

Stomach cancer

The stomach is a muscular organ forming part of your digestive system. Food travels down the oesophagus and into the stomach to be mixed with acids and enzymes.

About 560 people are diagnosed each year in the state, making it one of the most common cancers in Victoria. However, the number of people with stomach cancer is falling in Australia. Stomach cancer is rare in people under 50 years of age and affects more men than women.

Risks and causes of stomach cancer

The exact cause of stomach cancer is unknown. However, some risk factors make it more likely that a person will develop this disease. These risk factors include:

- Smoking
- Age – most cases are diagnosed in people over 50
- Gender – it is twice as likely in men than women
- Infection with the bacteria *Helicobacter pylori*
- A diet high in smoked, pickled and salted foods and low in fresh fruit and vegetables
- A family history of stomach cancer
- Partial gastrectomy for ulcer disease (after about 20 years)
- Inheriting a genetic change that causes the bowel disorders familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC).

Symptoms of stomach cancer

The symptoms of stomach cancer are usually vague and can be common to other medical conditions. This means it is usually diagnosed in the advanced stages of the disease.

Some of the symptoms of stomach cancer include:

- Indigestion (such as heartburn, bloating or burping)
- Feeling full, even after a small meal
- Nausea or vomiting (or both)
- Pain and difficulty swallowing
- Unexplained tiredness or weakness
- Blood in vomit
- Black-coloured faeces, which means old blood
- Weight loss or loss of appetite – more likely in a very advanced cancer.

Diagnosis of stomach cancer

Stomach cancer is usually diagnosed using a number of tests, including:

- **Gastroscopy** – a thin flexible tube is passed down your throat so the doctor can see into your stomach, oesophagus and upper part of your bowel.
- **Biopsy** – a small sample of the stomach is removed during an endoscopy and looked at under a microscope.
- **Barium x-ray** – liquid barium is swallowed and shows up on an x-ray screen as it passes through the stomach and digestive system. It can show up abnormalities in the stomach.
- **Ultrasound** – sound waves create a picture of your stomach.

- **Blood tests** – including a carcinoembryonic antigen (CEA) test. CEA is produced in high quantities by some cancer cells including about half of the people diagnosed with stomach cancer.

If stomach cancer is diagnosed, further tests may be needed to see if the cancer has spread. These may include:

- **Computed Tomography (CT) scan** – a special x-ray taken from many different angles to build a three-dimensional picture of your body. A dye may be injected to further highlight internal organs.
- **Magnetic Resonance Imaging (MRI) scan** – similar to a CT scan but uses magnetism instead of x-rays to build three-dimensional pictures of your body.
- **Positron emission tomography (PET) scan** – an injection with a glucose solution containing a very small amount of radioactive material is given. The scanner can 'see' the radioactive substance. Cancerous cells show up as 'hot spots' – areas where the glucose is being taken up.

Treatment of stomach cancer

Treatment depends on the type and size of the cancer, your age and health and whether the cancer has spread. Treatments include:

- **Surgery** – the main treatment in the early stages. All or part of the stomach is removed along with any cancerous lymph nodes. This is major surgery and you will need to be fit enough to have it.
- **Chemotherapy** – the use of anti-cancer drugs, which can stop cancer cells from multiplying. You may have this before or after surgery.
- **Radiotherapy** – the use of radiation to kill cancer cells. Radiotherapy is not often used to treat stomach cancer but you may have it after surgery to destroy any remaining cancer cells or – if the cancer is very advanced – to help relieve pain.
- **Complementary and alternative therapies** – it's common for people with cancer to seek out complementary or alternative treatments. When used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve quality of life. Others may not be so helpful and in some cases may be harmful. It is important to tell all your health care professionals about any complementary medicines you are taking and never stop taking your conventional treatment without consulting your doctor first. Details of the Cancer Council Victoria's booklet *Complementary and alternative cancer therapies* are in the **Where to get help** section.

All treatments have side effects. These will vary depending on the type of treatment you are having. Many side effects are temporary but some may be permanent. Your doctor will explain all the possible side effects before your treatment begins.

When a cure isn't possible

If stomach cancer has been diagnosed in its later stages, the cancer may have spread to the point where a cure is no longer possible. Treatment then focuses on improving quality of life by relieving the symptoms (this is called 'palliative' treatment). This may include surgery to relieve a blockage at the entry or exit of your stomach or medications to relieve pain, nausea and vomiting.

Caring for someone with cancer

Caring for someone with cancer can be a difficult and emotional time. If you or someone you know is caring for someone with stomach cancer they may find it helpful to download and read some of the Cancer Council Victoria information booklets.

Where to get help

- Your doctor
- Cancer Council Helpline Tel. 13 11 20
- Multilingual Cancer Information Line, Victoria Tel. (03) 9209 0169
- Cancer Council Victoria's booklet *Complementary and alternative cancer therapies*..

Things to remember

- Stomach cancer is one of the 10 most common cancers in Victoria, despite the drop in numbers.
- Symptoms of stomach cancer are usually vague and common to other conditions.
- Treatment for stomach cancer may include surgery, chemotherapy or radiotherapy.

This page has been produced in consultation with, and approved by:

Cancer Council Victoria

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