

The Second National Oesophago–Gastric Cancer Audit (NOGCA)

**Keys findings so far..and
Changes introduced..**

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Overview

- ▶ Prospective Audit includes
 - Patients diagnosed with invasive epithelial O-G cancer
 - AND patients with HGD since April 2012
 - England and Welsh NHS trusts
 - Collecting patient diagnosed since 1 April 2011

 - ▶ Focus on a few key areas highlighted in 1st Audit and changes incorporated in 2nd Audit
 - Route to Diagnosis
 - Completion rates for Palliative Chemotherapy
 - Addition of HGD patients
- 

Data Submitted

- ▶ Participation:
 - 149 out of 151 English NHS trusts (99%)
 - All cancer centres
- ▶ Tumour Records for 10,604
 - So overall 80% case ascertainment for England

Routes of referral

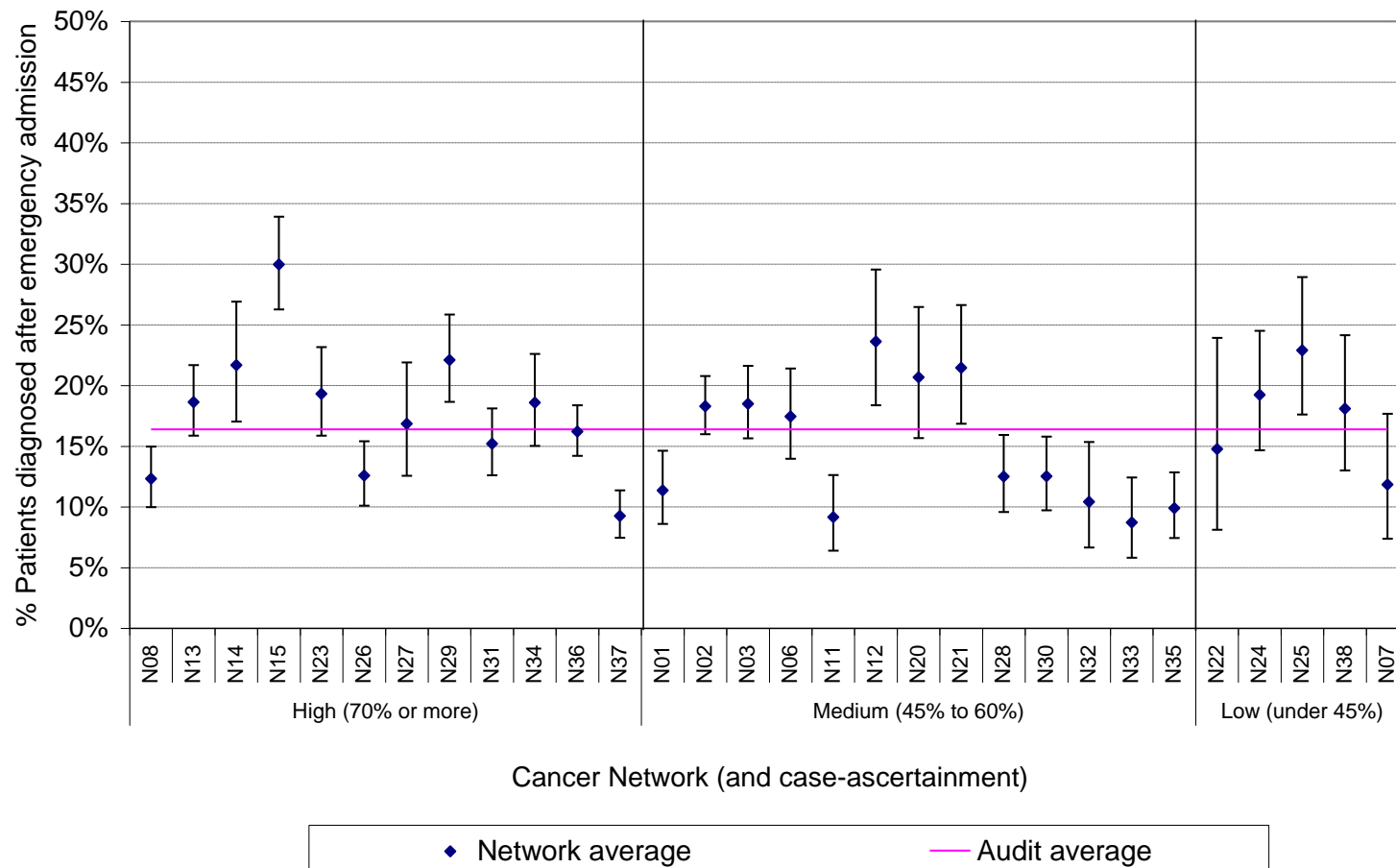
Source of referral

		Route to Diagnosis	
Source	Emergency admission	16.4%	
	GP referral	66.3%	56.5% Gastric 70.7% Oesophageal
	Other	17.3%	

Only 16% patients diagnosed as emergency amenable to curative therapy, compared to 36% diagnosed as urgent GP referral.

Data from 1st Audit 2007-2009

Proportion of diagnosed after emergency admission



Data from 1st Audit 2007-2009

Planned Treatment Intent

	Oesoph SCC	Oesoph Adenoca Mid/Upper	Oesoph Adenoca Low/Siew I	GOJ Siew II+III	Stomach
Curative	31%	28%	40%	42%	34%
Palliative	69%	72%	60%	58%	66%
Total Number	3266	921	5316	1759	4970

Data from 1st Audit 2007-2009

Completion of palliative chemotherapy

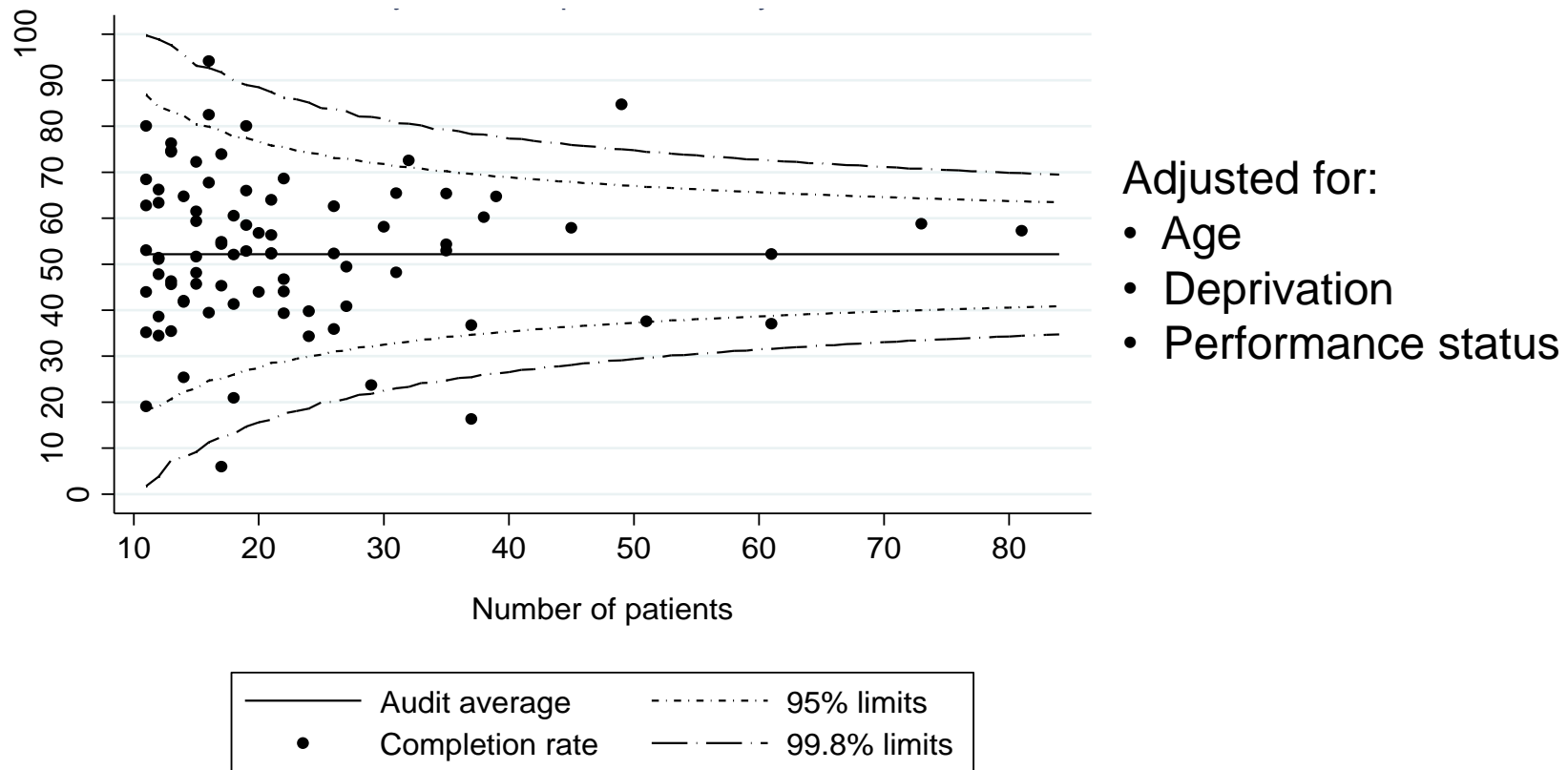
Table 7.2

Relationship between patient characteristics and completion of chemotherapy

	No. (%) of patients with known outcome		Patients who completed treatment		p-value
	Number	Rate (%)	Number	Rate (%)	
All patients	1741	100	917	52.7	
Age					
Under 55	268	15.4	160	59.7	<0.001
55 to 64	479	28.0	273	57.0	
65 to 74	634	36.4	325	51.3	
75 and over	360	20.7	159	44.2	
Index of multiple deprivation					
1 (least)	393	22.6	229	58.3	<0.001
2	363	20.9	203	55.9	
3	357	20.5	183	51.3	
4	311	17.7	158	50.8	
5 (most)	315	18.2	144	45.7	
ECOG/WHO Performance status					
0 no restrictions	497	28.6	297	59.8	<0.001
1 restricted in strenuous activities	524	30.1	278	53.1	
2 unable to work or worse	271	15.6	86	31.7	
Missing	449	25.8	n/a	n/a	

Of patients treated with palliative intent about 24% underwent palliative chemotherapy.

Adjusted rate of completion of palliative chemotherapy by trust



Data from 1st Audit 2007-2009

Key Points to Consider

- ▶ High proportion patients still being diagnosed during Emergency Admission.
- ▶ Variation in use of palliative oncology
 - High rate of failure to complete palliative chemotherapy
 - Careful selection of patients for palliative chemotherapy

What is New?

- ▶ Collection of **High Grade Dysplasia** (HGD) patients
 - Started 1st April 2012
 - All patients with HGD arising from columnar Barrett's epithelium, NOT squamous.
 - Estimated 1350 new cases/year
- ▶ Please ensure all cases are discussed at MDT and plan documented.

Initial Referral to Local Oesophago-gastric Team and Diagnostic Process

Source of referral

From surveillance service: ☐ Symptomatic referral ☐ Not known ☐

Date of endoscopic biopsy in which HGD was first diagnosed: _____

Hospital where the endoscopic biopsy was taken: _____

Was a second biopsy performed? Yes ☐ No ☐

Did the second biopsy show HGD? Yes ☐ No ☐

Endoscopic Report

HGD appearance

Flat mucosa ☐ Nodular lesion ☐ Depressed lesion ☐ Not known ☐

Barrett's Segment

Present ☐ Absent ☐ Not known ☐

Length of Barrett's Segment, if present

Length of **Circumferential** Columnar Lining (nearest 0.5 cm): C _____. ____ cm

Maximum length including tongues/islands of Columnar Lining (nearest 0.5 cm): M _____. ____ cm

HGD Lesion (based on pathology report)

Unifocal ☐ Multi-focal ☐ Not known ☐

Was diagnosis confirmed by second pathologist? Yes ☐ No ☐ Not known ☐

Planned Treatment

Hospital at which treatment plan made _____

Date treatment plan agreed _____

Was the treatment plan agreed at an MDT meeting? Yes ☐ No ☐

Will the patient be referred to a specialist hospital for treatment? Yes ☐ No ☐ Not applicable ☐

Planned treatment modality

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| Surveillance | <input type="checkbox"/> | Radiofrequency ablation | <input type="checkbox"/> |
| Oesophagectomy | <input type="checkbox"/> | Argon plasma coagulation | <input type="checkbox"/> |
| Photo dynamic therapy | <input type="checkbox"/> | Multipolar electrocautery | <input type="checkbox"/> |
| Endoscopic Mucosal Resection (EMR) | <input type="checkbox"/> | Laser therapy | <input type="checkbox"/> |
| Endoscopic Submucosal Dissection (ESD) | <input type="checkbox"/> | Cryotherapy | <input type="checkbox"/> |

Use of Endoscopic Mucosal Resection (EMR) / Endoscopic Submucosal Dissection (ESD)

EMR/ESD was not performed: ☐ Performed for diagnostic purpose: ☐

Performed for therapeutic purpose: ☐ Performed for both diagnostic and therapeutic purpose: ☐

Date of EMR/ESD: _____

Results of EMR/ESD:

- | | | | |
|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Complete excision: | <input type="checkbox"/> | Incomplete, follow up Oesophagectomy | <input type="checkbox"/> |
| Incomplete, follow up surveillance | <input type="checkbox"/> | Incomplete, follow up EMR/ESD | <input type="checkbox"/> |

Post-treatment Histology (pathology results based on EMR/ESD)

- | | |
|--------------------------------------|--------------------------|
| No high grade dysplasia or carcinoma | <input type="checkbox"/> |
| High grade dysplasia confirmed | <input type="checkbox"/> |
| Intramucosal carcinoma identified | <input type="checkbox"/> |
| Submucosal carcinoma or worse | <input type="checkbox"/> |

2nd Annual Report

- Published in June 2013
- Outline
 - Patients diagnosed April 2011-2012
 - Patterns of route to diagnosis
 - Staging and Treatment plan
 - Patterns and outcome of curative treatment
 - Patterns and outcome of palliative treatment