



AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Gastric Cancer

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Gastric cancer is a **malignancy of the stomach** in which **adenocarcinoma comprises approximately 95%** of cases.¹ Two anatomic subtypes carry distinct clinical implications: **cardia/gastroesophageal junction (GEJ) tumors**, which behave biologically like esophageal adenocarcinomas, and **noncardia tumors** (fundus, body, antrum, pylorus, lesser curvature, greater curvature), which are more strongly associated with *Helicobacter pylori* infection and are disproportionately prevalent in racial and ethnic minority populations.² The Lauren classification further divides adenocarcinoma into **intestinal type** (well-differentiated, glandular, *H. pylori*-associated, more likely HER2-overexpressing) and **diffuse type** (poorly cohesive, signet ring cells, CDH1-associated, worse prognosis, no benefit from durvalumab addition in MATTERHORN).^{1,3} The TCGA molecular classification identifies **four subtypes: chromosomal instability** (CIN, ~50%), **microsatellite instability** (MSI, ~22%), **genome stability** (GS, ~20%), and **Epstein-Barr virus-positive** (EBV, ~9%).⁴

ICD-10 Codes:

Primary tumor: **C16.0** (cardia/GEJ — but tumors with epicenter in the proximal 2 cm crossing the EGJ are staged as esophageal per AJCC 8th Edition); **C16.1** (fundus); **C16.2** (body); **C16.3** (pyloric antrum); **C16.4** (pylorus); **C16.5** (lesser curvature); **C16.6** (greater curvature); **C16.8** (overlapping subsites); **C16.9** (unspecified — avoid when endoscopy specifies location). Precursor lesions: **K31.A0-K31.A29** (gastric intestinal metaplasia, site-specific and dysplasia-graded — use instead of **K29.x** generic gastritis). Etiologic factor: **B96.81** (*H. pylori* as cause of disease classified elsewhere). Metastatic sites are coded separately and document higher RAF: **C78.7** (liver), **C78.00-C78.02** (lung), **C78.6** (peritoneum), **C79.51** (bone).⁵

Prevalence and Burden: The American Cancer Society projects approximately **31,510** new gastric cancer cases (**17,900** men; **13,610** women) and **10,740** deaths in the United States in 2026, representing roughly **1.5%** of all new cancers.⁶ More than **80%** of cases are diagnosed in individuals aged ≥ 55 ,⁷ the median age at diagnosis is **68 years**, and approximately **6 in 10** patients are aged ≥ 65 — placing this firmly in the Medicare population.⁸ The overall 5-year relative survival is approximately **38%**; early-stage (Stage I) survival approaches **75%**, while Stage IV survival is approximately **5%**.⁷ The late-stage diagnostic pattern — driven by attribution of indigestion, early satiety, and mild epigastric discomfort to GERD or functional dyspepsia — explains the survival gap. PPI therapy at the time of endoscopy is independently associated with missed gastric cancer ($p < 0.001$), and **23%** of US gastric cancer patients experienced diagnostic delay **>90 days** from symptom onset (mean delay **229 days** vs. **30 days** in non-delayed cases); provider knowledge/skills gaps accounted for **44%** of the barrier.^{9,10}

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
C16.0-C16.8 (subsite specified)	HCC 22 — Malignant Neoplasm Without Complications	0.363	Specify anatomic subsite from endoscopy or pathology — location (cardia, fundus, body, antrum, pylorus, lesser/greater curvature, overlapping) should always support C16.0 through C16.8

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