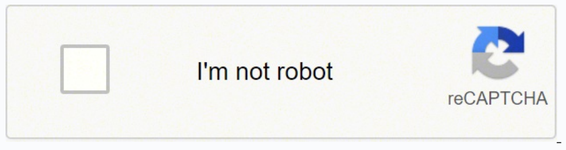

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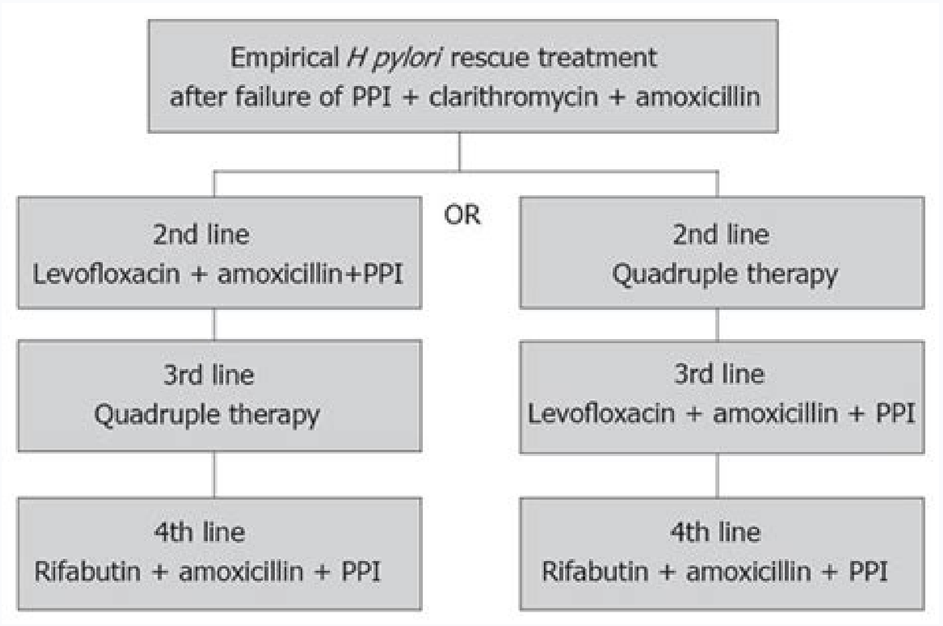
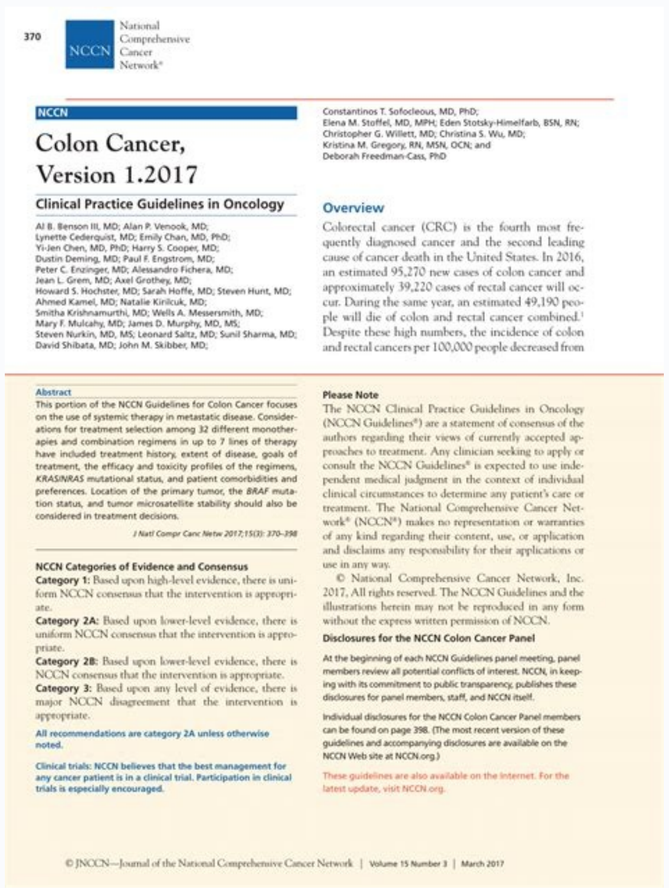
Korean gastric cancer treatment guidelines





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National Comprehensive Cancer Network

NCCN

Colon Cancer, Version 1.2017

Clinical Practice Guidelines in Oncology

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Overview

Colorectal cancer (CRC) is the fourth most frequently diagnosed cancer and the second leading cause of cancer death in the United States. In 2016, an estimated 95,270 new cases of colon cancer and approximately 39,220 cases of rectal cancer will occur. During the same year, an estimated 49,190 people will die of colon and rectal cancer combined.[1] Despite these high numbers, the incidence of colon and rectal cancers per 100,000 people decreased from

Abstract

This portion of the NCCN Guidelines for Colon Cancer focuses on the use of systemic therapy in metastatic disease. Considerations for treatment selection among 32 different monotherapies and combination regimens in up to 7 lines of therapy have included treatment history, extent of disease, goals of treatment, the efficacy and toxicity profiles of the regimens, *KRAS/NRAS* mutational status, and patient comorbidities and preferences. Location of the primary tumor, the *BRAF* mutation status, and tumor microsatellite stability should also be considered in treatment decisions.

J Natl Compr Canc Netw 2017;15(3): 370–398

NCCN Categories of Evidence and Consensus

Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

All recommendations are category 2A unless otherwise noted.

Clinical trials: NCCN believes that the best management for any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

Please Note

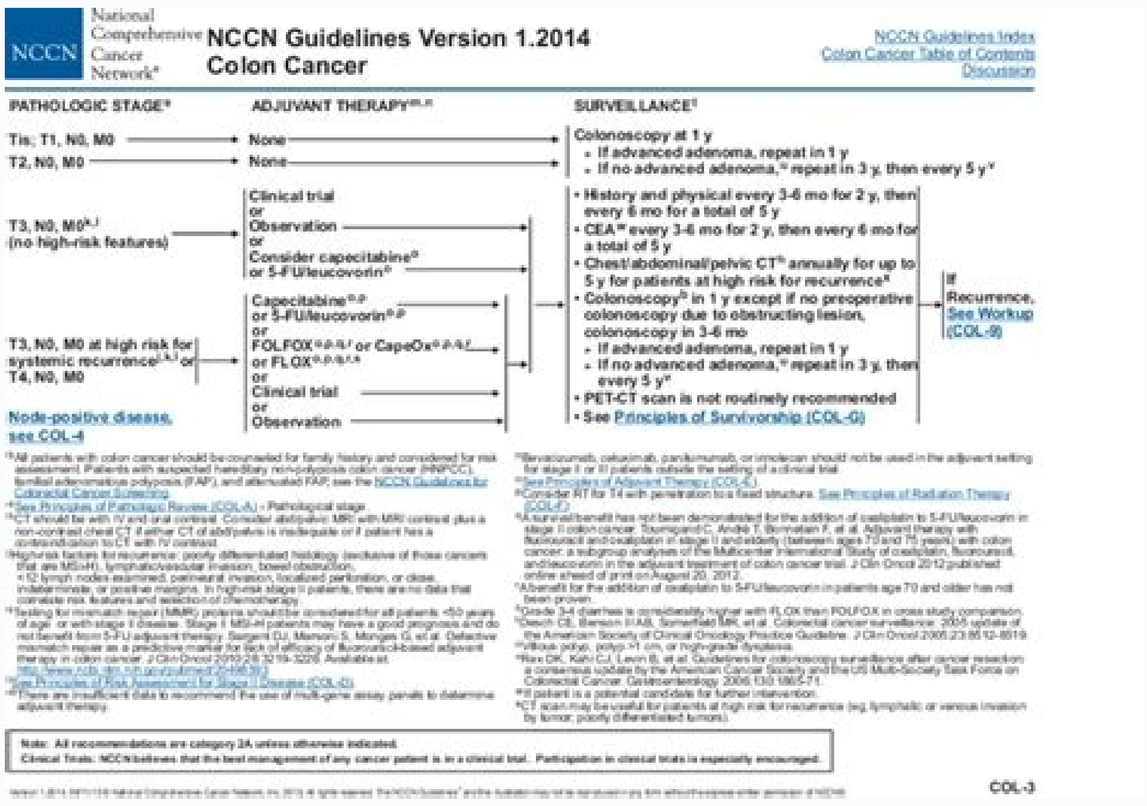
The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a statement of consensus of the authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult the NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network® (NCCN®) makes no representation or warranties of any kind regarding their content, use, or application and disclaims any responsibility for their applications or use in any way.

Disclosures for the NCCN Colon Cancer Panel

At the beginning of each NCCN Guidelines panel meeting, panel members review all potential conflicts of interest. NCCN, in keeping with its commitment to public transparency, publishes these disclosures for panel members, staff, and NCCN itself.

Individual disclosures for the NCCN Colon Cancer Panel members can be found on page 398. (The most recent version of these guidelines and accompanying disclosures are available on the NCCN Web site at NCCN.org.)

These guidelines are also available on the Internet. For the latest update, visit NCCN.org.



National Comprehensive Cancer Network

NCCN Guidelines Version 1.2014
Colon Cancer

NCCN Guidelines Index
Colon Cancer Table of Contents
Discussion

PATHOLOGIC STAGE[a] → **ADJUVANT THERAPY[m,n,o]** → **SURVEILLANCE[l]**

Tis, T1, N0, M0 → None

T2, N0, M0 → None

→ Colonoscopy at 1 y
- If advanced adenoma, repeat in 1 y
- If no advanced adenoma,[w] repeat in 3 y, then every 5 y[x]

T3, N0, M0[e,j] (no high-risk features) → Clinical trial or Observation or Consider capecitabine[b] or 5-FU/leucovorin[b]

T3, N0, M0 at high risk for systemic recurrence[i,k,j] or T4, N0, M0 → Capecitabine[b,p] or 5-FU/leucovorin[b,p] or FOLFOX[b,p,q,r] or CapeOx[b,p,q,r] or FLOX[b,p,q,r,s] or Clinical trial or Observation

→ Colonoscopy[b] in 1 y except if no preoperative colonoscopy due to obstructing lesion, colonoscopy in 3-6 mo
- If advanced adenoma, repeat in 1 y
- If no advanced adenoma,[w] repeat in 3 y, then every 5 y[x]

→ History and physical every 3-6 mo for 2 y, then every 6 mo for a total of 5 y
→ CEA[w] every 3-6 mo for 2 y, then every 6 mo for a total of 5 y
→ Chest/abdominal/pelvic CT[h] annually for up to 5 y for patients at high risk for recurrence[k]
→ PET-CT scan is not routinely recommended
→ See Principles of Survivorship (COL-G)

→ If Recurrence, See Workup (COL-9)

Node-positive disease, see COL-4

[a] All patients with colon cancer should be counseled for family history and considered for risk assessment. Patients with suspected hereditary non-polyposis colon cancer (HNPCC), familial adenomatous polyposis (FAP), and attenuated FAP, see the NCCN Guidelines for Colorectal Cancer Screening.
[e] See Principles of Pathology Review (COL-A) – Pathological stage
[h] CT should be with IV and oral contrast. Consider abd/pelvic MRI with MRI contrast plus a non-contrast chest CT if either CT of abd/pelvis is inadequate or if patient has a contraindication to CT with IV contrast.
[i] High-risk factors for recurrence: poorly differentiated histology (exclusive of those cancers that are MSI-H), lymphatic/vascular invasion, bowel obstruction, <12 lymph nodes examined, perineural invasion, localized perforation, or close, indeterminate, or positive margins. In high-risk stage II patients, there are no data that correlate risk features and selection of chemotherapy.
[j] Testing for mismatch repair (MMR) proteins should be considered for all patients <50 years of age, or with stage II disease. Stage II MSI-H patients may have a good prognosis and do not benefit from 5-FU adjuvant therapy. Sargent DJ, Marsoni S, Monges G, et al. Defective mismatch repair as a predictive marker for lack of efficacy of fluorouracil-based adjuvant therapy in colon cancer. J Clin Oncol 2010;28:3219-3226. Available at: http://www.ncbi.nlm.nih.gov/pubmed/20498393
[k] See Principles of Risk Assessment for Stage I Disease (COL-D).
[l] There are insufficient data to recommend the use of multi-gene assay panels to determine adjuvant therapy.
[m] Bevacizumab, cetuximab, panitumumab, or irinotecan should not be used in the adjuvant setting for stage II or III patients outside the setting of a clinical trial.
[n] See Principles of Adjuvant Therapy (COL-E).
[o] Consider RT for T4 with penetration to a fixed structure. See Principles of Radiation Therapy (COL-F).
[p] A survival benefit has not been demonstrated for the addition of oxaliplatin to 5-FU/leucovorin in stage II colon cancer. Tournigand C, André T, Bonnetain F, et al. Adjuvant therapy with fluorouracil and oxaliplatin in stage II and elderly (between ages 70 and 75 years) with colon cancer: a subgroup analyses of the Multicenter International Study of oxaliplatin, fluorouracil, and leucovorin in the adjuvant treatment of colon cancer trial. J Clin Oncol 2012 published online ahead of print on August 20, 2012.
[q] A benefit for the addition of oxaliplatin to 5-FU/leucovorin in patients age 70 and older has not been proven.
[r] Grade 3-4 diarrhea is consistently higher with FLOX than FOLFOX in cross study comparison.
[s] Desch CE, Benson III AB, Somerfield MR, et al. Colorectal cancer surveillance: 2005 update of the American Society of Clinical Oncology Practice Guideline. J Clin Oncol 2005;23:8512-8519.
[w] Villous polyp, polyp >1 cm, or high-grade dysplasia.
[x] Rex DK, Kahi CJ, Levin B, et al. Guidelines for colonoscopy surveillance after cancer resection: a consensus update by the American Cancer Society and the US Multi-Society Task Force on Colorectal Cancer. Gastroenterology 2006;130:1865-71.

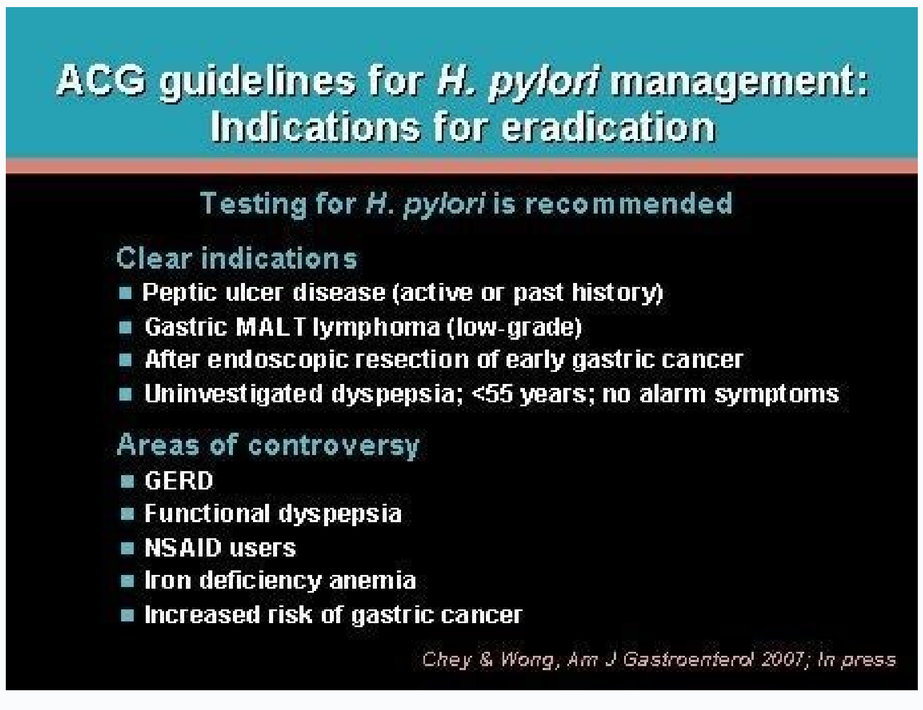
Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

COL-3

Table 1. CRAB Criteria Used in the Diagnosis of Multiple Myeloma

	Symptom	Diagnostic Criteria	Management
C	HyperCalcemia	Corrected serum calcium >11.5 mg/dL	Hydration and IV bisphosphonates; additional agents include corticosteroids and calcitonin
R	Renal insufficiency	Serum creatinine >2 mg/dL	Correct hypercalcemia and possible dehydration; avoid nephrotoxic agents such as NSAIDs
A	Anemia	Hemoglobin <10 g/dL or >2 g/dL below the lower limit of the normal range	Correct iron, folate, and vitamin B_{12} deficiency; consider use of erythropoietic agent if symptomatic and not receiving immunomodulatory agents
B	Bone disease	Severe osteopenia, lytic lesions, pathologic fractures, and/or pain	Monitoring required with use of bisphosphonates in the prevention of skeletal-related events

NSAID: nonsteroidal anti-inflammatory drug. Source: References 4, 10, 11.



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Imaging tests can help help if any of the tissues in your organs look abnormal. Based on the type of cells from which the cancer originates, most patients exhibit one of these types of pancreatic cancers:Exocrine (Nonendocrine) Pancreatic Cancer: This type of pancreatic cancer originates from the exocrine cells that form the exocrine gland and pancreatic ducts. This organ¢ÃÂÂs purpose is to secrete enzymes that help your body digest food. For example, adenocarcinoma of the breast might cause a lump or unusual growth. Stage one cancer is localized to the area of diagnosis. In fact, most people don¢ÃÂÂt even know what it does. Stage four cancer has metastasized or spread to other organs in the body.Treatment OptionsTreating adenocarcinoma depends on where the cancer originated and how far advanced the disease has become. One common surgical method is the Whipple procedure, which involves removing the head of the pancreas. The exocrine gland produces the enzymes that help break down food, whereas the pancreatic ducts carry these enzymatic juices to the common bile duct. However, if an individual is suspected of having the disease, several diagnostic tests can be performed.Ã ÂVarious imaging techniques, including computerized tomography (CT) scan, positron emission tomography (PET) scan, magnetic resonance imaging (MRI), ultrasound, and endoscopic retrograde cholangiopancreatography (ERCP), are often used to determine if a pancreatic tumor is present. Adenocarcinoma cancers being usually in one of the following organs: prostate, breast, colon, lung or pancreas.SymptomsSince adenocarcinoma is a cancer that can develop in a number of different places in the body, there is no definitive list of symptoms that doctors can rely on to point towards this cancer being the cause. Stages one through three represent the spread of the cancer. The best advice is to pay attention to your body. However, some types of pancreatic cancer may be treatable with the stol HTIW on your gnitaEthgiew a yhtlaeh a gniniatniaMstcudorp occabot fo eht esu gnippotS: spets gniwollof eht yb gnikat sksir rieht ecuder nac elpoep ynam tub, yletelpmoc recnac citaercnap tneverp ot syaw nevorp is the era erehT recnaC citaercnaP tneverP ot syaW erehT batch Ã Â Ã? .recnac citaercnap gnisongaid rof dohtem etarucca tsom eht si eussit lautca eht yduts Nos yspoib a gniniatbo, revewoH .recnac citaercnap esongaid pleh Osla nac slenap yrtsimehc dNA stset noitcnuf REVIL SA SA llew srekram scrap gnitalucric rof stset barrister Doolb .srecnac cificeps HTIW detaicossa eb yam Osla DOOLB EHT NIA SLACIMEHC NIATREC .SLLEC RECNAC FFO LLIK OT SGURD FFO LLIK OT SGURD FO EHPA YPARATHOMEHC: YPARHETHOMEHC.DAERPS EVAH YEHT HCIHW OT SEERA REHERA DNA SAERCNAP EHT NI SLLEC RECNAC EHT LLIK OT DESU ERA SMAEB YGRENE-HGIH, YPAREHT NITAIDAR HTIIHT: YPAREHT NITAIDAR HTIItIt witchzilobmeoidar DNA, witchzilobmeomehc, witchzilobme 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Depending on the location of the cancer, you may have symptoms related to that particular organ. Various medications are used for this technique, including immune checkpoint inhibitors. PROJECT PROVIELINES: Because pancreatic cancer is often accompanied by a poor prognosis, many people join clinical trials to explore new ways to treat their disease. Often, the accumulable cells turn into a mass that forms a tumor. There are several factors that can increase a person’s risk for pancreatic cancer, including: Age: The risk of pancreatic cancer increases with age. If adenocarcinoma of the colon is suspected, he will probably undergo a colonoscopy so that the doctor can have a good look inside the colon. From there, your doctor will need to decide which tests to run to see if adenocarcinoma is a possible diagnosis. Despite this, pancreatic cancer is among the most deadly types of cancer, which is why it is extremely important to know and recognize the signs and symptoms typical of this disease. As the name suggests, pancreatic cancer is a type of cancer that first develops in the tissues of the pancreas. There are various types of exocrine pancreatic cancer. Embolization uses the injection of substances to block blood flow to the tumor. It also secretes the hormones responsible for regulating blood glucose levels. Blood cancer is often associated with a very poor prognosis because it is rarely detected in its early stages and the signs and symptoms of the disease are not always apparent until it is always apparent is too late. In any case, surgery always involves risks, such as bleeding or infection.Ablation or embolization: These treatment strategies are several ways to remove pancreatic tumors without surgery. surgery.

Whether you or someone you love has cancer, knowing what to expect can help you cope. From basic information about cancer and its causes to in-depth information on specific cancer types – including risk factors, early detection, diagnosis, and treatment options – you’ll find it here. Cancer treatment side effects: A guide for Aboriginal Health Workers If you would like copies of the new version of this booklet please contact us. The booklet is aimed at Aboriginal Health Workers (AHWs), to assist them in caring for their community members undergoing cancer ... Importance It is not clear whether laparoscopic and open distal gastrectomy produce similar outcomes among patients with locally advanced gastric cancer. Data from a multicenter, randomized clinical trial (Chinese Laparoscopic Gastrointestinal Surgical Study [CLASS]–01) showed that laparoscopic distal gastrectomy did not result in inferior disease-free survival at 3 ... 7/2/2022 · This information describes the dietary (eating and drinking) guidelines you will need to follow after your gastric bypass (gastrojejunostomy) or Whipple procedure (pancreaticoduodenectomy). Your clinical dietitian nutritionist will review this information with you before you leave the hospital. If ... 17/2/2022 · Medicinal mushrooms have been used for hundreds of years, mainly in Asian countries, for treatment of infections.More recently, they have also been used in the treatment of pulmonary diseases and cancer.Medicinal mushrooms have been approved adjuncts to standard cancer treatments in Japan and China for more than 30 years and have an extensive clinical … Stomach cancer, also known as gastric cancer, is a cancer that develops from the lining of the stomach. Most cases of stomach cancers are gastric carcinomas, which can be divided into a number of subtypes, including gastric adenocarcinomas. Lymphomas and mesenchymal tumors may also develop in the stomach. Early symptoms may include heartburn, upper abdominal ...

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