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National Oesophago – Gastric Cancer Audit


Results from the Second Annual Report

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Overview

- ▶ Prospective Audit includes
 - Patients diagnosed with invasive epithelial O-G cancer
 - in English and Welsh NHS trusts
 - between 1 October 2007 and 31 March 2009
- ▶ Participation:
 - 143 of 154 English NHS trusts (93%)
 - 43 of 44 cancer centres
 - All Welsh NHS trusts

Data submitted

Data Record	Number	Case-ascertainment
Tumour details / treatment plan	11,541 Eng 758 Wal	60% 90%
Surgical details (curative intent)	2,031	73%
Post-operative pathology	1,808	
Endoscopic palliative therapy	1,606	
Oncology treatment	2,027 palliative 658 curative	

Staging investigations (1)

- The spread of the cancer should be assessed using computed tomography (CT) scanning.

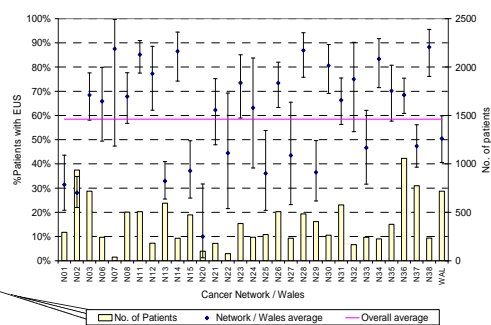
Proportion of patients who had a CT-scan

Age (years)	Performance status				
	0	1	2	3	4
Under 60	95%	98%	94%	96%	87%
60 to 70	96%	96%	96%	94%	84%
70 to 80	97%	97%	96%	90%	84%
80 plus	89%	92%	88%	71%	71%

Staging investigations (2)

- Before deciding on curative treatment:
 - All patients with an oesophageal / junctional tumour should have an endoscopic ultrasound
 - All patients with a stomach tumour should have a staging laparoscopy

Endoscopic ultrasound



Neoadjuvant therapy

- All patients for curative surgery with
 - adenocarcinoma
 - stage II / III disease
 - who are fit enough
 - should be considered for neoadjuvant chemotherapy

Neoadjuvant therapy

► FINDING

Tumour site	Surgery alone	Surgery + neoadj
Upper ACA	22.2%	77.8%
Lower ACA / Siewert I	15.7%	84.3%
Siewert II / III	13.6%	86.4%
Stomach	45.4%	54.5%

Curative surgery

► The minimum number of lymph nodes required for staging (UICC system):

- Oesophagectomies = at least 6 nodes
- Gastrectomies = at least 15 nodes

► Audit found standards met for:

95% of oesophagectomies
72% of gastrectomies

Surgical outcomes

30-day mortality	Open		Minimally Invasive	
	%	95% CI	%	95% CI
Oesophagectomy (n= 783 + 314)	3.1	2.0 - 4.5	3.4	1.7 - 6.0
Gastrectomy (n= 641 + 96)	4.2	2.8 - 6.0	4.2	1.1 - 10.3

Surgical outcomes

Positive longitudinal resection margins

Operation type	Open		Minimally Invasive	
	%	95% CI	%	95% CI
Oesophageal	6.8	4.6 - 8.4	9.4	4.4 - 17.1
Gastric	4.2	5.4 - 8.3	7.8	0.0 - 5.7

Stent placement

- NCEPOD report "Scoping Our Practice" found
 - Sedation combined with local anaesthetic might have contributed to aspiration pneumonia in some patients
- Advised caution is use of combined anaesthetic

Stent placement

Anaesthetic	Oes SCC	Oes ACA Upper / Mid	Oes ACA Lower / Siewert I	Siewert II / III	Gastric
Sedation alone	58.0	58.7	61.3	62.5	62.4
Local alone	3.8	3.3	5.5	4.2	0.8
Sedation and Local	34.9	36.4	30.0	31.7	31.2
General	3.3	1.7	3.2	1.7	5.6

Support for local QI

- Local action plans for networks and trusts
 - Based on report recommendations
- Network issues
 - Structural : surgical centralisation
 - Process : referral pathways
- Trust issues
 - Compliance with staging investigations
 - Aspects of treatment (eg, lymph node excision)

Conclusion

- Good participation and case ascertainment
- Clinically relevant process + outcomes measured
 - Staging investigations
 - Treatment plans
 - Curative and palliative treatments
- Feedback to support improvements