

Case 2 - Progress

- His husband is positive again !

Case 3 – Upper GI Symptoms

- 72M
- Dyspepsia 2 months – reflux type symptoms, abdominal pain
- Smoker
- Hp Faecal antigen negative
- Normal FBC
- No weight loss
- Rx Omeprazole
- Does he needs a Gastroscopy?

Case 3 Upper GI Symptoms – Work up

Bloods

- Bloods
 - FBC
 - UEC
 - Ferritin
 - CRP
 - Coeliac antibodies
 - LFTs
 - Hp serology?

Other

- Faecal Testing
 - Hp faecal antigen test
- Imaging
 - USS
 - ?MRCP

Case 2 Upper GI Symptoms - Differential

Benign

- Functional Dyspepsia
- Gastro-Oesophageal reflux Disease
- Helicobacter pylori gastritis
- Coeliac disease
- Pancreatic pathology
- Biliary pathology
- Colonic – Irritable Bowel

Malignant

- Gastric Cancer
- Pancreatic Cancer
- Cholangiocarcinoma
- Gallbladder Cancer
- Bowel Cancer
- Small Bowel Tumour

Case 2 Upper GI Symptoms

- DHB Referral Criteria NZ
- *P1 <2 weeks*
 - Weight loss
 - Dysphagia
 - Active Bleeding
 - Cancer on Imaging
- P2 < 6 weeks (52 weeks at CMDHB)
 - Dyspepsia not responsive to PPI
 - Iron deficiency anaemia
 - Coeliac Disease

Case 3 Upper GI symptoms - continued

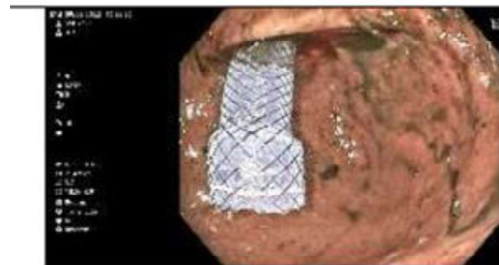
- Progressive symptoms
- Loss of appetite, nausea, post prandial in particular
- 2kg weight loss
- Would you scope him?

Case 3 Upper GI symptoms - continued

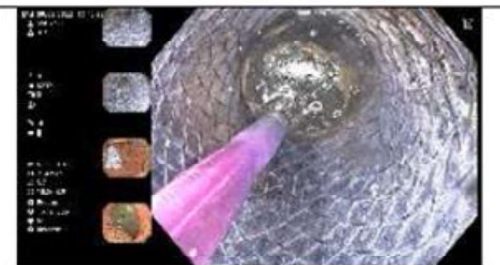
- Antral Mass
- Histology confirmed Adenocarcinoma
- Vomiting +++
- Grade D Reflux – in keeping with gastric outlet obstruction



Antrum Mass



7



8

Next Steps

- CT CAP C+
 - Localised disease
- Staging Laparoscopy
 - Serosal disease, localized peritoneal disease in lesser and greater omentum
 - Peritoneal washings positive
 - T4 disease
- Upper GI MDM discussion
 - For palliative chemotherapy FOLFORI – HER2 positive so Herceptin may be a possibility (self funded)

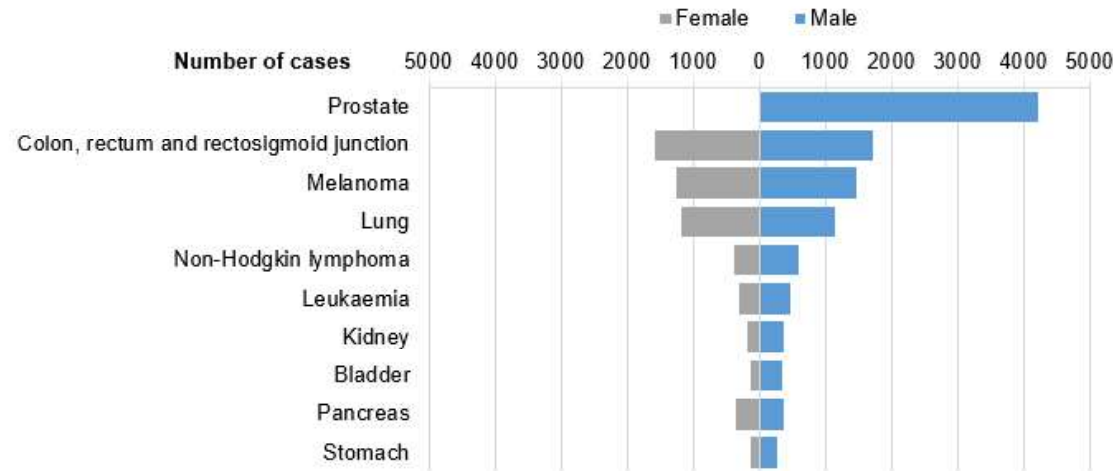
Risk of Gastric Cancer

- NZ: 2015 - 383 cases (235M, 148 F) Incidence Rate = 5.3/100000 • 70% from developing countries, 50% from Eastern Asia
- **Increased Risk** • Chronic Atrophic Gastritis • Intestinal Metaplasia • Gastric Adenoma • FHx of Gastric Cancer • Li Fraumeni syndrome • Blood type A • Low fruit and vegetable consumption • Salted, smoked or poorly preserved foods • Cigarette smoking (60% higher risk in male smokers, 20% female smokers) • Radiation exposure • Helicobacter pylori – antrum and body adenocarcinoma and lymphoma
- **Reduced Risk** - Smoking cessation RR 1.2 vs 1.6 • Hp eradication RR 0.65 (1.7%→1.1%), incidence reduced by 39% (not mortality)

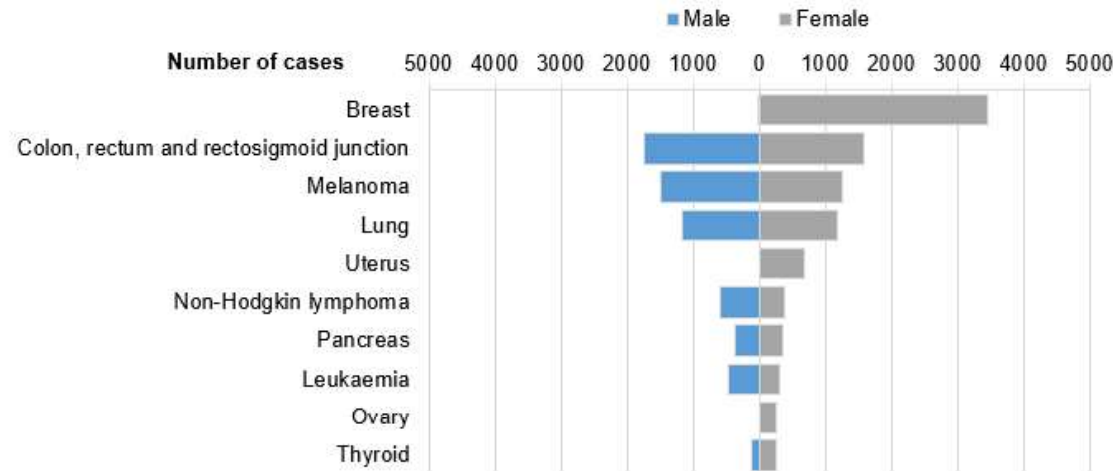
Gastric Cancer in NZ

- 2009 – 370 Gastric Cancers

The 10 most common cancers in males, 2019



The 10 most common cancers in females, 2019



Source: New Zealand Cancer Registry