National Oesophago-Gastric Cancer Audit 2017

Patient report

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Introduction

The National Oesophago-Gastric Cancer Audit (NOGCA) has been evaluating the quality of hospital care for patients with oesophago-gastric (OG) cancer in England and Wales since 2008. It provides information that helps NHS cancer services to compare their performance and to identify areas of care that could be improved. Since 2012, the audit has also included patients with high-grade dysplasia (HGD) of the oesophagus, which is a condition that increases a person's risk of developing cancer.

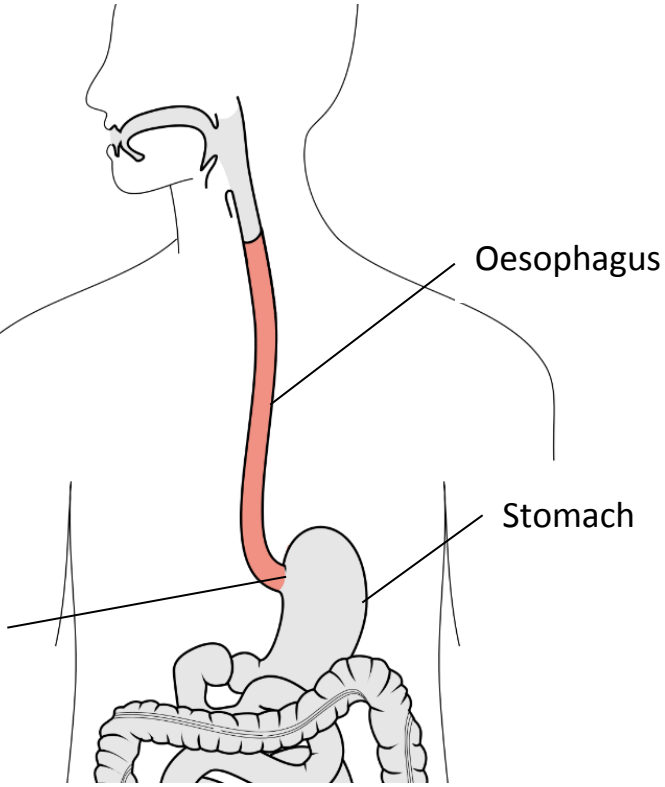
The audit's ninth annual report was published in December 2017 and you can download it at https://www.nogca.org.uk/reports/2017-annual-report/. The annual reports are generally written for clinical audiences, to guide quality improvement within hospitals. This is NOGCA's first dedicated patient report, written for patients, family members and carers. As well as providing general information about OG cancer care, it highlights key findings from the 2017 audit. You can read this patient report alongside the annual report, and we have provided page numbers to refer you to relevant sections of the annual report.

The report is divided into two main parts: the first part provides information about oesophago-gastric cancer, and the second is about high-grade dysplasia. At the end of the report, we provide links to resources where you can find out more about these conditions and the audit.

The oesophagus and the stomach

Oesophago-gastric cancer includes:

- cancers of the oesophagus (also called oesophageal cancer);
- cancers of the gastro-oesophageal junction (GOJ), which is the point where the oesophagus joins the stomach; and
- cancers of the stomach (also called gastric cancer).



Oesophago-gastric cancer

About oesophago-gastric (OG) cancer

OG cancer is the fifth most common type of cancer in the country, with around 13,000 people diagnosed each year in England and Wales.

The audit received information on 21,242 patients in England and Wales who were diagnosed with OG cancer between April 2014 and March 2016.

The average age of patients was 71 years, and two-thirds were men.

Oesophageal cancer (cancers in the oesophagus or gastro-oesophageal junction) accounted for three-quarters of OG cancers, while stomach cancer accounted for one quarter.

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How is OG cancer diagnosed?

OG cancer is diagnosed using a procedure called a biopsy. In a biopsy, small pieces of tissue from your oesophagus or stomach are removed and examined under a microscope. During the procedure, a tube (endoscope) will be placed down your throat and the doctor will insert instruments through the tube to remove the samples of tissue.

Clinical guidelines recommend that if a GP suspects that a patient may have OG cancer, they should refer them immediately for tests. This is to make sure that patients are diagnosed as early as possible. Patients who are diagnosed via such referrals are more likely to be considered for curative treatment (treatment that aims to cure the cancer) than those who are diagnosed following an emergency admission to hospital.

Two-thirds of patients in the audit were diagnosed following a referral from their GP. However, 14% of patients were diagnosed following an emergency admission.

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What happens following a diagnosis of OG cancer?

If you are diagnosed with OG cancer, you will need further tests to work out the stage (extent) of the disease, which will help your doctors decide whether treatment is appropriate. The first test will usually be a computerised tomography (CT) scan. A CT scan uses X-rays and a computer to produce detailed images of inside the body. This allows doctors to assess the location and size of the tumour, and whether the cancer has spread.

If the CT scan shows that your cancer is suitable for curative treatment, you may need further tests to provide more detailed information about the cancer. Depending on the location of the tumour, tests can include endoscopic resection (removing lesions using a tube which is placed down the throat), endoscopic ultrasound (a probe which gives off high-frequency sound waves is placed down the throat to produce images of inside the body), positron emission tomography (PET) CT scan (this type of scan produces detailed 3D images by detecting radiation that is given off by a substance that is injected into the body) and laparoscopy (a surgical procedure which allows surgeons to see inside the stomach through small incisions, also known as keyhole surgery).

Clinical guidelines recommend that all patients who are diagnosed with OG cancer have a CT scan for initial assessment of the disease and to look for evidence of metastatic disease (whether the cancer has spread to other parts of the body).

The majority (89%) of patients in the audit had an initial CT scan.

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What are the treatment options for people diagnosed with OG cancer?

The treatment options for OG cancer depend on the location, stage and type of cancer. If the cancer is at an early stage, the main treatment option is surgery to remove the affected part of the oesophagus or stomach, either alone or combined with chemotherapy (using drugs to destroy cancer cells) or radiotherapy (using radiation to destroy cancer cells), or both.

However, these treatments place a great deal of strain on the body, so patients who are frail or very unwell, and their doctors, may decide that curative treatment is not suitable.

Overall, 39% of patients in the audit were recorded as having curative treatment. Patients with cancers in the lower part of the oesophagus and those with cancers of the oesophago-gastric junction were more likely to have curative treatment than those with other types of OG cancer.

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If curative treatment is not suitable because the cancer is very advanced or a patient is too unwell for treatment, they may receive palliative therapies which aim to reduce the effect of symptoms and improve their quality of life but do not cure the cancer. Palliative therapies include endoscopic stenting (a tube, known as a stent, is placed into the oesophagus to keep blocked parts of the oesophagus open, which helps the patient to swallow), palliative chemotherapy or radiotherapy, palliative surgery, and best supportive care (no treatment beyond the immediate relief of symptoms).

Among patients who were not suitable for curative treatments, 50% had an initial plan for palliative chemotherapy or radiotherapy. This figure varied across regions of England and Wales, ranging from 41% to 67%.

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How long do people have to wait for treatment?

NHS standards state that patients with cancer should begin treatment within 31 days of the decision to treat (the date that a patient agrees to a treatment plan for their cancer). Most patients can expect to begin treatment within one month of agreeing a treatment plan with their doctor.

Cancer waiting times include the portion of time from the decision to treat (DTT) to the start of treatment. They do not include the time from diagnosis to DTT. In the audit, we examined average waiting times from diagnosis to the start of treatment.

For patients having surgery only, the average waiting time was 65 days from diagnosis. However, in some regions nearly a quarter of patients waited 100 days or longer for surgery. For patients having chemotherapy or radiotherapy before surgery, the average waiting time to their first treatment session was shorter (48 days from diagnosis).

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Where do people go for OG cancer surgery?

For patients in England and Wales, surgery to treat OG cancer will take place in one of 42 specialist surgical centres. This means that you may have to travel to another part of the country for your operation. The map on page 12 shows the locations of these surgical centres, and the NHS trusts (England) or local health boards (Wales) they are based in.

What are the outcomes of OG cancer surgery?

Among patients in the audit who had curative surgery (surgery that aims to cure the cancer), over 96% were alive 90 days after surgery. The average length of stay in hospital after surgery was nine to 12 days.

Complications of surgery, such as respiratory complications and unplanned surgery, are fairly common – 36% of patients having surgery on their oesophagus and 22% of those having surgery on their stomach experienced at least one complication.

Overall, outcomes of surgery are similar across NHS hospitals in England and Wales.

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How do I find out more about my local service?

The audit produces information that can be used to monitor the performance of specific surgical centres and individual surgeons. You can find this information in the following places.

www.NOGCA.org.uk
This is the audit's main website, where you can download audit reports and find information about the outcomes for specific NHS trusts (England) and local health boards (Wales).

NOGCA National Oesophago-Gastric Cancer Audit

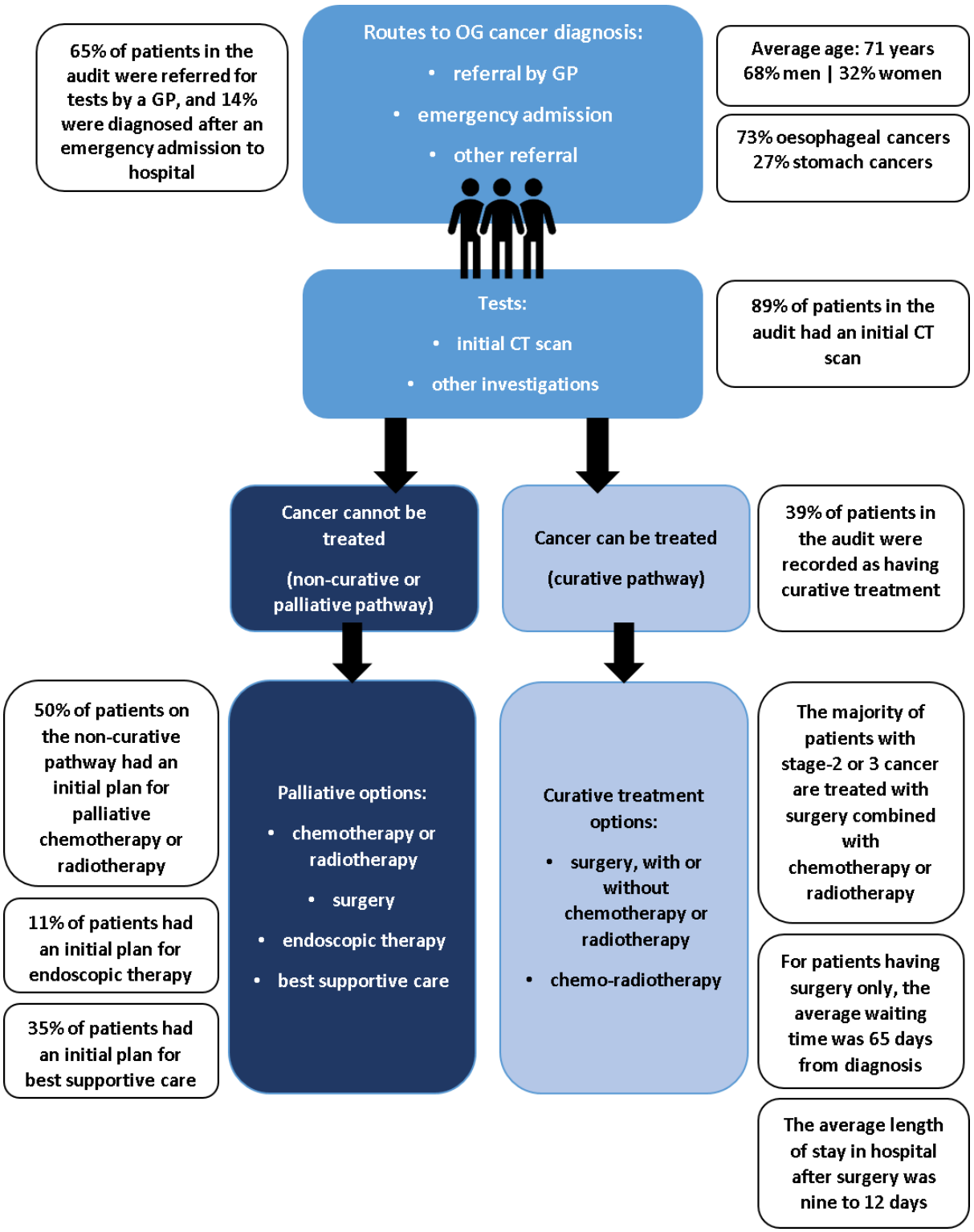
www.augis.org/outcomes-data-2017
Surgical outcomes from the audit, for example, mortality rates (the number of deaths) and length of stay in hospital after surgery, are published each year by the Association of Upper Gastrointestinal Surgeons.

AUGIS
Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland

www.nhs.uk/Service-Search/performance/search
Information is available for the full range of NHS services, including the audit's surgical results.

My NHS
DATA for better services

Care pathway (stages) for people with oesophago-gastric (OG) cancer



High-grade dysplasia of the oesophagus

What is high-grade dysplasia (HGD) of the oesophagus?

High-grade dysplasia (HGD) of the oesophagus means that there are severely abnormal cells (precancerous cells) in the lining of the oesophagus. It is not cancer, but can turn into cancer if it is left untreated.

Who is affected by HGD?

The audit received information on 732 patients in England who were diagnosed with HGD of the oesophagus between April 2014 and March 2016.

The average age of patients was 70 years, and 77% were men.

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How is HGD diagnosed?

HGD is diagnosed using a procedure called a biopsy. In a biopsy, small pieces of tissue from the oesophagus are removed and examined under a microscope. During the procedure, a tube (endoscope) will be placed down your oesophagus and the doctor will insert instruments through the tube to remove the samples of tissue.

National guidelines recommend that people with suspected HGD should have their diagnosis confirmed by two specialist doctors (pathologists).

85% of patients in the audit had their initial diagnosis of HGD confirmed by a second pathologist.

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What happens following a diagnosis of HGD?

A specialist team of doctors (known as a multidisciplinary team or MDT) will discuss your care to make sure that you are considered for the most appropriate treatment options. You should be offered an appointment with your doctor to discuss the team's recommendations.

National guidelines recommend that people with HGD should have their treatment discussed at a specialist multidisciplinary team meeting.

86% of patients in the audit had their treatment discussed by a multidisciplinary team of clinicians.

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What are the treatment options for people diagnosed with HGD?

The main treatment option is to remove the abnormal cells from the lining of the oesophagus using a tube called an endoscope. The endoscope is placed down your oesophagus, and the doctor inserts instruments through it to remove the abnormal tissue. Abnormal tissue can be removed by cutting it away with a thin wire (endoscopic mucosal resection or EMR), or using heat (radiofrequency ablation).

A small number of people may need an operation to surgically remove the affected part of the oesophagus.

National guidelines recommend that people with HGD should receive endoscopic treatment (for example, endoscopic mucosal resection or radiofrequency ablation).

73% of patients in the audit received endoscopic treatment. Around a quarter of patients were placed on surveillance or did not receive any active treatment.

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Where do people go for treatment of HGD?

If you need treatment for HGD, this will be provided in a specialist centre which treats a large number of HGD patients each year. This means that you may have to travel to a hospital other than your local hospital for treatment.

What are the outcomes of treatment for HGD?

The majority of treatment procedures will result in complete removal of the abnormal cells. This will be confirmed by a doctor, who will examine the removed tissue under a microscope. In some cases, patients may need further treatment to make sure all the abnormal tissue is removed.

In the audit, 67% of endoscopic procedures resulted in complete removal of abnormal cells (complete excision).

Among patients whose procedures did not result in complete excision, two-thirds went on to receive further treatment (repeat endoscopic treatment or surgery).

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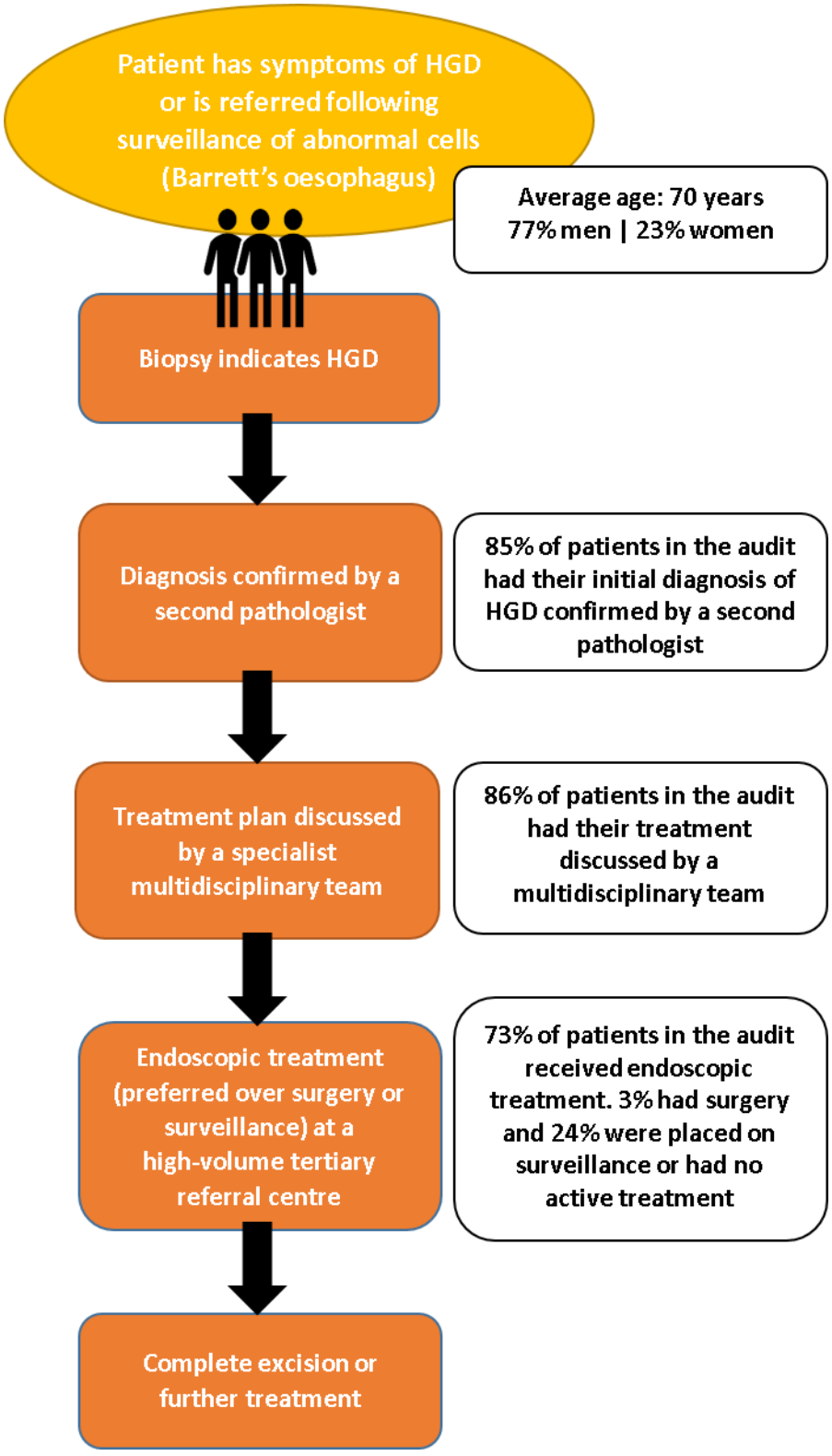
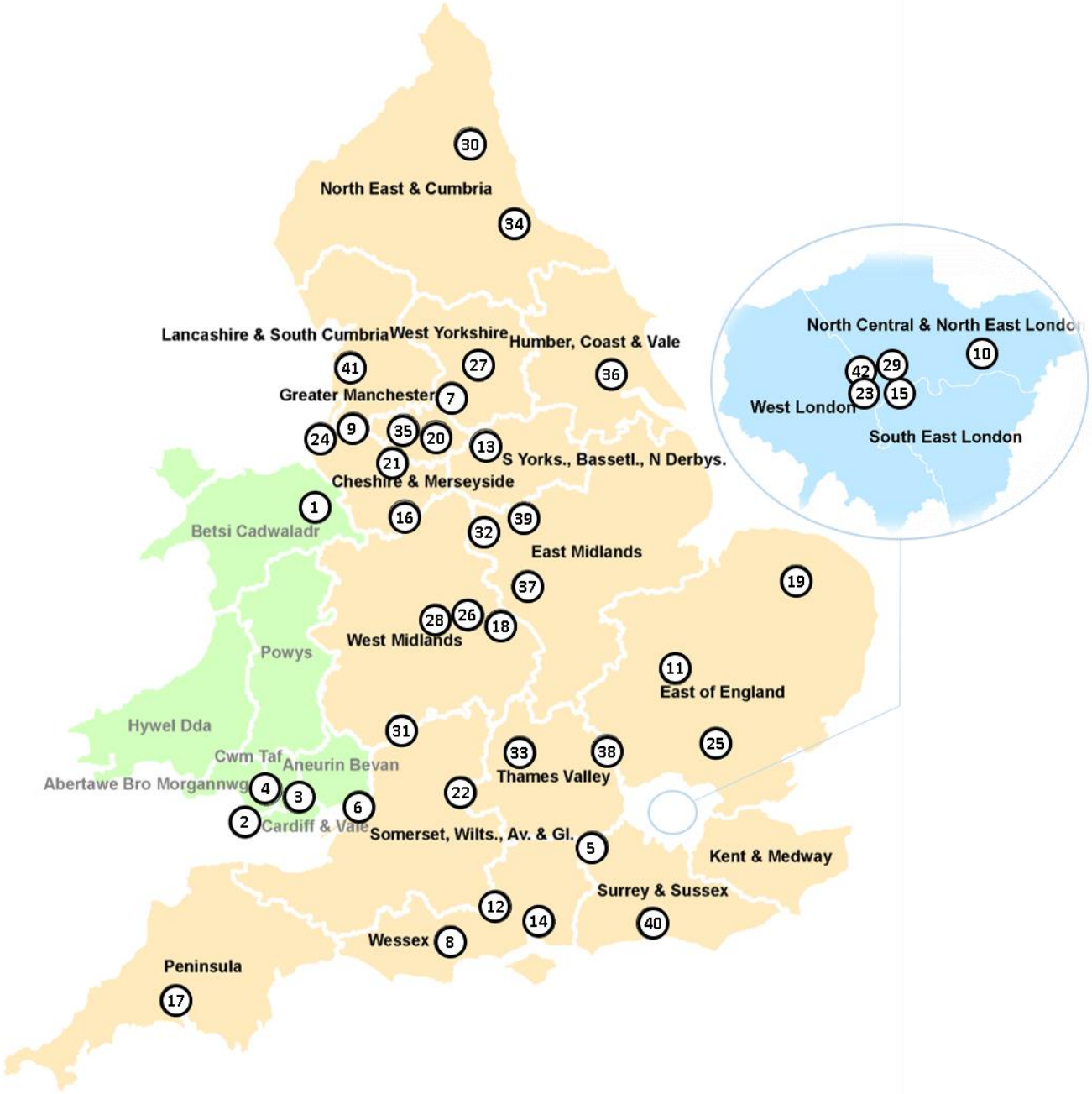
Care pathway for patients with high-grade dysplasia of the oesophagus



Locations of NHS surgical cancer centres and regional boundaries as at September 2017

Key for NHS trust (England) and local health board (Wales)
Codes are on the next page.



NHS trust and local health board codes

Code	Name	Code	Name
1	Betsi Cadwaladr University Local Health Board	**22**	Great Western Hospitals NHS Foundation Trust
2	Abertawe Bro Morgannwg University Local Health Board	**23**	The Royal Marsden NHS Foundation Trust
3	Cardiff & Vale University Local Health Board	**24**	Royal Liverpool and Broadgreen University Hospitals NHS Trust
4	Cwm Taf University Local Health Board	**25**	Mid Essex Hospital Services NHS Trust
5	Royal Surrey County Hospital NHS Foundation Trust	**26**	Heart of England NHS Foundation Trust
6	University Hospitals Bristol NHS Foundation Trust	**27**	Leeds Teaching Hospitals NHS Trust
7	Bradford Teaching Hospitals NHS Foundation Trust	**28**	University Hospitals Birmingham NHS Foundation Trust
8	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	**29**	University College London Hospitals NHS Foundation Trust
9	Aintree University Hospital NHS Foundation Trust	**30**	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
10	Barking, Havering and Redbridge University Hospitals NHS Trust	**31**	Gloucestershire Hospitals NHS Foundation Trust
11	Cambridge University Hospitals NHS Foundation Trust	**32**	Derby Hospitals NHS Foundation Trust
12	University Hospital Southampton NHS Foundation Trust	**33**	Oxford University Hospitals NHS Trust
13	Sheffield Teaching Hospitals NHS Foundation Trust	**34**	South Tees Hospitals NHS Foundation Trust
14	Portsmouth Hospitals NHS Trust	**35**	Central Manchester University Hospitals NHS Foundation Trust
15	Guy's and St Thomas' NHS Foundation Trust	**36**	Hull and East Yorkshire Hospitals NHS Trust
16	University Hospitals of North Midlands NHS Trust	**37**	University Hospitals of Leicester NHS Trust
17	Plymouth Hospitals NHS Trust	**38**	West Hertfordshire Hospitals NHS Trust
18	University Hospitals Coventry and Warwickshire NHS Trust	**39**	Nottingham University Hospitals NHS Trust
19	Norfolk and Norwich University Hospitals NHS Foundation Trust	**40**	Brighton and Sussex University Hospitals NHS Trust
20	University Hospital of South Manchester NHS Foundation Trust	**41**	Lancashire Teaching Hospitals NHS Foundation Trust
21	Salford Royal NHS Foundation Trust	**42**	Imperial College Healthcare NHS Trust

Where can I find more information?

High-grade dysplasia:

Cancer Research UK	http://www.cancerresearchuk.org/about-cancer/oesophageal-cancer/stages-types-grades/stage-0

Oesophago-gastric cancer:

NHS Choices	https://www.nhs.uk/conditions/oesophageal-cancer/
	https://www.nhs.uk/conditions/stomach-cancer/
Cancer Research UK	http://www.cancerresearchuk.org/about-cancer/oesophageal-cancer
	http://www.cancerresearchuk.org/about-cancer/stomach-cancer
Macmillan Cancer Support	https://www.macmillan.org.uk/information-and-support/oesophageal-gullet-cancer
	https://www.macmillan.org.uk/information-and-support/stomach-cancer
The Oesophageal Patients Association	https://www.opa.org.uk/
Maggie's	https://www.maggiescentres.org/

For more information about the audit and its findings:

National Oesophago-gastric Cancer Audit	https://www.nogca.org.uk/

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HQIP Healthcare Quality Improvement Partnership	HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the effect that clinical audit has on the quality of healthcare in England and Wales. HQIP hosts the contract to manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Its purpose is to involve clinicians across England and Wales in systematically evaluating their clinical practice against standards and to support and encourage improvement in the quality of treatment and care. The programme includes more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental-health conditions.
Royal College of Surgeons ADVANCING SURGICAL CARE	The Royal College of Surgeons (RCS) of England is an independent professional body committed to helping surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this, it supports the audit and evaluation of clinical effectiveness for surgery. Registered charity number: 212808. The RCS analysed the audit data and wrote the content of the 2017 annual report.
AUGIS Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland	The Association of Upper GI Surgeons is the speciality society that represents upper gastrointestinal surgeons. It is one of the key partners leading the audit.
bsg BRITISH SOCIETY OF GASTROENTEROLOGY	The British Society of Gastroenterology is the speciality society of gastroenterologists. It is one of the key partners leading the audit.
RCR The Royal College of Radiologists	The Royal College of Radiologists is the speciality society of radiologists. It is one of the key partners leading the audit.
NHS Digital	NHS Digital is the new trading name for the Health and Social Care Information Centre (HSCIC). They provide 'Information and Technology for better health and care'. The Clinical Audit and Registries Management Service of NHS Digital manage a number of national clinical audits in the areas of cancer, diabetes and heart disease. It manages the audit on behalf of the RCS.