key points

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Gastric cancer often presents late and the mortality ratio remains one of the highest compared with more common cancers. Early diagnosis improves survival in this potentially curable cancer. Men are twice as likely as women to develop gastric cancer. The vast majority (96%) of cases occur in people above the age of 55.

Dysphagia, weight loss and age over 55 are significant predictors of cancer. All patients presenting with dyspepsia and either alarm features or known conditions that increase the risk of gastric cancer should be referred for urgent endoscopy. Given that the majority of gastric cancer cases occur in people over 55, urgent endoscopy is also recommended in this group with new uncomplicated dyspepsia prior to treatment, even without alarm symptoms or if the symptoms respond to treatment.

***H. pylori* prevalence in gastric cancer is estimated to be** 90% and *H. pylori* accounts for > 50% of all new cases of gastric cancer. Irrespective of age, patients should be reviewed after *H. pylori* eradication treatment. For those with recurrent or persistent symptoms the need for further assessment, including endoscopy, should be considered.

Upper GI endoscopy with biopsy is the recommended investigation to confirm gastric cancer. Gastroscopy should be carried out when the patient has been off proton pump inhibitor (PPI) therapy for two weeks if possible as PPIs may mask endoscopic findings or alter the appearance of malignant ulcers.

Patients deemed medically fit should undergo surgical resection to cure early gastric cancer and chemotherapy followed by surgical resection for higher stage tumours. Tumours that show local invasion or distant metastases are not amenable to curative treatment. More than half of all patients with gastric cancer present with incurable disease and palliative chemotherapy has a small but significant effect on survival.