

2012 Gastrointestinal Cancers Symposium

Science and Multidisciplinary Management of GI Malignancies

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San Francisco, California



ASCO
American Society of Clinical Oncology

ASIRO
American Society of Intestinal and Rectal Oncology

SSO
Society of Surgical Oncology

GASTROINTESTINAL CANCERS OVERVIEW

Gastrointestinal cancers include tumors of the colon, rectum, stomach, pancreas, esophagus, anus, gallbladder, liver and bile duct.

For more oncologist-approved information about gastrointestinal cancers, visit Cancer.Net, ASCO's patient information website, at www.cancer.net.

Diagnosis & Mortality

Colorectal cancer is the third most common cancer and cause of cancer death in men and women. It is the most common type of gastrointestinal cancer, accounting for more than half of all gastrointestinal cancer diagnoses. The number of people diagnosed with colorectal cancer has been declining in the last 20 years. For example, between 2004 and 2008, deaths from colorectal cancer have decreased by 2.7% in men and 2.5% in women. However, the incidence has been increasing in adults younger than 50 by 1.7% per year since 1992. Learn more about [colorectal cancer](#) from ASCO's [Cancer.Net](#).

Pancreatic cancer is the fourth most common cause of cancer death. It is often called the "silent killer" because there are few early symptoms. Each year, the incidence of pancreatic cancer has been increasing by 1.5% since 2004. Between 2004 and 2008, deaths from pancreatic cancer increased by 0.4%. Learn more about [pancreatic cancer](#).

Cancer type	Estimated New Cases	Estimated Deaths
<i>All GI cancers</i>	284,680	142,510
Colon & rectum	143,460	51,690
Pancreas	43,920	37,390
Liver & intrahepatic bile duct	28,720	20,550
Stomach	21,320	10,540
Esophagus	17,460	15,070
Gallbladder & other biliary	9,810	3,200
Small Intestine	8,070	1,150
Anus, anal canal, & anorectum	6,230	780
Other digestive organs	5,690	2,140

Survival

The overall decline in colorectal cancer incidence and mortality is likely due to increased screening and polyp removal, which help prevent invasive cancer from developing. The overall survival rates for many other GI cancers are low because there are few effective screening methods, other than those for colorectal cancer, or clear early symptoms of these cancers.

Five-Year Survival Rates for Select Gastrointestinal Cancers, 2001-2007

Cancer Type	All Stages	Local	Regional	Distant
Colon & rectum	64%	90%	69%	12%
Stomach	26%	62%	28%	4%
Esophagus	17%	37%	18%	3%
Liver	14%	27%	9%	4%
Pancreas	6%	22%	9%	2%

Screening

With the exception of colorectal cancer, there are few screening recommendations for gastrointestinal cancers. Learn more about [cancer screening](#).

Colorectal Cancer Screening Recommendations. The American Gastroenterological Association, the American College of Gastroenterology, the American Society for Gastrointestinal Endoscopy, the American Cancer Society, and the American College of Radiology have developed consensus guidelines for screening for colorectal cancer, with the goal of cancer prevention.

Beginning at age 50, both men and women of average risk should follow one of these testing schedules.

The following tests detect both polyps and cancer:

- Flexible sigmoidoscopy, every five years
- Colonoscopy, every 10 years
- Double contrast barium enema (DCBE), every five years
- CT colonography (also called virtual colonoscopy), every five years

These tests primarily detect cancer:

- Guaiac-based fecal occult blood test (FOBT), every year
- Fecal immunochemical test, every year
- Stool DNA test, as often as your doctor recommends

The U.S. Preventive Health Services Task Force (USPSTF) also has guidelines for colon cancer screening, which differ somewhat from those mentioned above. The USPSTF recommends one of the following testing methods:

- A high-sensitivity FOBT, every year
- Flexible sigmoidoscopy, every five years, with FOBT testing between tests
- Colonoscopy, every 10 years

In addition, this task force did not think there was enough evidence of benefit or harm to recommend virtual colonography or stool DNA testing.

According to the USPSTF, adults between ages 76 and 85 should not have routine screening, because the risks outweigh the benefits, and adults older than 85 can forgo colorectal cancer screening. It is often recommended that people with a personal or family history of colorectal polyps or cancers have more aggressive and frequent screening.

Other Screening Recommendations. Many doctors may recommend that patients with Barrett's esophagus, a risk factor for esophageal cancer, have endoscopic examinations and biopsies on a regular basis to check for esophageal cancer. There are no screening guidelines for stomach, pancreatic and liver cancers.

Learn more about [gastrointestinal cancers](#):

- [Colorectal Cancer](#)
- [Pancreatic Cancer](#)
- [Liver Cancer](#)
- [Stomach Cancer](#)

- [Esophageal Cancer](#)
- [Gallbladder Cancer](#)
- [Anal Cancer](#)
- [Bile Duct Cancer](#)
- [Gastrointestinal Stromal Tumor \(GIST\)](#)

Sources

- www.Cancer.Net
- *Cancer Facts & Figures 2012*. Atlanta, GA; American Cancer Society: 2012.

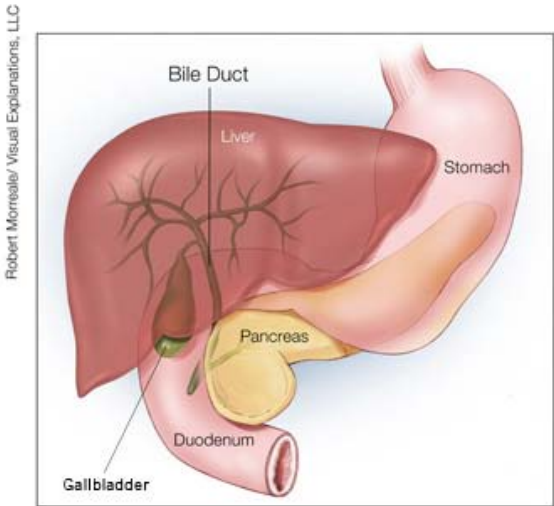
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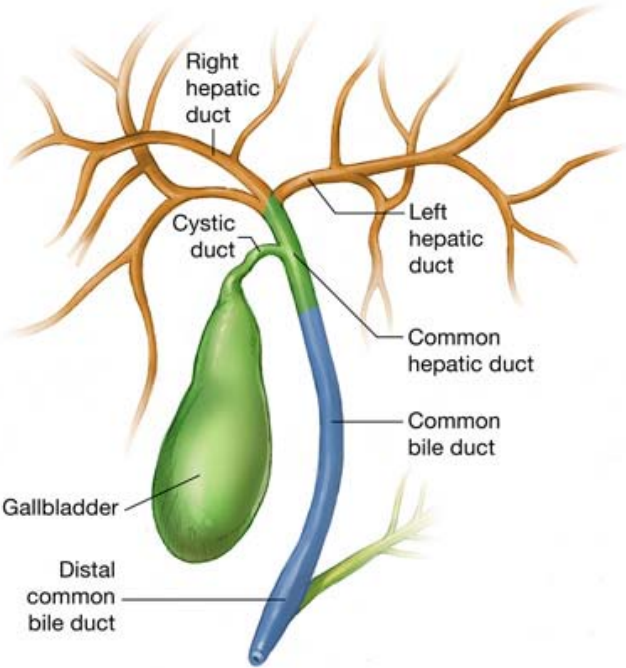
Colorectal Cancer

Esophageal Cancer

Gallbladder Cancer



Gallbladder Anatomy



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Liver Cancer

Pancreatic Cancer

Stomach Cancer