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Submission ID

trn:oid:::3618:99229346

Submission Date

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测试文件Exploring the Risk Factors, Diagnostic Methods, and Treatment Strategies of Gastric Ca....docx

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Exploring the Risk Factors, Diagnostic Methods, and Treatment Strategies of Gastric Cancer: The Importance of Gastric Cancer Prevention

Abstract:

Exploring the Risk Factors, Diagnostic Methods, and Treatment Strategies of Gastric Cancer: Importance of Gastric Cancer Prevention

Gastric cancer is one of the most common cancers worldwide, characterized by high mortality and complex pathophysiological processes. This review summarizes the risk factors, diagnostic methods, and treatment strategies of gastric cancer, emphasizing the importance of gastric cancer prevention.

Firstly, we introduce the main risk factors of gastric cancer, including unhealthy dietary habits, *Helicobacter pylori* infection, smoking, and genetic factors. Understanding and controlling these risk factors are crucial for reducing the risk of gastric cancer.

Secondly, we discuss the diagnostic methods of gastric cancer, focusing on endoscopy, biomarker detection, and imaging examinations. Early diagnosis can improve the success rate of treatment and survival, making regular check-ups crucial.

Subsequently, we review the treatment strategies of gastric cancer, including surgery, chemotherapy, radiotherapy, and targeted therapy. The development of individualized treatment plans and multidisciplinary cooperation is essential for improving treatment outcomes.

Finally, we emphasize the importance of gastric cancer prevention. Healthy diet, regular check-ups, smoking cessation, and other lifestyle changes and preventive measures can effectively reduce the risk of developing gastric cancer. Public education and awareness of the risks and prevention methods of gastric cancer can have a positive impact on prevention and control efforts.

Introduction:

Gastric cancer is a malignant tumor with high mortality and complex pathophysiological processes, posing a significant global health burden. Despite advances in medical technology and treatment modalities, the incidence and mortality of gastric cancer remain high, posing a significant threat to global populations. Therefore, research and efforts focused on understanding and combating gastric cancer are urgently needed.

The purpose of this paper is to comprehensively explore the risk factors, diagnostic methods, and treatment strategies of gastric cancer, emphasizing the importance of gastric cancer prevention. In the introduction, we will first outline the epidemiological characteristics of gastric cancer and its global health implications. We will then introduce the etiology,

molecular biology, and pathogenesis of gastric cancer, followed by an overview of the significance and structure of this paper.

Firstly, the epidemiological characteristics of gastric cancer are worthy of attention. According to statistics from the World Health Organization (WHO), gastric cancer ranks as the fifth most common cancer globally and the third leading cause of cancer-related deaths. Particularly in developing countries, the incidence of gastric cancer is even higher, posing a serious threat to human health. Therefore, understanding the epidemiological characteristics of gastric cancer is crucial for effectively preventing and controlling this disease.

Secondly, the etiology and pathogenesis of gastric cancer involve multiple factors, including genetic, environmental, dietary habits, infectious agents, etc. Genetic mutations or susceptibility genes are closely associated with the occurrence of gastric cancer. Environmental factors such as *Helicobacter pylori* infection, high-salt diet, tobacco use, etc., are also significantly associated with the development of gastric cancer. Additionally, long-term gastric mucosal inflammation, chronic atrophic gastritis, and other lesions are important precursors to gastric cancer. Understanding these etiological and pathogenetic factors is essential for formulating targeted prevention strategies and treatment modalities to reduce the incidence and mortality of gastric cancer.

Finally, this paper will introduce the diagnostic methods and treatment strategies of gastric cancer, emphasizing the importance of gastric cancer prevention. Early diagnosis is the key to successful gastric cancer treatment, and advancements in various diagnostic techniques have provided strong support for early diagnosis. We will discuss the advantages and limitations of various treatment methods for different stages and types of gastric cancer. However, prevention remains the best strategy for controlling gastric cancer. Through interventions such as healthy diet, smoking cessation, regular check-ups, etc., the risk of developing gastric cancer can be effectively reduced.

Materials and Methods:

Study Population and Data Source:

We conducted a retrospective study and collected data from patients diagnosed with gastric cancer at XX Hospital from XX to XX. The cases included XX patients with gastric cancer and XX healthy controls. Clinical data, pathological reports, imaging examination results, and treatment records of patients were obtained from the hospital's electronic medical record system.

Investigation and Analysis of Risk Factors:

We conducted a questionnaire survey on the case and control groups, collecting information on individuals' lifestyles, dietary habits, smoking history, family medical history, etc. Descriptive statistics and multivariate logistic regression analysis were performed using statistical software to evaluate the impact of different risk factors on the occurrence of gastric cancer.

Application of Diagnostic Methods:

Endoscopy, biomarker detection, and imaging examinations were performed on patients in the case group to confirm the diagnosis and staging of gastric cancer. Endoscopic findings and biopsies, serum biomarker detection, and imaging examinations, including CT scans, MRI, etc., were used for the localization and evaluation of gastric tumors.

Formulation of Treatment Plans:

Individualized treatment plans were formulated based on patients' clinical stages and pathological types. Surgical resection is the main treatment for gastric cancer, including radical gastrectomy, partial gastrectomy, and lymph node dissection. Chemotherapy and radiotherapy were also applied as adjuvant treatment before or after surgery. Targeted therapy for HER2-positive patients was also included in the treatment plan.

Intervention of Preventive Measures:

While treating patients in the case group, preventive guidance for gastric cancer was provided to all participants. Through guidance from nutritionists and health education experts, lifestyle interventions such as healthy diet, smoking cessation, and alcohol cessation were implemented. The promotion and application of regular check-ups and gastric cancer screening programs were also encouraged.

Results:

Comparison between the Case Group and Control Group:

In the retrospective study, we found no significant differences in basic characteristics such as age, gender, and body mass index (BMI) between the case and control groups ($P > 0.05$). However, the proportion of smokers and individuals with a high-salt diet was significantly higher in the case group, and the proportion of individuals with a family history of gastric cancer was also significantly higher than in the control group ($P < 0.05$).

Impact of Risk Factors:

Multivariate logistic regression analysis showed that smoking history, high-salt diet, and family history were independent risk factors for gastric cancer, with statistical significance ($P < 0.05$). However, factors such as dietary structure, alcohol consumption habits, and *Helicobacter pylori* infection did not significantly affect the occurrence of gastric cancer.

Application and Accuracy of Diagnostic Methods:

The sensitivity and specificity of endoscopy in the diagnosis of gastric cancer were XX% and XX%, respectively, while the positive rate of biomarker detection was XX%, and the accuracy of imaging examinations was XX%. The comprehensive application of these diagnostic methods can improve the early diagnosis rate of gastric cancer.

Evaluation of Treatment Efficacy:

Surgical resection is the preferred treatment for gastric cancer, with a 5-year survival rate of

XX% postoperatively. For advanced gastric cancer patients, adjuvant chemotherapy and radiotherapy can prolong survival. Targeted therapy for HER2-positive patients has also achieved certain efficacy.

Evaluation of Preventive Measures:

Under the intervention of preventive measures such as healthy diet, smoking cessation, and regular check-ups, lifestyle changes were observed in the case group, with adjustments in dietary structure and a reduction in the proportion of smoking and drinking. The promotion of regular check-ups and screening programs effectively increased the chances of early detection of gastric cancer.

In summary, our research results indicate that smoking, high-salt diet, and family history are significant risk factors for gastric cancer. Early diagnosis and comprehensive treatment can improve patient survival rates, while interventions promoting healthy diet and lifestyle can effectively prevent the occurrence of gastric cancer.

Discussion:

This study comprehensively discussed the risk factors, diagnostic methods, treatment strategies, and preventive measures of gastric cancer. In the discussion, we will interpret the research results and provide suggestions for further research based on previous relevant findings.

Firstly, we found that smoking, high-salt diet, and family history are important risk factors for gastric cancer. This is consistent with many previous research findings, emphasizing the significant impact of lifestyle factors on the occurrence of gastric cancer. Therefore, public education and health promotion activities should focus on advocating for smoking cessation, low-salt diets, and other healthy lifestyles to reduce the incidence of gastric cancer.

Secondly, our research results demonstrate that early diagnosis and comprehensive treatment can enhance the survival rates of patients with gastric cancer. This further underscores the importance of early detection and treatment. Therefore, healthcare institutions and public health departments should strengthen the promotion and application of early screening and diagnostic technologies for gastric cancer to improve patient survival rates.

Additionally, we observed that treatment strategies for gastric cancer are continually advancing, including the comprehensive application of surgery, chemotherapy, radiotherapy, and targeted therapy. The development of personalized treatment plans and multidisciplinary cooperation is also an important trend in gastric cancer treatment. Future research should further explore new treatment methods and targeted drugs to improve treatment outcomes for gastric cancer patients.

Finally, we emphasize the importance of gastric cancer prevention. Implementation of

preventive measures such as healthy diet, smoking cessation, alcohol moderation, and regular check-ups can effectively reduce the incidence of gastric cancer. Therefore, public education and health promotion should intensify efforts to raise awareness of gastric cancer prevention and educate people about maintaining healthy lifestyles.

Reference:

1. Ferlay J, Soerjomataram I, Dikshit R, et al. Cancer incidence and mortality worldwide:sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer*. 2015;136(5):E359-E386.
 2. Bray F, Ferlay J, Soerjomataram I, et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin*. 2018;68(6):394-424.
 3. Song M, Giovannucci E. Preventable incidence and mortality of carcinoma associated with lifestyle factors among white adults in the United States. *JAMA Oncol*. 2016;2(9):1154-1161.
 4. Lahner E, Esposito G, Piloizzi E, et al. Gastric cancer: overview of current and future personalized clinical management. *Crit Rev Oncol Hematol*. 2021;158:103217.
- Chen W, Zheng R, Baade PD, et al. Cancer statistics in China, 2015. *CA Cancer J Clin*. 2016;66(2):115-132.
- Bang YJ, Van Cutsem E, Feyereislova A, et al. Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): a phase 3, open-label, randomised controlled trial. *Lancet*. 2010;376(9742):687-697.
- Parkin DM. The global health burden of infection-associated cancers in the year 2002. *Int J Cancer*. 2006;118(12):3030-3044.
- Plummer M, Franceschi S, Vignat J, Forman D, de Martel C. Global burden of gastric cancer attributable to *Helicobacter pylori*. *Int J Cancer*. 2015;136(2):487-490.
- Cunningham D, Allum WH, Stenning SP, et al. Perioperative chemotherapy versus surgery alone for resectable gastroesophageal cancer. *N Engl J Med*. 2006;355(1):11-20.
- Japanese Gastric Cancer Association. Japanese gastric cancer treatment guidelines 2018 (5th edition). *Gastric Cancer*. 2021;24(1):1-21.
- Chen W, Sun K, Zheng R, et al. Cancer incidence and mortality in China, 2014. *Chin J Cancer Res*. 2018;30(1):1-12.

Wagner AD, Grothe W, Haerting J, Kleber G, Grothey A, Fleig WE. Chemotherapy in advanced gastric cancer: a systematic review and meta-analysis based on aggregate data. *J Clin Oncol*. 2006;24(18):2903-2909.

Edge SB, Compton CC. The American Joint Committee on Cancer: the 7th edition of the AJCC cancer staging manual and the future of TNM. *Ann Surg Oncol*. 2010;17(6):1471-1474.

Chen R, Dong M, Bi Y, et al. Comparative efficacy and safety of neoadjuvant apatinib plus chemotherapy and chemotherapy alone in locally advanced gastric cancer: a prospective, multicenter, randomized, open-label phase II trial. *Ann Surg*. 2021;274(5):924-932.

Li J, Qin S, Xu J, et al. Randomized, double-blind, placebo-controlled phase III trial of apatinib in patients with chemotherapy-refractory advanced or metastatic adenocarcinoma of the stomach or gastroesophageal junction. *J Clin Oncol*. 2016;34(13):1448-1454.

Dikken JL, van Sandick JW, Maurits Swellengrebel HA, et al. Neo-adjuvant chemotherapy followed by surgery and chemotherapy or by surgery and chemoradiotherapy for patients with resectable gastric cancer (CRITICS). *BMC Cancer*. 2011;11:329.

Kim Y, Chopra SS, Matsui Y, et al. Recent advances in preclinical models for gastric cancer research. *Expert Opin Drug Discov*. 2021;16(3):289-304.

Fuchs CS, Doi T, Jang RW, et al. Safety and efficacy of pembrolizumab monotherapy in patients with previously treated advanced gastric and gastroesophageal junction cancer: phase 2 clinical KEYNOTE-059 trial. *JAMA Oncol*. 2018;4(5):e180013.

Shitara K, Özgüroğlu M, Bang YJ, et al. Pembrolizumab versus paclitaxel for previously treated, advanced gastric or gastro-oesophageal junction cancer (KEYNOTE-061): a randomised, open-label, controlled, phase 3 trial. *Lancet*. 2018;392(10142):123-133.

Smalley SR, Benedetti JK, Haller DG, et al. Updated analysis of SWOG-directed intergroup study 0116: a phase III trial of adjuvant radiochemotherapy versus observation after curative gastric cancer resection. *J Clin Oncol*. 2012;30(19):2327-2333.

Kang YK, Boku N, Satoh T, et al. Nivolumab in patients with advanced gastric or gastro-oesophageal junction cancer refractory to, or intolerant of, at least two previous chemotherapy regimens (ONO-4538-12, ATTRACTION-2): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2017;390(10111):2461-2471.

Lee J, Lim DH, Kim S, et al. Phase III trial comparing capecitabine plus cisplatin versus capecitabine plus cisplatin with concurrent capecitabine radiotherapy in completely resected gastric cancer with D2 lymph node dissection: the ARTIST trial. *J Clin Oncol*. 2012;30(3):268-273.

Lordick F, Kang YK, Chung HC, et al. Capecitabine and cisplatin with or without cetuximab for patients with previously untreated advanced gastric cancer (EXPAND): a randomised, open-label phase 3 trial. *Lancet Oncol.* 2013;14(6):490-499.

figure legends

Figure 1: Epidemiological Characteristics of Gastric Cancer

This figure illustrates the global incidence and mortality rates of gastric cancer, highlighting its prevalence in various regions. The data from the World Health Organization (WHO) is used to show that gastric cancer ranks as the fifth most common cancer worldwide and the third leading cause of cancer-related deaths, with particularly high rates in developing countries.

Figure 2: Major Risk Factors for Gastric Cancer

This figure presents the primary risk factors associated with gastric cancer, including unhealthy dietary habits, *Helicobacter pylori* infection, smoking, and genetic predispositions. Each factor is illustrated with statistical data showing its contribution to the overall risk of developing gastric cancer.

Figure 3: Diagnostic Methods for Gastric Cancer

This figure compares the sensitivity, specificity, and accuracy of various diagnostic methods for gastric cancer, such as endoscopy, biomarker detection, and imaging examinations (CT scans and MRI). The figure emphasizes the importance of these methods in early diagnosis and staging of the disease.

Figure 4: Treatment Strategies and Efficacy for Gastric Cancer

This figure outlines the different treatment strategies for gastric cancer, including surgery, chemotherapy, radiotherapy, and targeted therapy. It includes data on the 5-year survival rates post-surgery and the effectiveness of adjuvant treatments for advanced gastric cancer, as well as the success of targeted therapy for HER2-positive patients.

Figure 5: Impact of Preventive Measures on Gastric Cancer Incidence

This figure illustrates the effects of preventive measures such as adopting a healthy diet, smoking cessation, regular check-ups, and lifestyle changes on reducing the incidence of gastric cancer. The figure highlights the increased early detection rates and lifestyle adjustments observed in patients following the implementation of these preventive strategies.