

Endoscopic Palliation of Gastric Cancer

Fergal Donnellan

Gastroenterologist

VGH

Bleeding

- Endoscopic option
 - Laser therapy
 - Argon plasma coagulation (APC)

- No large series have been published
- Use as a temporary measure
- No long term benefit

Hemospray

TC-325

Used by *Armed Forces* in *Gulf War*

Inorganic powder

Non-absorbable

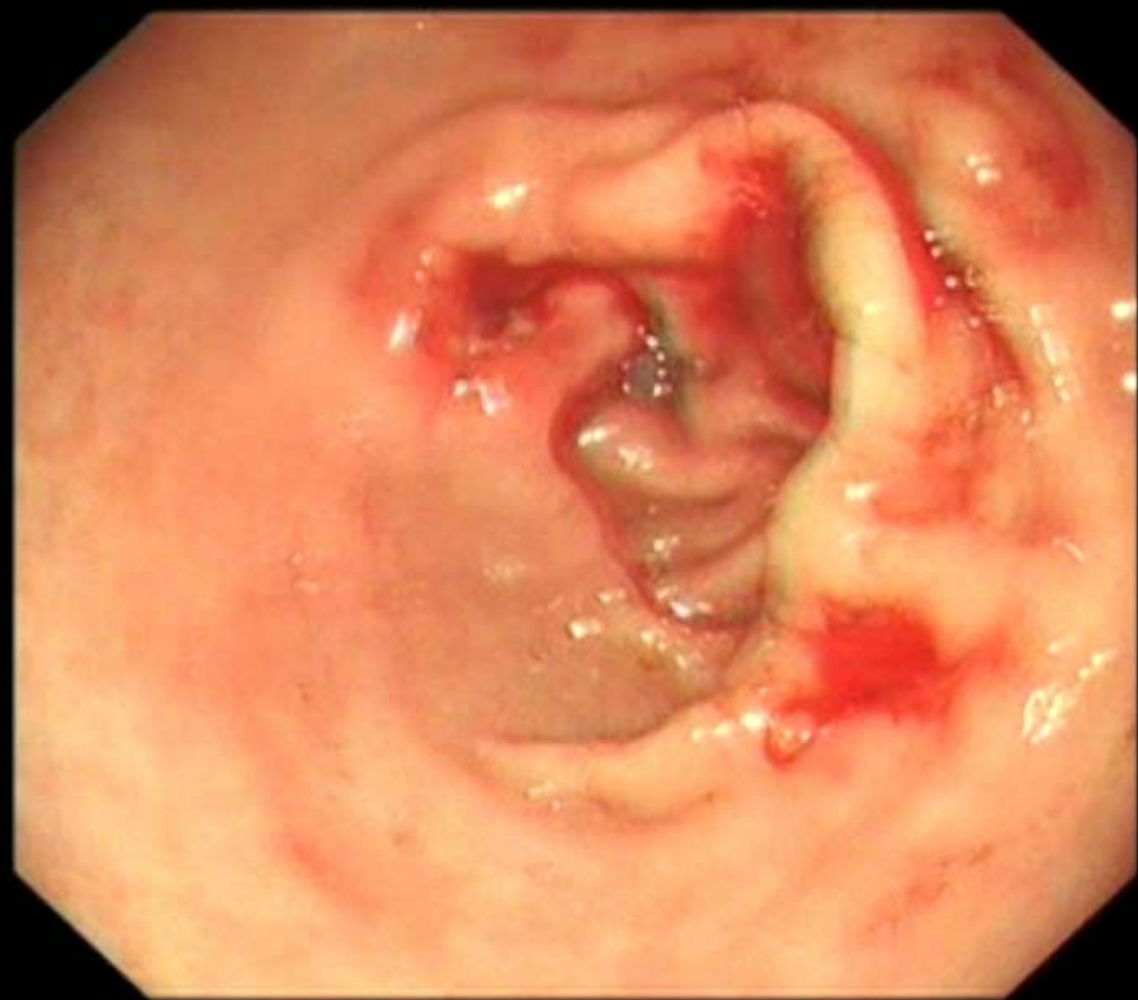
No human or animal proteins

No botanicals

No known allergens

Considered safe by W.H.O





- Radiation option

- 103 patients

- Response rate 80%

- Median duration of response 99 days

Obstruction

- APC
- Debulk tumors in distal esophagus and cardia
 - 83 patients
 - Recanalisation permitting passage of normal food in 58% after 1 session and a total of 84% after 2 sessions
 - Perforation in 8%

- Endoscopic Dilation
 - Tumors involving distal esophagus /cardia
 - Balloon or Bougie
 - Effect is temporary
 - Risk of perforation

- Endoscopic Stent
- Tumors involving distal esophagus /cardia
- Esophageal stent
- Dilation not required
- Post stenting pain and reflux

- Endoscopic Stent versus Surgical Gastrojejunostomy
- Tumors involving distal stomach with *GOO*

Long-term outcome of palliative therapy for gastric outlet obstruction caused by unresectable gastric cancer in patients with good performance status: endoscopic stenting versus surgery

[Gastrointest Endosc.](#) 2013

	Stent	Surgery	P value
Patient No.	72	41	
Technical success (%)	96	97	ns
Clinical success	88	95	ns
Survival (days)	189	293	0.003
Median patency duration (days)	125	282	0.001
+ Additional stent	210	282	0.044
Adverse events (%)	44	12	<0.001

	Stent (n=72)	Surgery (n=5)
Late adverse events (%)	44	12
	Tumor in/outgrowth (n 29)	GJJ obstruction (n 5)
	Stent migration (n 2)	
	Perforation (n 1)	
Re-intervention (%)	43	5

72 patients

- 60% - one stent
- 33% - two stents
- 10% - three stents

Conclusion

Gastrojejunostomy is preferable to SEMS placement for the palliation of GOO caused by unresectable or metastatic gastric cancer in patients with a good performance status, especially ECOG 0-1

Stent versus gastrojejunostomy for the palliation of gastric outlet obstruction: a systematic review

[BMC Gastroenterol.](#) 2007

2 randomised trials and 6 comparative studies

	Stent	Surgery
Patient No.	1046	297
Technical Success (%)	96	100
Mean survival (days)	105	164
Major Complications (%)		
Early	7	6
Late	18	17
Hospital stay (days)	7	13
Recurrent obstructive symptoms (%)	18	1

Conclusion

Stent placement may be considered in patients with a short life expectancy while surgery is preferable in those with a prolonged prognosis

Conclusion

- Stent versus Surgery for *GOO*
- Discussion between endoscopist, surgeon and medical oncologist
- Endoscopic stenting is nearly always feasible for *GOO* but generally reserved for those in poor condition

Pain

- Endoscopic option
 - None available

- Radiation option
 - 11 patients
 - Response rate 45.5%
 - Median duration of response 233 days