



Your guide to  
Stomach cancer





# Stomach cancer

The stomach is a bag made of layers of muscle which sits in the upper left side of the abdomen and makes up part of the digestive system. It is divided into 3 sections, the fundus (top to which the oesophagus, food pipe, joins), the body (middle section) and antrum or pylorus (bottom where it joins the small bowel). At either end of the stomach, where the pipes of the oesophagus and small bowel join, are rings of muscle called sphincters which control the movement of food.

Also called gastric cancer, stomach cancer begins when cells in the stomach malfunction and begin to grow and divide in an uncontrolled way. This can happen in any of the layers making up the muscular stomach wall and the name given to each type of stomach cancer is determined by where it starts, including:

- ✓ **Adenocarcinoma** – the most common type of stomach cancer. These begin in the cells which produce mucus and stomach juices in the inner layer of the stomach.
- ✓ **Squamous cell carcinoma** – these rare stomach cancers develop in the flat, lining cells of the stomach.
- ✓ **Gastrointestinal stromal tumour (GIST)** – a rare type of sarcoma which can develop in the wall of the stomach.
- ✓ **Stomach neuroendocrine tumours (NETs)** – these rare tumours begin in the hormone secreting cells of the stomach. They are sometimes called carcinoid tumours.

Each year, in the UK, around 6,600 people are diagnosed with stomach cancer. This number has fallen since the early 1990s, likely due to improving diets with more fresh food.

[What is stomach cancer? | Cancer Research UK](#) →

[More information about the types of stomach cancer | Cancer Research UK](#) →

## Risk factors

Certain things, some of which can be changed and others which cannot, can increase the risk of developing stomach cancer. Having one or more of these risk factors does not guarantee a diagnosis of stomach cancer and some people who are diagnosed do not have any known risk factors.

- ✓ **Age** – stomach cancer risk increases with age. Around 50% of people diagnosed are 75 or over.
- ✓ **Gender** – men are more likely to be diagnosed with stomach cancer than women.
- ✓ **Smoking** – stomach cancer risk is increased in people who smoke. The longer they smoke or the more they smoke, the greater the risk.
- ✓ **Diet** – too little fruit and vegetables, too much salt, high amounts of processed meats and high amounts of smoked or pickled food have all been shown to increase the risk of developing stomach cancer.
- ✓ **Weight** – being very overweight or obese has been linked to cancer of the area where the stomach and oesophagus meet, called the gastro-oesophageal junction.
- ✓ **Infection** – Helicobacter pylori (H. pylori) is an infection which causes inflammation of the stomach lining. If it is present for a long time, it can increase the risk of stomach cancer.
- ✓ **Family history** – most stomach cancer is not inherited but, rarely, it can be caused by an inherited faulty gene. Risk factors shared between families may also make it more common for more than one family member to be diagnosed with stomach cancer.
- ✓ **Medical conditions** – changes to the stomach lining caused by some medical conditions, including pernicious anaemia and atrophic gastritis, can increase the risk of developing stomach cancer. If part of the stomach needs to be surgically removed for any reason, the reduced amount of acid present can reduce the natural protection from bacteria and increase the risk of stomach cancer.

[Click here for more about the causes of stomach cancer | Macmillan Cancer Support](#) →

### Sources

[www.cancerresearchuk.org/about-cancer/stomach-cancer/about-stomach-cancer](http://www.cancerresearchuk.org/about-cancer/stomach-cancer/about-stomach-cancer)(4th August 2025).



## Symptoms

- ✓ Indigestion symptoms such as burping a lot
- ✓ Nausea (feeling sick) or vomiting (being sick)
- ✓ Heartburn or acid reflux
- ✓ Swallowing difficulty
- ✓ Feeling full very quickly when eating
- ✓ Loss of appetite
- ✓ Unexplained or unintentional weight loss
- ✓ Pain in the top of the abdomen
- ✓ A lump at the top of the abdomen
- ✓ Tiredness and lack of energy

These symptoms can be caused by many different conditions and for people with digestive issues such as gastro-oesophageal reflux disease (GORD), they may become normal. It is important to get symptoms checked by a GP so that if there is any concern about cancer, they can be investigated and treated as soon as possible.

[More information about the symptoms of stomach cancer | NHS](#) →





## Diagnosis

If you visit the GP with symptoms that may indicate stomach cancer, they will ask questions about your general health and lifestyle as well as the symptoms. They may examine you, including feeling for areas of swelling or pain and listening to your chest and abdomen to see whether the usual sounds can be heard, and whether any additional sounds are present which may indicate something unexpected. You may also be asked to have a blood test.

If your GP is concerned about any of the things they have found, they may refer you for tests at a hospital to look inside the stomach or refer you to a specialist who will arrange further investigations.

- ✓ **Gastroscopy** – a camera on a thin flexible tube is used to look inside the stomach.
- ✓ **Scans** – including a CT or PET-CT scan which take lots of pictures and put them together to form a 3D image of the stomach and other organs.
- ✓ **Ultrasound** – sound waves are used to create a picture of the inside of the body. A thin tube, called an endoscope, carries the ultrasound probe down the oesophagus to the stomach.
- ✓ **Laparoscopy** – a surgical procedure used to look inside the body at areas of concern.
- ✓ **Biopsy** – a small sample of cells is taken from any areas of suspicion to be tested for cancer. The sample may also be tested for tumour markers, gene, DNA and protein changes.

[More information about testing for stomach cancer | Cancer Research UK](#)



## Treatment

Which treatments are offered depends on the stage and grade of the cancer when it is diagnosed (how big and how advanced), the position within the stomach and your general health and preferences. Treatment may be offered with the intention of curing the cancer, slowing the growth or managing symptoms.

Treatments may be used alone, in combination or one after the other. The main treatments for stomach cancer are:

- ✓ **Surgery** – to remove cancer which has not spread outside the stomach. The cancerous lining cells, part or all of the stomach may be removed. Surgical procedures may also be used to relieve symptoms caused by the tumour blocking the entrance or exit to the stomach.
- ✓ **Chemotherapy** – drugs which are toxic to cells are used to kill the cancer or shrink the tumour to make it possible to remove surgically. Chemotherapy can also be used to relieve symptoms in stomach cancer which cannot be cured.
- ✓ **Targeted and immunotherapy drugs** – these treatments use something on the cancer cells to identify them and interfere with their growth and survival.
- ✓ **Radiotherapy** – targeted radiation is used to kill the cancer or slow the growth and control symptoms. Radiotherapy can also be used to relieve symptoms in stomach cancer which cannot be cured.
- ✓ **Symptom control treatments** – if it is not possible to cure the stomach cancer, treatments can be given to relieve symptoms and improve comfort and quality of life. These may include laser or heat treatment to burn away parts of the cancer blocking food moving from the oesophagus or into the bowel. Insertion of a stent (reinforcing tube) may also be used to improve the passage of food.

[More about treatment for stomach cancer | Cancer Research UK](#)



# Living with or after stomach cancer

## Eating and weight

While recovery from surgery used to treat stomach cancer may take some months, the changes to the digestive system that it creates can take up to a year to adjust to. A soft diet is common after surgery while the surgery sites heal. Gradually, more solid foods are introduced, softer ones first and with extra chewing. Maintaining or gaining weight can be difficult after treatment for stomach cancer surgery and it can be helpful to try to add calories to food if it is not possible to increase the amount of food being eaten. This can be done in several ways and many stomach cancer treatment teams will have a dietitian working with them who can provide advice and support as needed.

[Weight loss and stomach cancer | Cancer Research UK](#)



## Dumping syndrome

This can occur either within 30 minutes of eating a meal (early dumping syndrome) or a few hours after a meal (late dumping syndrome) and results from all or part of the stomach being removed to treat stomach cancer. As a result, food passes through to the small intestine much quicker than it would usually and not in a controlled way.

- ✓ **Early dumping syndrome** – symptoms include feeling faint or dizzy and a fast heartbeat. The rapid entrance of food to the small intestine causes fluid to be drawn in from the surrounding tissues and organs which leads to a drop in blood pressure. Symptoms can last around 10 to 15 minutes, and many people find that over a few months the frequency and severity of symptoms will reduce as the dumping syndrome resolves.
- ✓ **Late dumping syndrome** – this is caused by sugar being rapidly absorbed into the blood through the small intestine walls because the food has arrived all in one go. The pancreas releases insulin in response to the raised blood sugar levels but may produce too much as it expects sugar to continue to arrive as it would have previously. The excess insulin causes blood sugar levels to drop very quickly leading to symptoms of weakness, sweating, feeling faint and dizzy or extreme tiredness and need to rest. If not treated, the low blood sugar levels and high insulin levels can cause serious problems.

[More about dumping syndrome | Macmillan Cancer Support](#)



[Click here for more information about eating problems after stomach cancer | Cancer Research UK](#)



## Diarrhoea

After treatment for stomach cancer, especially if part or all of the stomach has been removed, the gut may initially be unable to digest the food as it would usually, resulting in diarrhoea. This is common and should settle as the diet becomes more normal and the body heals. If the diarrhoea persists, a GP or the clinical team may be able to prescribe some medications to help, and a dietitian may be able to provide information on foods to avoid.

## Steatorrhoea

If there are not enough enzymes to digest fat after treatment for stomach cancer then stools may appear pale, have a foul smell and float. Seek advice from a GP or clinical team if these symptoms develop as they can be helped by taking enzyme tablets.

## Nausea and vomiting in the morning

If part or all of the stomach has been removed to treat cancer, bile and digestive juices which build up overnight can cause nausea and a feeling of fullness which is relieved by vomiting. Medications which help to improve transit through the digestive system may help but if the problem is severe then surgery may be needed.

## Bloating

A few drops of peppermint oil added to hot water and sipped slowly can help relieve any wind and pain after surgery for stomach cancer.

## Indigestion

Some people experience indigestion after surgery for stomach cancer and may need medications to relieve this. Avoiding fizzy drinks, alcohol, spicy food, pickles, citrus fruits, caffeine, chocolate and peppermint can also help to reduce indigestion.





# Work and finances

Most people will need to take some time off work during cancer treatment either to recover from procedures or manage side effects. While it is not a requirement to tell employers about a cancer diagnosis, it can often help them to offer appropriate support both during time off and on return to work.

**Macmillan offer advice for employees and employers about working with cancer:**

How to discuss your cancer diagnosis with your employer | Macmillan Cancer Support →

Macmillan at Work | Macmillan Cancer Support →

Apart from needing to take time off work, cancer can have a financial impact in other ways, for example, costs of travelling to appointments, needing a warmer house during treatment, etc. Some people on low incomes may be eligible for benefits payments or help with health costs. Hospital cancer units often have access to benefits advisors who can help or may be able to signpost to other organisations such as [Maggie’s Centres](#) or [Citizen’s Advice](#).

It may be possible to claim a one-off, small grant from some charities either for a particular expenditure or for general help. Macmillan have information about grants and loans, including their own Macmillan grants, on their website [Grants and loans for people with cancer](#).

People who have been diagnosed with cancer are entitled to free NHS prescriptions. GPs or hospitals can provide the forms required to apply for a prescription cost exemption certificate and once an application has been made, pharmacists can supply forms to reclaim costs incurred for prescriptions issued while waiting for the certificate.

More information can be found here at [Help with NHS prescription costs](#) →

## Emotional support

A cancer diagnosis can turn the world upside down whether it’s you or someone close to you who has received it. Many people hear the word cancer then do not take in anything else that is said during the appointment.

At first, the appointments for tests, scans, consultant discussions and treatment coming one after the other can feel like being carried along by a current with no time to think about or process what is happening.

Lots of resources are often provided in a short time to direct people to organisations that can help or trusted sources of information, but it can be overwhelming and easy to forget what has and has not been said or provided.

Many employers have employee assistance programmes (EAPs) such as the one provided by Zurich, which can offer counselling and advice. Some people find speaking to someone who has been through a similar experience to them helpful, while others prefer to speak to a healthcare professional. There is support out there in many different forms, but it’s important to use reliable organisations.

### NHS recommended resources

Support coping with cancer  
Cancer Research UK

Emotional, financial and physical help for people with cancer  
Macmillan Cancer Support