

SEQUENCE OF ESOPHAGEAL AND GASTRIC CANCER WORK UP

Goal: Staging work up & surgical, medical oncology and radiation oncology consults completed within 2 weeks from time of referral.

Patient presents to primary care provider (PCP) or other provider with symptoms (dysphagia, anemia, weight loss, other).



Endoscopy with biopsy is performed. Biopsy proven esophageal or gastric cancer (or suspicious mass on imaging and biopsies non-diagnostic).



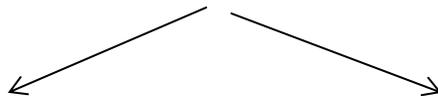
Patient is referred to VPCI Cancer Care Coordinator by PCP, Gastroenterology, Medical Oncology, Surgeon or self-referral. If unsure who to contact, call 855-235-VPCI (8724).



VPCI Cancer Care Coordinator contacts patient: Explains coordinator role and what to expect for remaining diagnostic work up and consults. Care Coordinator communicates with provider regarding new patient and work up to be arranged.



- CT Chest/Abdomen/Pelvis with oral and IV contrast
- Lab Work – CBC, BMP, LFTs, Renal Panel, Hepatitis B surface antigen, anti-hepatitis B core IgM



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Patients with Non-Metastatic Disease

- PET/CT to be done preferably prior to EUS – coordinate with radiation oncology to have done on treatment board at sites where this is possible
- Pre-procedure (EUS or Surgery) H&P completed within 30 days by primary care (or from hospital)
- Staging EUS
- EUS dictation to include Siewert Stage and TNM staging
- Surgical consult preferably after EUS, but at least after CT completed
- Second opinion review on pathology block slide not read by HPA GI pathologist
- Pathology confirms HER2-Neu testing completed on adenocarcinoma cases
- Medical Oncology consult
- Radiation Oncology consult
- Nutritional assessment and counseling – consideration for jejunostomy feeding tube
- Present case at multidisciplinary tumor conference
- Ensure ongoing communication with patient, family, and medical team, including primary care, regarding work up results and treatment plan

Patients with Stage IV or Suspicion for Metastatic Disease on CT Scan

- Discuss CT results with surgeon and medical oncologist
- Arrange additional biopsy, MRI or other testing as clinically indicated
- PET/CT, if needed to help with diagnosis
- Offer surgical consult
- Medical Oncology consult – priority
- Palliative Care consult
- Radiation Oncology consult for palliation
- GI consult for consideration of stent placement, if indicated
- Nutritional assessment and counseling
- Present case at multidisciplinary tumor conference, if needed

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