Treating Stomach Cancer

General treatment information

Once your cancer has been diagnosed and staged, there is a lot to think about before you and your doctors choose a treatment plan. You may feel that you must make a decision quickly, but it is important to give yourself time to absorb the information you have just learned. Ask your cancer care team questions. You can find some good questions to ask in What Should You Ask Your Doctor About Stomach Cancer?

The main treatments for stomach cancer are:

- Surgery
- Chemotherapy
- Targeted therapy
- Radiation therapy

Often the best approach uses 2 or more of these treatment methods.

You will want to weigh the benefits of each treatment against the possible risks and side effects. Your treatment options depend on many factors. The location and the stage (extent of spread) of the tumor are very important. In choosing your treatment plan, you and your cancer care team will also take your age, general state of health, and personal preferences into account.

It is important to have a team of doctors with different specialties involved in your care before plans for treating your stomach cancer are made. Most likely, your team will include:

- A gastroenterologist: a doctor who specializes in treatment of diseases of the digestive system.
- A surgical oncologist: a doctor who treats cancer with surgery.
- A medical oncologist: a doctor who treats cancer with medicines such as
chemotherapy.

- **A radiation oncologist**: a doctor who treats cancer with radiation therapy.

Many other specialists may be involved in your care as well, including nurse practitioners, nurses, nutrition specialists, social workers, and other health professionals.

It is important that you understand the goal of your treatment — whether it is to try to cure your cancer or to keep the cancer under control or relieve symptoms — before starting treatment. If the goal of your treatment is a cure, you will also receive treatment to relieve symptoms and side effects. If a cure is not possible, treatment is aimed at keeping the cancer under control for as long as possible and relieving symptoms, such as trouble eating, pain, or bleeding.

If time permits, you may want to get a second opinion about your treatment options. A second opinion can provide you with more information and help you feel more confident about the treatment plan that you choose.

**Thinking about taking part in a clinical trial**

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases, they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they are not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. You can also call our clinical trials matching service at 1-800-303-5691 for a list of studies that meet your medical needs, or see [Clinical Trials](#) to learn more.

**Considering complementary and alternative methods**

You may hear about alternative or complementary methods that your doctor hasn’t mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor’s medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be dangerous.
Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision. See the Complementary and Alternative Medicine section of our website to learn more.

Help getting through cancer treatment

Your cancer care team will be your first source of information and support, but there are other resources for help when you need it. Hospital- or clinic-based support services are an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, support groups, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists on call 24 hours a day, every day.

The next few sections describe the different types of treatment for stomach cancer. This is followed by a discussion of the most common treatment options based on the extent of the cancer.

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Surgery for Stomach Cancer

Surgery is part of the treatment for many different stages of stomach cancer if it can be done. If a patient has a stage 0, I, II, or III cancer and is healthy enough, surgery (often along with other treatments) offers the only realistic chance for cure at this time.

Surgery may be done to remove the cancer and part or all of the stomach and some nearby lymph nodes, depending on the type and stage of stomach cancer. The surgeon will try to leave behind as much normal stomach as possible. Sometimes other organs will need to be removed as well.

Even when the cancer is too widespread to be removed completely, patients may be
helped by surgery because it may help prevent bleeding from the tumor or prevent the stomach from being blocked by tumor growth. This type of surgery is called *palliative surgery*, meaning that it relieves or prevents symptoms but it is not expected to cure the cancer.

The type of operation usually depends on what part of the stomach the cancer is in and how much cancer is in the surrounding tissue. Different kinds of surgery can be used to treat stomach cancer:

**Endoscopic resection**

Endoscopic mucosal resection and endoscopic submucosal resection can be used only to treat some very early-stage cancers, where the chance of spread to the lymph nodes is very low.

These procedures do not require a cut (incision) in the skin. Instead, the surgeon passes an endoscope (a long, flexible tube with a small video camera on the end) down the throat and into the stomach. Surgical tools can be passed through the endoscope to remove the tumor and part of the normal stomach wall around it.

These are not done as much in the United States as they are in countries (like Japan) where stomach cancer is more common and more often found at an early stage due to screening. If you are going to have this kind of surgery, it should be at a center that has experience with this technique.

**Subtotal (partial) gastrectomy**

This operation is often recommended if the cancer is only in the lower part of the stomach. It is also sometimes used for cancers that are only in the upper part of the stomach.

Only part of the stomach is removed, sometimes along with part of the esophagus or the first part of the small intestine (the duodenum). The remaining section of stomach is then reattached. Some of the omentum (an apron-like layer of fatty tissue that covers the stomach and intestines) is removed as well, along with nearby lymph nodes, and possibly the spleen and parts of other nearby organs.

Eating is much easier after surgery if only part of the stomach is removed instead of the entire stomach.

**Total gastrectomy**
This operation is done if the cancer has spread throughout the stomach. It is also often advised if the cancer is in the upper part of the stomach, near the esophagus.

The surgeon removes the entire stomach, nearby lymph nodes, and omentum, and may remove the spleen and parts of the esophagus, intestines, pancreas, or other nearby organs. The end of the esophagus is then attached to part of the small intestine. This allows food to move down the intestinal tract. But people who have had their stomach removed can only eat a small amount of food at a time. Because of this, they must eat more often.

Most subtotal and total gastrectomies are done through a large incision (cut) in the skin of the abdomen. In some centers, they can be done using laparoscopy, which allows the stomach to be removed through several smaller cuts in the abdomen. Although this approach shows promise, many doctors feel that this needs to be studied further before it can be considered a standard treatment for stomach cancer.

**Placement of a feeding tube**

Some patients have trouble taking in enough nutrition after surgery for stomach cancer. Further treatment like chemotherapy with radiation can make this problem worse. To help with this, a tube can be placed into the intestine at the time of gastrectomy. The end of this tube, called a **jejunostomy tube** or **J tube**, remains outside of the skin on the abdomen. Through this, liquid nutrition can be put directly into the intestine to help prevent and treat malnutrition.

**Lymph node removal**

In either a subtotal or total gastrectomy, the nearby lymph nodes are removed. This is a very important part of the operation. Many doctors feel that the success of the surgery is directly related to how many lymph nodes the surgeon removes.

In the United States, it is recommended that at least 15 lymph nodes are removed (called a **D1 lymphadenectomy**) when a gastrectomy is done. Surgeons in Japan have had very high success rates by removing even more lymph nodes near the cancer (called a **D2 lymphadenectomy**).

Surgeons in Europe and the United States have not been able to equal the results of the Japanese surgeons. It is not clear if this is because Japanese surgeons are more experienced (stomach cancer is much more common in their country), because Japanese patients tend to have earlier stage disease (because they screen for stomach cancer) and are healthier, or if other factors play a role.
In any event, it takes a skilled surgeon who is experienced in stomach cancer surgery to remove all the lymph nodes successfully. Ask your surgeon about his or her experience in operating on stomach cancer. Studies have shown that the results are better when both the surgeon and the hospital have had extensive experience in treating patients with stomach cancer.

**Palliative surgery for unresectable cancer**

For people with unresectable stomach cancer, surgery can often still be used to help control the cancer or to help prevent or relieve symptoms or complications.

**Subtotal gastrectomy:** For some people who are healthy enough for surgery, removing the part of the stomach with the tumor can help treat problems such as bleeding, pain, or blockage in the stomach, even if it does not cure the cancer. Because the goal of this surgery is not to cure the cancer, nearby lymph nodes and parts of other organs usually do not need to be removed.

**Gastric bypass (gastrojejunostomy):** Tumors in the lower part of the stomach may eventually grow large enough to block food from leaving the stomach. For people healthy enough for surgery, one option to help prevent or treat this is to bypass the lower part of the stomach. This is done by attaching part of the small intestine (called the jejunum) to the upper part of the stomach, which allows food to leave the stomach through the new connection.

**Endoscopic tumor ablation:** In some cases, such as in people who are not healthy enough for surgery, an endoscope (a long, flexible tube passed down the throat) can be used to guide a laser beam to vaporize parts of the tumor. This can be done to stop bleeding or help relieve a blockage without surgery.

**Stent placement:** Another option to keep a tumor from blocking the opening at the beginning or end of the stomach is to use an endoscope to place a stent (a hollow metal tube) in the opening. This helps keep it open and allows food to pass through it. For tumors in the upper (proximal) stomach, the stent is placed where the esophagus and stomach meet. For tumors in the lower (distal) part of the stomach, the stent is placed at the junction of the stomach and the small intestine.

**Feeding tube placement:** Some people with stomach cancer are not able to eat or drink enough to get adequate nutrition. A minor operation can be done to place a feeding tube through the skin of the abdomen and into the distal part of the stomach (known as a *gastrostomy tube* or *G tube*) or into the small intestine (known as a *jejunalostomy tube* or *J tube*). Liquid nutrition can then be put directly into the tube.
Possible complications and side effects of surgery

Surgery for stomach cancer is difficult and can have complications. These can include bleeding from the surgery, blood clots, and damage to nearby organs during the operation. Rarely, the new connections made between the ends of the stomach or esophagus and small intestine may leak.

Surgical techniques have improved in recent years, so only about 1% to 2% of people die from surgery for stomach cancer. This number is higher when the operation is more extensive, such as when all the lymph nodes are removed, but it is lower in the hands of highly skilled surgeons.

You will not be allowed to eat or drink anything for at least a few days after a total or subtotal gastrectomy. This is to give the digestive tract time to heal and to make sure there are no leaks in parts that have been sewn together during the operation.

You may develop side effects after you recover from surgery. These can include nausea, heartburn, abdominal pain, and diarrhea, particularly after eating. These side effects result from the fact that once part or all of the stomach is removed, food enters the intestines too quickly after eating. The side effects often get better over time, but in some people they can last for a long time. Your doctor might prescribe medicines to help with this.

Changes in your diet will be needed after a partial or total gastrectomy. The biggest change is that you will need to eat smaller, more frequent meals. The amount of stomach removed will affect how much you need to change the way you eat.

The stomach helps the body absorb some vitamins, so people who have had a subtotal or total gastrectomy may develop vitamin deficiencies. If certain parts of the stomach are removed, doctors routinely prescribe vitamin supplements, some of which can only be injected.

Before your surgery, ask your surgeon how much of the stomach he or she intends to remove. Some surgeons try to leave behind as much of the stomach as they can to allow patients to eat more normally afterward. The tradeoff is that the cancer might be more likely to come back. The extent of the surgery should be discussed with your doctor before it is done.

It cannot be stressed enough that you should make sure your surgeon is experienced in treating stomach cancer and able to perform the most up-to-date operations to reduce your risk of complications. To learn more about surgery for cancer, see Cancer Surgery.
Chemotherapy for Stomach Cancer

Chemotherapy (chemo) uses anti-cancer drugs that are injected into a vein or given by mouth as pills. These drugs enter the bloodstream and reach all areas of the body, making this treatment useful for cancer that has spread to organs beyond where it started.

Chemo can be used in different ways to help treat stomach cancer:

- Chemo can be given before surgery for stomach cancer. This, known as neoadjuvant treatment, can shrink the tumor and possibly make surgery easier. It may also help keep the cancer from coming back and help patients live longer. For some stages of stomach cancer, neoadjuvant chemo is one of the standard treatment options. Often, chemo is then given again after surgery.
- Chemo may be given after surgery to remove the cancer. This is called adjuvant treatment. The goal of adjuvant chemo is to kill any cancer cells that may have been left behind but are too small to see. This can help keep the cancer from coming back. Often, for stomach cancer, chemo is given with radiation therapy after surgery. This combination is called chemoradiation. This may be especially helpful for cancers that could not be removed completely by surgery.
- Chemo may be given as the primary (main) treatment for stomach cancer that has spread (metastasized) to distant organs. It may help shrink the cancer or slow its growth, which can relieve symptoms for some patients and help them live longer.

Doctors give chemo in cycles, with each period of treatment followed by a rest period to allow the body time to recover. Each cycle typically lasts for a few weeks.

A number of chemo drugs can be used to treat stomach cancer, including:
5-FU (fluorouracil), often given along with leucovorin (folinic acid)
• Capecitabine (Xeloda®)
• Carboplatin
• Cisplatin
• Docetaxel (Taxotere®)
• Epirubicin (Ellence®)
• Irinotecan (Camptosar®)
• Oxaliplatin (Eloxatin®)
• Paclitaxel (Taxol®)

Depending on the situation (including the stage of the cancer, the person’s overall health, and whether chemo is combined with radiation therapy), these drugs may be used alone or combined with other chemotherapy or targeted drugs.

Some common drug combinations used when surgery is planned include:

• ECF (epirubicin, cisplatin, and 5-FU), which may be given before and after surgery
• Docetaxel or paclitaxel plus either 5-FU or capecitabine, combined with radiation as treatment before surgery
• Cisplatin plus either 5-FU or capecitabine, combined with radiation as treatment before surgery
• Paclitaxel and carboplatin, combined with radiation as treatment before surgery

When chemo is given with radiation after surgery, a single drug such as 5-FU or capecitabine may be used.

To treat advanced stomach cancer, ECF may also be used, but other combinations may also be helpful. Some of these include:

• DCF (docetaxel, cisplatin and 5-FU)
• Irinotecan plus cisplatin
• Irinotecan plus 5-FU or capecitabine
• Oxaliplatin plus 5-FU or capecitabine

Many doctors prefer to use combinations of 2 chemo drugs to treat advanced stomach cancer. Three-drug combinations can have more side effects, so they are usually reserved for people who are in very good health and who can be followed closely by their doctor.

Side effects of chemotherapy

Chemo drugs attack cells that are dividing quickly, which is why they work against
cancer cells. But other cells in the body, such as those in the bone marrow (where new blood cells are made), the lining of the mouth and intestines, and the hair follicles, also divide quickly. These cells can also be affected by chemo, which can lead to side effects. The type of side effect depends on the type of drugs, the amount taken, and the length of treatment. Short-term side effects common to most chemotherapy drugs can include:

- Nausea and vomiting
- Loss of appetite
- Hair loss
- Diarrhea
- Mouth sores
- Increased chance of infection (from a shortage of white blood cells)
- Bleeding or bruising after minor cuts or injuries (from a shortage of platelets)
- Fatigue and shortness of breath (from a shortage of red blood cells)

These side effects are usually short-term and go away once treatment is finished. For example, hair will usually grow back after treatment ends. Be sure to tell your cancer care team about any side effects you have because there are often ways to lessen them. For example, you can be given drugs to prevent or reduce nausea and vomiting.

Some chemotherapy drugs have specific side effects. You should be given specific information about each drug you are receiving and you should review it before you start treatment.

**Neuropathy:** Cisplatin, oxaliplatin, docetaxel, and paclitaxel can damage nerves outside the brain and spinal cord. This can sometimes lead to symptoms (mainly in the hands and feet) such as pain, burning or tingling sensations, sensitivity to cold or heat, or weakness. In most cases this goes away once treatment is stopped, but it may be long-lasting in some patients. Oxaliplatin can also affect nerves in the throat, causing throat pain that is worse when trying to eat or drink cold liquids or foods. This pain can lead to trouble swallowing or even breathing, and can last a few days after treatment.

**Heart damage:** Doxorubicin, epirubicin, and some other drugs may cause permanent heart damage if used for a long time or in high doses. For this reason, doctors carefully control the doses and use heart tests such as echocardiograms or MUGA scans to monitor heart function. Treatment with these drugs is stopped at the first sign of heart damage.

**Hand-foot syndrome** can occur during treatment with capecitabine or 5-FU (when given as an infusion). This starts out as redness in the hands and feet, which can then progress to pain and sensitivity in the palms and soles. If it worsens, blistering or skin
peeling can occur, sometimes leading to open, painful sores. There is no specific treatment, although some creams may help. These symptoms gradually get better when the drug is stopped or the dose is decreased. The best way to prevent severe hand-foot syndrome is to tell your doctor when early symptoms come up, so that the drug dose can be changed.

To learn more about chemotherapy, see Chemotherapy.

- References
  See all references for Stomach Cancer

Targeted Therapies for Stomach Cancer

Targeted drugs may work in some cases when standard chemo drugs don’t. They also tend to have fewer severe side effects than standard chemo drugs.

Chemotherapy (chemo) drugs target cells that divide rapidly, which is why they often work against cancer cells. But there are other aspects of cancer cells that make them different from normal cells. In recent years, researchers have developed new drugs to try to target these differences.

Trastuzumab

About 1 out of 5 of stomach cancers has too much of a growth-promoting protein called HER2/neu (or just HER2) on the surface of the cancer cells. Tumors with increased levels of HER2 are called HER2-positive.

Trastuzumab (Herceptin) is a monoclonal antibody, a man-made version of a very specific immune system protein, which targets the HER2 protein. Giving trastuzumab with chemo can help some patients with advanced, HER2-positive stomach cancer live longer than giving chemo alone.

This drug only works if the cancer cells have too much HER2, so samples of your tumor
must be tested to look for HER2 before starting treatment (see How Is Stomach Cancer Diagnosed?). It is not used in people whose cancer is HER2-negative.

Trastuzumab is injected into a vein (IV). For stomach cancer it is given once every 2 or 3 weeks along with chemo. The best length of time to give it is not yet known.

The side effects of trastuzumab tend to be relatively mild. They can include fever and chills, weakness, nausea, vomiting, cough, diarrhea, and headache. These side effects occur less often after the first dose. This drug can also rarely lead to heart damage. The risk of heart damage is increased if trastuzumab is given with certain chemo drugs called anthracyclines, such as epirubicin (Ellence) or doxorubicin (Adriamycin).

Ramucirumab

In order for cancers to grow and spread, they need to create new blood vessels so that the tumors get blood and nutrients. One of the proteins that tells the body to make new blood vessels is called VEGF. VEGF binds to cell surface proteins called receptors to act. Ramucirumab (Cyramza®) is a monoclonal antibody that binds to a receptor for VEGF. This keeps VEGF from binding to the receptor and signaling the body to make more blood vessels. This can help slow or stop the growth and spread of cancer.

Ramucirumab is used to treat advanced stomach cancer, most often after another drug stops working.

This drug is given as infusion into a vein (IV) every 2 weeks.

The most common side effects of this drug are high blood pressure, headache, and diarrhea. Rare but possibly serious side effects include blood clots, severe bleeding, holes forming in the stomach or intestines (called perforations), and problems with wound healing. If a hole forms in the stomach or intestine it can lead to severe infection and may require surgery to correct.

Other targeted drugs

Other targeted therapy drugs are being tested against stomach cancer. Some of these also focus on the HER2 protein, while others have different targets. Some of these drugs are discussed in more detail in What’s New in Stomach Cancer Research and Treatment?

You can read more about targeted therapy in Targeted Therapy.
Radiation therapy uses high-energy rays or particles to kill cancer cells in a specific area of the body. Radiation can be used in different ways to help treat stomach cancer:

- Before surgery for some cancers, radiation can be used along with chemotherapy (chemo) to try to shrink the tumor to make surgery easier.
- After surgery, radiation therapy can be used to kill very small remnants of the cancer that cannot be seen and removed during surgery. Radiation therapy — especially when combined with chemo drugs such as 5-FU — may delay or prevent cancer recurrence after surgery and may help patients live longer.
- Radiation therapy can be used to slow the growth and ease the symptoms of advanced stomach cancer, such as pain, bleeding, and eating problems.

*External beam radiation therapy* is the type of radiation therapy often used to treat stomach cancer. This treatment focuses radiation on the cancer from a machine outside the body. Often, special types of external beam radiation, such as *three-dimensional conformal radiation therapy* (3D-CRT) and *intensity modulated radiation therapy* (IMRT) are used. These use computers and special techniques to focus the radiation on the cancer and limit the damage to nearby normal tissues.

Before your treatments start, the radiation team will take careful measurements to determine the correct angles for aiming the radiation beams and the proper dose of radiation. Radiation therapy is much like getting an x-ray, but the radiation is much stronger. The procedure itself is painless. Each treatment lasts only a few minutes, although the setup time — getting you into place for treatment — usually takes longer. Treatments are usually given 5 days a week over several weeks or months. *Side effects* from radiation therapy for stomach cancer can include:

- Skin problems, ranging from redness to blistering and peeling, in the area where
The radiation passed through
- Nausea and vomiting
- Diarrhea
- Fatigue
- Low blood cell counts

These usually go away within several weeks after the treatment is finished.

When radiation is given with chemotherapy, side effects are often worse. Patients may have problems eating and getting enough fluids. Some need to have fluids given into a vein (IV) or have a feeding tube placed to get nutrition during treatment.

Please be sure to tell your doctor about any side effects you have, because there are often ways to relieve them.

Radiation might also damage nearby organs that are exposed to the beams. This could lead to problems such as heart or lung damage, or even an increased risk of another cancer later on. Doctors do everything they can to prevent this by using only the needed dose of radiation, carefully controlling where the beams are aimed, and shielding certain parts of the body from the radiation during treatment.

It is very important that you get treated at a center that has extensive experience in treating stomach cancer.

More information on radiation therapy can be found in Radiation Therapy.

- References
  See all references for Stomach Cancer

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Treatment Choices by Type and Stage of Stomach Cancer
Treatment of stomach cancer depends to a large degree on where the cancer started in the stomach and how far it has spread.

**Stage 0**

Because stage 0 cancers are limited to the inner lining layer of the stomach and have not grown into deeper layers, they can be treated by surgery alone. No chemotherapy or radiation therapy is needed.

Surgery with either subtotal gastrectomy (removal of part of the stomach) or total gastrectomy (removal of the entire stomach) is often the main treatment for these cancers. Nearby lymph nodes are removed as well.

Some small stage 0 cancers can be treated by endoscopic resection. In this procedure the cancer is removed through an endoscope passed down the throat. This is done more often in Japan, where stomach cancer is often detected early during screening. It is rare to find stomach cancer so early in the United States, so this treatment has not been used as much here. If it is done, it should be at a cancer center that has a great deal of experience with this technique.

**Stage I**

**Stage IA:** People with stage IA stomach cancer typically have their cancer removed by total or subtotal gastrectomy. The nearby lymph nodes are also removed. Endoscopic resection may rarely be an option for some small T1a cancers. No further treatment is usually needed after surgery.

**Stage IB:** The main treatment for this stage of stomach cancer is surgery (total or subtotal gastrectomy). Chemotherapy (chemo) or chemoradiation (chemo plus radiation therapy) may be given before surgery to try to shrink the cancer and make it easier to remove.

After surgery, patients whose lymph nodes (removed at surgery) show no signs of cancer spread are sometimes observed without further treatment, but often doctors will recommend treatment with either chemoradiation or chemo alone after surgery (especially if the patient didn’t get one of these before surgery). Patients who were treated with chemo before surgery may get the same chemo (without radiation) after surgery.

If cancer is found in the lymph nodes, treatment with either chemoradiation, chemo alone, or a combination of the two is often recommended.
If a person is too sick (from other illnesses) to have surgery, they may be treated with chemoradiation if they can tolerate it. Other options include radiation therapy or chemo alone.

**Stage II**

The main treatment for stage II stomach cancer is surgery to remove all or part of the stomach, the omentum, and nearby lymph nodes. Many patients are treated with chemo or chemoradiation before surgery to try to shrink the cancer and make it easier to remove. Treatment after surgery may include chemo alone or chemoradiation.

If a person is too sick (from other illnesses) to have surgery, they may be treated with chemoradiation if they can tolerate it. Other options include radiation therapy or chemo alone.

**Stage III**

*Surgery* is the main treatment for patients with this stage disease (unless they have other medical conditions that make them too ill for it). Some patients may be cured by surgery (along with other treatments), while for others the surgery may be able to help control the cancer or help relieve symptoms.

Some people may get chemo or chemoradiation before surgery to try to shrink the cancer and make it easier to remove. Patients who get chemo before surgery will probably get chemo after, as well. For patients who don’t get chemo before surgery and for those who have surgery but have some cancer left behind, treatment after surgery is usually chemoradiation.

If a person is too sick (from other illnesses) to have surgery, they may be treated with chemoradiation if they can tolerate it. Other options include radiation therapy or chemo alone.

**Stage IV**

Because stage IV stomach cancer has spread to distant organs, a cure is usually not possible. But treatment can often help keep the cancer under control and help relieve symptoms. This might include surgery, such as a gastric bypass or even a subtotal gastrectomy in some cases, to keep the stomach and/or intestines from becoming blocked (obstructed) or to control bleeding.
In some cases, a laser beam directed through an endoscope (a long, flexible tube passed down the throat) can destroy most of the tumor and relieve obstruction without surgery. If needed, a stent (a hollow metal tube) may be placed where the esophagus and stomach meet to help keep it open and allow food to pass through it. This can also be done at the junction of the stomach and the small intestine.

**Chemo** and/or **radiation therapy** can often help shrink the cancer and relieve some symptoms as well as help patients live longer, but is usually not expected to cure the cancer. Combinations of chemo drugs are most commonly used, but which combination is best is not clear.

**Targeted therapy** can also be helpful in treating advanced cancers. Trastuzumab (Herceptin) can be added to chemotherapy for patients whose tumors are HER2-positive. Ramucirumab (Cyramza) may also be an option at some point. It can be given by itself or added to chemo.

Because these cancers can be hard to treat, new treatments being tested in clinical trials may benefit some patients.

Even if treatments do not destroy or shrink the cancer, there are ways to relieve pain and symptoms from the disease. Patients should tell their cancer care team about any symptoms or pain they have right way, so they can be managed effectively.

Nutrition is another concern for many patients with stomach cancer. Help is available ranging from nutritional counseling to placement of a tube into the small intestine to help provide nutrition for those who have trouble eating, if needed.

**Recurrent cancer**

Cancer that comes back after initial treatment is known as **recurrent cancer**. Treatment options for recurrent disease are generally the same as they are for stage IV cancers. But they also depend on where the cancer recurs, what treatments a person has already had, and the person’s general health.

**Clinical trials** or newer treatments may be an option and should always be considered.