

The plague of stomach cancer

Dr Kan Yuk Man explains how to deal with it

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In most societies, food is culturally regarded as an important aspect of social interaction. It comes in the form of entertainment, the gift of sharing, and, even for some, a comfort tool. What we eat is what we are. The old adage, “the way to a man’s heart is through his stomach”, is still so true today whether you’re young or old, child or adult, woman or man. The stomach, which is the organ between the oesophagus and the small intestines, is where the process of digestion first begins. Eating for most people is a joyful activity, but when the process goes wrong and cancer develops in the stomach, the outcome can be very poor.

Stomach, or gastric, cancer is the fifth most common cancer in the world, with a higher incidence found in developed countries and in males. When first diagnosed, in most cases, the cancer has already spread to different parts of the body. The prognosis is very poor, and a cure is impossible. It’s generally a death sentence, with over 800,000 deaths reported annually worldwide. While it can be cured if it’s diagnosed at an early stage, 79 percent of people who are first diagnosed already have Stage 4 cancer, i.e., the cancer has spread to other parts of the body. Within five years, less than four percent of people with stage 4 stomach cancer are alive, with 96 percent having died from it regardless of age or health.

Symptoms of stomach cancer can be very subtle. Early cancer can be completely asymptomatic, but the patient can also experience a wide range of symptoms, from simple mild gastritis or heartburn to more sinister signs, such as persistent nausea and vomiting, unexplained weight loss, loss of appetite, dysphagia (difficulty swallowing), bleeding that leads

to black smelly stools (melaena), stomach pains, poor digestion, and vomiting blood (haematemesis).

What are the risk factors?

The recognised risk factors for developing stomach cancer are the presence of long-term gastritis (atrophic gastritis, intestinal metaplasia, dysplasia), smoking, excess alcohol, personal or family history of cancer, obesity, a sedentary life style, high dietary salt such as salting or pickling of food, a diet with high meat content, and the lack of fresh fruits and vegetables. In 1994, the WHO announced that the presence of the bacteria *helicobacter pylori* in the stomach can induce the development of cancer.

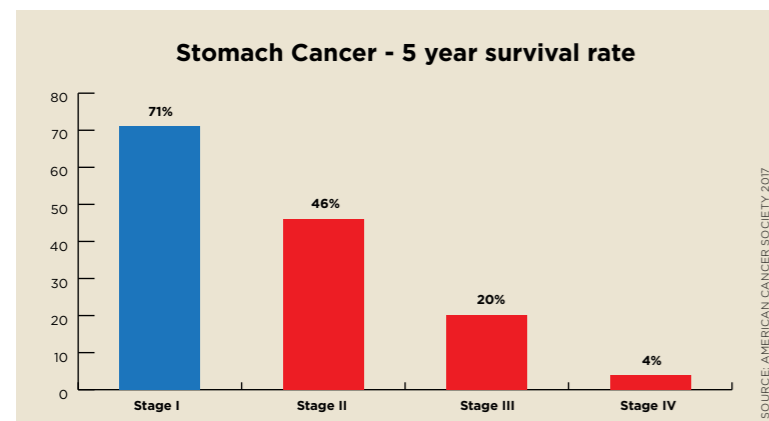
Prevention is always better than cure

In modern medical practice, prevention remains the main goal for any disease, and for stomach cancer this falls into two fronts:

The first is to tackle the risk factors mentioned earlier by adopting good habits, a good diet, and good health, meaning eating healthily with less salt, more fresh fruits, more vegetables, and less meat. STOP SMOKING is a must, as is reducing alcohol intake. Regular exercise and maintaining a healthy weight are also important for cutting the chances of developing stomach and other types of cancers. Eradication of any *helicobacter pylori* infection when it’s been detected (blood or stool sampling, breath testing, or directly sampling during gastroscopy) is another key factor in prevention. This is done by using a course of antibiotic therapy.

The second is to identify early changes before transformation of the stomach lining to cancerous cells can occur. Another aim of detection is to discover the cancer at an early stage. Detection is performed by “gastroscopy” which uses a flexible camera placed through the mouth into the stomach. This allows imaging of the lining of the stomach and for biopsies to be taken to examine for cellular changes or *helicobacter pylori* infection.

Those complaining of any of these symptoms or at high risk for stomach cancer should seek a medical assessment and undergo an endoscopy, if deemed necessary. There have been some new developments in the field of early detection with tests to identify the biomarker mRNA (GASTROclear™) in the blood stream for gastric cancer. This is being used as a screening tool and can lead to early detection and survival.



5-yr survival of stomach cancer after treatment (surgery/chemotherapy) according to stage of disease at time of presentation

Once detected and the cancer is found to be early, there are two modalities of treatment. The first techniques, EMR (Endoscopic Mucosal Resection) or ESD (Endoscopic Submucosal Dissection), are used when the cancer cells have been found only in the first layer of the stomach lining. They involve a gastroscopy to dissect off the superficial stomach lining where the cancer cells were identified. However, if the cancer has penetrated beyond the first layer, then surgery needs to be performed to remove part or all of the stomach with radical clearance of all the surrounding tissue (lymphatics). This surgery is called D2 Gastrectomy.

Medical treatment with new surgical techniques has come hand in hand with advancements in technology. For instance, keyhole, or laparoscopic, surgery can now be used to remove the stomach. Traditional surgery relied on a large incision, but the minimally invasive keyhole surgery uses a few small holes. By using such small incisions, there’s far less trauma and much shorter hospital stays, as well as

smaller wounds, faster recovery, less pain, less blood loss, and fewer complications.

After surgery, further treatment may be required in the form of chemotherapy, which will increase the chance of cure and survival. The new field of immunotherapy, where we boost the body’s own immune system, is currently used for stage 4 disease, with other promising developments looming on the horizon.

Survival is very much dependent on the stage of the cancer (see graph), and with prevention and early diagnosis, the outcome is far better and ensures the greatest chance of survival with a fruitful and healthy life. This again reiterates the need for awareness, with everyone being vigilant and mindful of any symptoms. Stay healthy and safe.

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