Consensus Statement

Neoadjuvant

A. **What is the preferred perioperative treatment for tumors of the esophagus and GE junction?**

- In patients with adenocarcinoma of the distal esophagus or GE junction, multi-disciplinary evaluation prior to treatment is extremely important. If a total gastrectomy with high anastomosis is being considered, perioperative platinum based combination chemotherapy is preferred. In other situations neoadjuvant chemo-radiotherapy, perioperative chemotherapy, or adjuvant chemo-radiotherapy are acceptable treatment options.

B. **Is there a preferred perioperative treatment for patients with gastric cancer?**

- Both perioperative chemotherapy and adjuvant chemo-radiotherapy are acceptable treatment options.

Adjuvant

A. **What is the optimal surgical approach in patients with resectable gastric cancer?**

- The optimal surgical approach in patients with resectable gastric cancer should include at least a D1 resection.
Metastatic

A. What is the preferred chemotherapy regimen in patients with metastatic gastric cancer?

- The preferred chemotherapy regimen is platinum/ fluoropyrimidine based combination therapy.

B. Should trastuzumab be routinely used in HER2 positive patients with metastatic gastric cancer?

- Based on a phase 3 randomized controlled trial, trastuzumab could be considered in patients with HER2 positive gastric cancer (IHC 3+ or IHC 2+/FISH +) who are being considered for first-line cisplatin-fluoropyrimidine chemotherapy.

Keynote

A. What is the chemotherapy standard of care for patients with advanced pancreatic cancer?

- FOLFIRINOX should be offered to select patients with metastatic pancreatic adenocarcinoma, with an ECOG performance status of 0-1 and a bilirubin less than 1.5 times the upper limit of normal. Close monitoring for toxicity is required. Gemcitabine remains the standard of care for patients who are not candidates for FOLFIRINOX.