

## INTRODUCTION

Gastric cancer is a biologically aggressive disease, with the vast majority of gastric neoplasms being highly malignant, and being in relatively advanced stage when discovered in it's symptomatic phase (Mettlin, 1988).

Gastric carcinoma remains a disease of poor prognosis with an overall 5 year survival rate of 5-10%, at the same time cure rates are reported in the range of 85% at 5- year when gastric cancer is discovered in an early stage, when it is still confined to the epithelial surface of the stomach. Despite the overall decrease in gastric cancers, there is disturbing epidemiologic evidence that the number of patients with proximal gastric and gastro-esophageal adenocarcinomas has markedly increased during the past 15 years. This has motivated surgeons, medical oncologists, and radiation oncologists to explore the treatment approach for gastric cancer to improve the outlook for patients afflicted with the disease (Blot et al., 1991).

In addition to a few premalignant conditions and risk factors, articles on cancer of the stomach stress on the vague, indefinite, non-specific non-diagnostic symptoms and the fact that patients are likely to be unaware of their disease for sometime (Marukami, 1979).

Often patients present with a clinical picture that fails to trigger the proper diagnostic impressions in the

physicians's mind, such as epigastric uneasiness, mild anaemia, fatigability, ulcer history, and weight loss, and unless the clinician is alert to the possibility of the patient harboring a malignant disease, the patient may be treated empirically for ulcer disease, not treated at all, or allowed to think there are no serious problems (Marukami, 1979).

Although the main diagnostic measures of cancer of the stomach remain the same, starting from the classic clinical examination up till advanced computed tomography. Ultrasonography, and identification of plasma tumour markers, barium upper GI series remains the most useful tool to direct the endoscopist to the area of the stomach requiring careful examination and biopsy (Ross et al., 1982).

With the advent of the flexible fiberoptic gastroscope, the preferred way to make a tissue diagnosis of gastric cancer has been by endoscopy to obtain material for either tissue biopsy or exfoliative cytology (Green, 1987).

Mass screening in Japan (being one of the countries holding highest incidence of gastric carcinoma) by upper GI surveys using sophisticated endoscopic and radiologic techniques has established the validity of an aggressive public health approach in lowering the mortality from gastric cancer through early detection and management (Hirayama, 1981).

This work will include a review of literature discussing the new trends in early detection, means of diagnosis and

recent advances in staging and treatment of cancer of the stomach.

Stress will be laid on the importance and new techniques in the diagnosis and treatment to improve the outcome of therapy.