

From Beginning to End: Cancers of the GI System

Topic 1: Esophageal Cancer

2 types

- Adenocarcinoma r/t Barrett's esophagus
- Squamous cell r/t smoking + liquor, salted meats

Diagnosis

- Barium swallow or CT scans
- EGD for biopsy

Treatment

- localized → surgery
- advanced/metastatic → chemotherapy + XRT +/- surgery

Topic 2: Gastric Cancer

4 types

- Adenocarcinoma: recognize risks
- Lymphoma/MALT: high correlation with H. Pylori
- Carcinoids
- GIST → imatinib is txt of choice

Diagnosis

- CT scans
- EDG for biopsy

Treatment

- localized → surgery
- advanced/metastatic → chemotherapy + XRT +/- surgery

Post-Surgery complications

- Dumping Syn: post-prandial vasomotor syn, either early within 30mins or later within 90mins
- Blind Loop Syn: bacterial overgrowth
- Afferent Loop Syn: abd bloating and pain 20-60mins after meal

What is the rash? Acanthosis Nigrcans velvet rash seen in gastric cancer

Topic 3: Colorectal Cancer

2 locations

- Colon
- Rectal

Diagnosis

- colonoscopy for biopsy
- CT Scans if advanced stage for full staging
- Villous adenoma or > 10cm tumor soon f/u scope

Treatment

- Stage I-III → Surgery
- Advance Stage III -IV → chemotherapy
- Isolated Mets to Liver/lung → Cut it Out
- Rectum → Radiate +chemo → surgery

Inherited CRC Syndromes

	FAP	HNPCC	Gardener	Peutz-Jeghar
Mutation	APC gene	Mismatch repair def	FAP variant	STK 11
Clinical	100s of polyps @ 16 yrs	3 relatives, 1 < 50 yrs, 1 is 1 st degree inc. risk of ovarian & endometrial ca	Adenomas, osteomas of mandible, skull, sarcomas, thyroid & adrenal tumors	Hamartoma in bowel + pigment skin/lips/mouth lesions
Screening	C-scope, 2ndary ampullary or duodenal ca	C-scope @ age 25, transvaginal us	C-scope	C-scope
Prevent	Proctocolectomy by age 20.		multiple osteomas → c-scope	

Topic 4: Pancreatic Cancer

2 locations & presentations

- Head of pancreas: painless jaundice
- Body/Tail: weight loss, retroperitoneal pain

Diagnosis

- CT scans for staging
- EUS for biopsy

Treatment

- Resectable → Surgery → chemotherapy
- Borderline → neoadjuvant chemo → surgery → chemo
- Unresectable/Metastatic → chemotherapy

Topic 5: Hepatocellular Carcinoma

Presentation

- long standing cirrhotic with risk factors: Sex, Drugs, Rock n' Roll

Diagnosis

- 4 phase CT scan
- biopsy if scan negative or non-cirrhotic patient

Treatment

- based on liver function and patient function
- single lesions → transplant or radiotherapy
- multiple → oral chemotherapy

Topic 6: Cholangiocarcinoma

Resection is treatment of choice

If locally advanced: gemcitabine + cisplatin

15% sclerosing cholangitis patients will progress to cancer

Topic 7: Carcinoid/NET

Multiple locations

- lung and GI tract most common

Diagnosis

- biopsy or resection
- Octreo-scan or CT scans

Treatment

- Carcinoid syndrome → Octreotide
- Asymptomatic → resection and observe
- Progressive → may consider chemotherapy

Take Home Points

- Cancer is systemic disease
- Symptoms are related to mass effect
- When Tumor is the rumor... Tissue is the Issue
- Tumor markers are NOT diagnostics*
- In general: local tumor → surgery
- Advanced/metastatic → chemo rads +/- surgery
- Metastatic disease is NOT a death sentence
- Tumor biology drives target therapy: the FUTURE

Drug Chart

Drug	Uses	Side Effects	Intervention
5-Fluorouracil	CRC, PC, EC, GC	Rash, marrow suppression	Dose change
Bevacizumab	CRC	HTN, wound healing	6 wks periop STOP
Capectabine	CRC, PC, EC, GC	Hand foot mouth	Stop drug
Cetuximab	WT KRAS/NRAS CRC	Allergic type Rx'n	Stop drug, txt for allergic rx'n
Cisplatin	PC, Cholangio	Nephron/ototoxicity	Hydrate, dose change
Irinotecan	CRC, PC	diarrhea	atropine
Nab-Pacitaxel	PC	neuropathy	Gabapentin, dose change
Octerotide	NET	n/a	-
Oxaliplatin	CRC, PC	Neuropathy, spasms	Gabapentin, avoid cold

FOLFOX = Fluorouracil + Leucovorin + oxaliplatin
 FOLFIRI = Fluorouracil + Leucovorin + irinotecan
 FOLFIRINOX = all 4 drugs