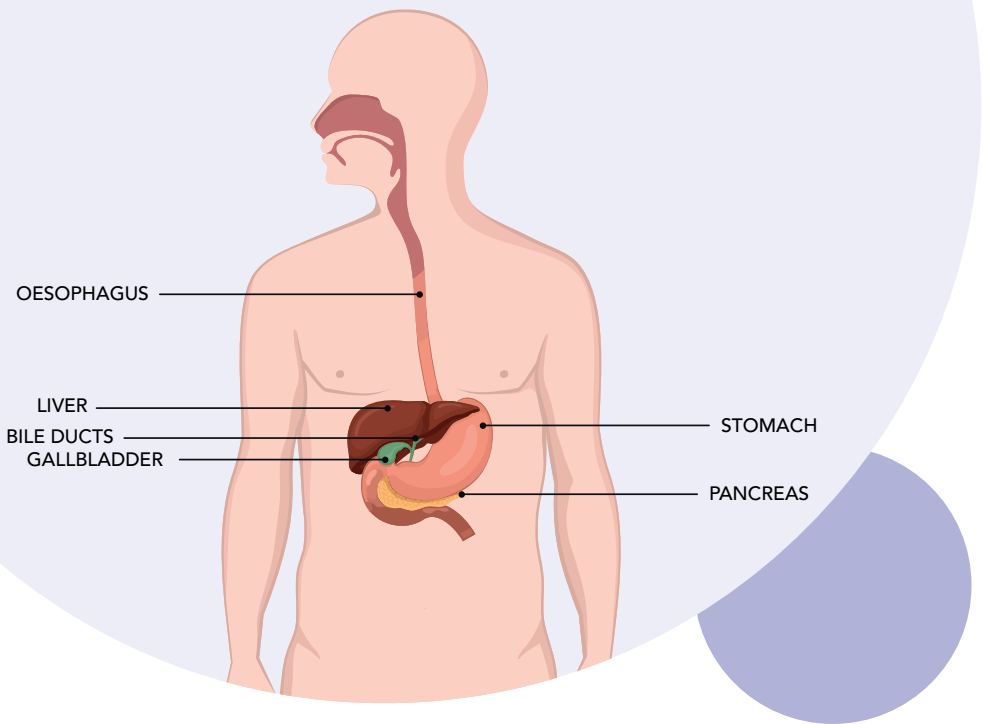


What is Gastric Cancer?

**Cancer Support Helpline:
0121 704 9860**





What is gastric cancer?

- Gastric cancer is cancer that's found anywhere in the gastric.
- The gastric is part of the digestive system. It helps you digest food.
- How serious gastric cancer is depends on how big the cancer is, if it has spread, and your general health.
- Gastric cancer is not very common in the UK.

Main symptoms of gastric cancer

There are many possible symptoms of gastric cancer, but they might be hard to spot.

They can affect your digestion, such as:

- heartburn or acid reflux
- having problems swallowing (dysphagia)
- feeling or being sick
- symptoms of indigestion, such as burping a lot
- feeling full very quickly when eating

Other symptoms include:

- loss of appetite or losing weight without trying to
- a lump at the top of your tummy
- pain at the top of your tummy
- feeling tired or having no energy

If you have another condition, such as gastro-oesophageal reflux disease, you may get symptoms like these regularly.

You might find you get used to them. But it's important to be checked by a GP if your symptoms change, get worse, or do not feel normal for you.

What happens at the GP appointment

The GP may feel your tummy.

They may ask you to give a poo or pee sample, or have a blood test.

Referral to a specialist

The GP may refer you for more tests or to see a specialist if they think you have symptoms that need to be investigated.

This may be an urgent referral, usually within 2 weeks, if you have certain symptoms. This does not definitely mean you have cancer.

Who is more likely to get gastric cancer

Anyone can get gastric cancer. It's not always clear what causes it.

You **might** be more likely to get it if you:

- are over the age of 50
- are a man
- have a long-term infection with *Helicobacter pylori* (*H. pylori*) – read more about the link between *H. pylori* and gastric cancer on the Cancer Research UK website
- have certain gastric conditions, such as long-term, severe acid reflux, gastritis or a condition called pernicious anaemia, which affects your immune system
- have a brother, sister or parent who had gastric cancer

Many gastric cancers are also linked to lifestyle.



Try to quit smoking

How to reduce your risk of getting gastric cancer

Do

- try to quit smoking
- try to lose weight if you are overweight
- wear protective clothes and masks if you work in a job where you're exposed to harmful chemicals, such as in the rubber industry or coal mining
- cut down on how much salt you eat
- try to cut down on alcohol and avoid drinking more than 14 units a week
- try to eat at least 5 portions of a variety of fruit and vegetables every day

Camera test for gastric cancer

A GP or specialist will probably refer you for a test to look inside your gastric.

This test is called a gastroscopy (a type of endoscopy). It looks for any problems in your gastric, including gastric cancer.

During a gastroscopy:

1. A long, thin, flexible tube with a small camera inside (called an endoscope) will be put into your mouth, down your throat and into your gastric.
2. A specialist will use the camera in the endoscope to look for any problems.

3. A small sample of cells (called a biopsy) may be collected during the procedure. These cells will be sent to a laboratory to check for cancer.

The test should take around 10 to 15 minutes.

It should not be painful, but you might find it uncomfortable.

You may be offered things to make you more comfortable and make the test easier, such as:

- local anaesthetic spray to numb the back of your throat
- sedation – medicine given through a small tube in your arm to help you relax

A gastroscopy can also help find problems in other nearby organs. Such as the food pipe (oesophageal cancer) and the first part of the bowels (small intestine).

Getting your results

You should get the results of a gastroscopy and biopsy within 2 weeks.

Try not to worry if your results are taking longer to get to you. It does not definitely mean anything is wrong.

You can call the hospital or GP if you are worried. They should be able to update you.

A specialist will explain what the results mean and what will happen next. You may want to bring someone with you for support.

If you're told you have gastric cancer

Being told you have gastric cancer can feel overwhelming. You may be feeling anxious about what will happen next.

It can help to bring someone with you to any appointments you have.

A group of specialists will look after you throughout your diagnosis, treatment and recovery.

Your team will include a clinical nurse specialist who will be your main point of contact during and after treatment.

You can ask them any questions you have.

Next steps

Once you have been diagnosed with gastric cancer, you will need more tests. These will help the specialists find out the size of the cancer and how far it's spread (called the stage).

Find out more about what cancer stages and grades mean.

You may need:

- scans, like an ultrasound scan (sometimes from inside your body using an endoscope), a CT scan or a PET scan
- a small operation to look inside your gastric, called a laparoscopy

You may not have all these tests.

The specialists will use the results of these tests and work with you to decide on the best treatment plan for you.

Treatment for gastric cancer

Treatment for gastric cancer will depend on:

- the type and size of the gastric cancer you have
- where it is
- if it has spread
- your general health

It usually includes surgery and chemotherapy. It may also include radiotherapy, and treatment with targeted medicines.

The specialist care team looking after you will:

- explain the treatments, benefits and side effects
- work with you to create a treatment plan that is best for you
- help you manage any side effects, including changes to your diet
- help and support you during your recovery

You'll have regular check-ups during and after any treatments. You may also have tests and scans.

If you have any symptoms or side effects that you are worried about, talk to your specialists. You do not need to wait for your next check-up.

Surgery

Your treatment will depend on if the cancer can be removed or not.

If the cancer cannot be removed, you may have surgery to help control some symptoms of gastric cancer.

Surgery to remove gastric cancer

If gastric cancer is found early, has not spread or has not spread far you may be able to have surgery to remove it.

Surgery will remove part or all of the gastric. They may also need to remove parts of other organs around the gastric.

Recovery from surgery to treat gastric cancer can take a long time. The specialist team looking after you will discuss all the benefits and side effects.

Surgery to help control the symptoms of gastric cancer

You may need surgery to relieve a blockage in the gastric. This helps food pass through your gastric more easily.

The aim of this surgery is to help improve your symptoms, not to cure the cancer.

If gastric cancer is found early, you may be able to have surgery to remove it.



Chemotherapy

Chemotherapy uses medicines to kill cancer cells.

You may have chemotherapy for gastric cancer:

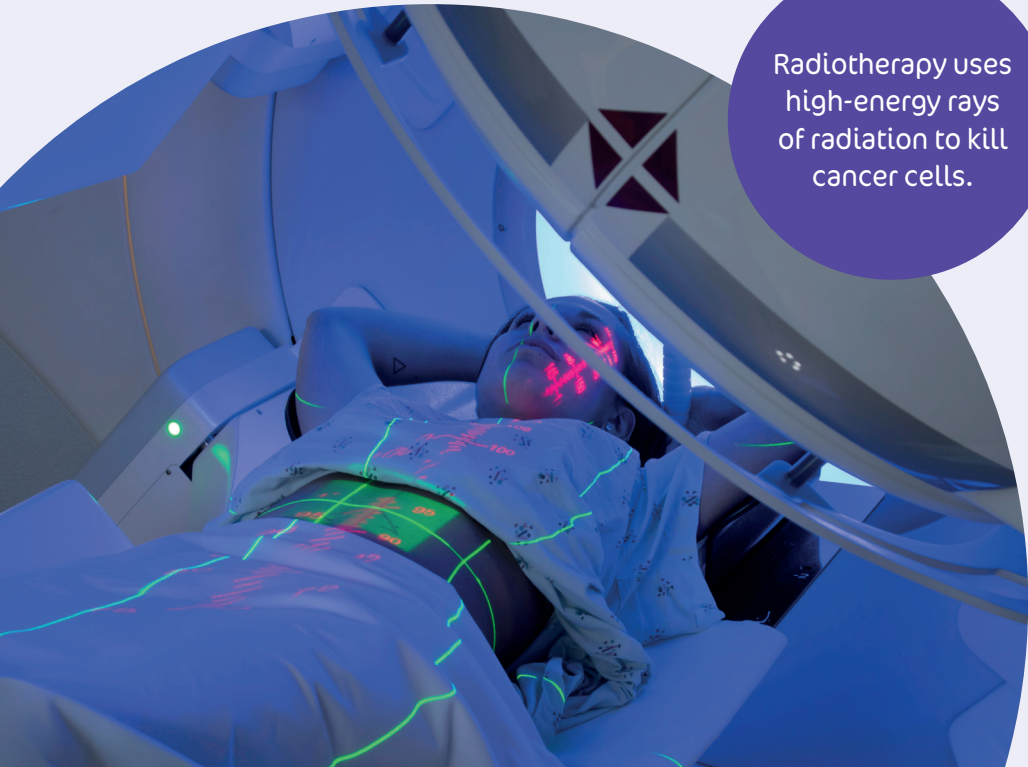
- before and after surgery to help make the cancer smaller
- after surgery to help stop the cancer coming back
- at the same time as other treatments to help make them more effective
- to help control and improve the symptoms of advanced cancer or if the cancer cannot be removed by surgery – sometimes given alongside treatment with targeted medicines

Radiotherapy

Radiotherapy uses high-energy rays of radiation to kill cancer cells.

You may have radiotherapy for gastric cancer:

- with chemotherapy (chemoradiotherapy) to help stop the cancer coming back
- to help control and improve the symptoms for advanced cancer



Radiotherapy uses high-energy rays of radiation to kill cancer cells.

Targeted medicines and immunotherapy

Targeted cancer medicines aim to stop the cancer from growing.

Immunotherapy is where medicines are used to help your immune system kill cancer.

You may have them with chemotherapy to treat advanced gastric cancer.

What happens if you've been told your cancer cannot be cured

If you have advanced gastric cancer, it might be very hard to treat. It may not be possible to cure the cancer.

If this is the case, the aim of your treatment will be to limit the cancer and its symptoms, and help you live longer.

Finding out the cancer cannot be cured can be very hard news to take in.

You will be referred to a special team of doctors and nurses called the palliative care team or symptom control team.

They will work with you to help manage your symptoms and make you feel more comfortable.

The clinical nurse specialist or palliative care team can also help you and your loved ones get any support you need.

Information from the NHS website as at 14/02/24

Information from the NHS website is licensed under the Open Government Licence v3.0

About the OPA Cancer Charity

The OPA Cancer Charity (OPA) is an independent registered charity formed in 1985 when a few former oesophageal cancer patients met and found tremendous reassurance in sharing experiences. Since then, we have helped thousands of patients, carers and their families. The friends and users of the OPA are primarily patients who have experienced oesophageal or gastric difficulties, not forgetting the hard work of their carers, of course, and the support of their families, friends and our excellent health care professionals.

The Charity is represented on various committees involved with the management of upper GI cancers and research into new treatments. Patient involvement is increasingly recognised as a valuable input to the thinking and documentation on such matters.

What we offer

Our objectives are to help patients, carers and their families to cope with any difficulties arising as a result of treatment and to provide support, encouraging them to achieve a good quality of life. This is done by publishing information booklets and leaflets on matters of concern, providing a telephone support line, and arranging patient support meetings around the UK.

We make no charge to patients or their families for any support and advice provided. The OPA can only maintain its vital service through trust donations and other fundraising activities generated by the community it serves.

It costs the OPA substantial funds to keep vital services running, providing advice, support and practical help.

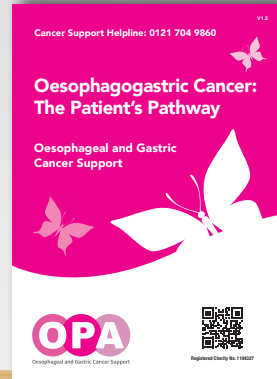
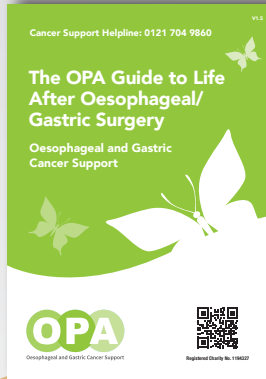
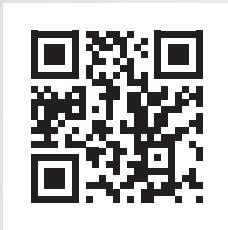
We produce many thousands of our booklets and leaflets as a valuable reference for patients, carers and their families, as well as many organisations, and all of this is supplied free of charge and paid for by the OPA. We would be grateful for any donations you could make so we can continue to help those who need it; please visit <https://opa.org.uk/donations/>

Support Nationwide

For more than three decades, OPA Cancer Charity has fought against oesophageal and gastric cancers, raising awareness about the dangers of persistent heartburn, Barrett's oesophagus and acid reflux (GORD). We support patients, caregivers and their families. Whether you find yourself in the initial stages or further along in your journey, the OPA is committed to offering free support and guidance.

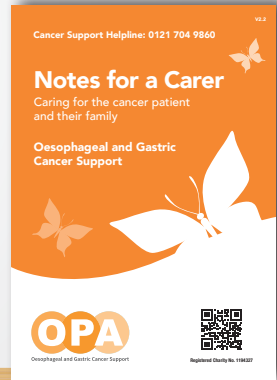
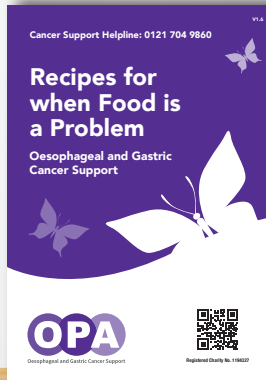
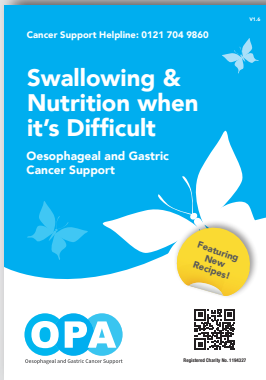
Publications from the OPA

We are here to help those with or affected by Oesophageal and Gastric Cancer. Here are some of our helpful booklets; they are free and can be posted or downloaded from our website.



A Guide to Life After Oesophageal/Gastric Surgery – Oesophagectomy & Gastrectomy
(Informative guide for Oesophageal & Gastric patients following surgery)

Oesophagogastric Cancer: The Patient's Pathway
(Patient's guide following diagnosis based on the St. Thomas' Hospital Pathway)



Swallowing & Nutrition – when it's difficult
(For those not having an operation but perhaps having a stent inserted or other treatments)

Recipes for When Food is a Problem
(Recipe book for patients post surgery/ treatment)

Notes for a Carer
(Informative guide for carers of Oesophageal & Gastric patients following diagnosis)

These publications are available to patients and medical staff on request. There is no charge to individuals and no membership subscription. The OPA Cancer Charity is supported entirely by donations.

Cancer Support 24 Hour Helpline

Tel: 0121 704 9860

Email: enquiries@opa.org.uk

Web: www.opa.org.uk

This booklet is published by the OPA relying solely on donations.

If you have found this book useful and would like to make a donation to the OPA, please visit: www.opa.org.uk/donations.html

Copyright © OPA Cancer Charity 2024.

Published 2024. All rights reserved

Charity No. 1194327 V1

