

National Oesophago-gastric Cancer Audit

New Patient Registration datasheet:

Patients with Oesophageal High Grade Dysplasia (Glandular or Squamous)

Please be aware that this datasheet may contain person identifiable data. Please consider your local security and Information Governance processes and controls when handling this information.

Patient details

Surname: _____ Forename: _____
 NHS number: _____ Postcode: _____
 Sex: Male Not specified Date of birth: ____/____/____
 Female Not known

Initial referral to local oesophago-gastric team and diagnostic process

Source of referral: From surveillance Symptomatic referral Not known
 Date of endoscopic biopsy in which HGD was first diagnosed: ____/____/____
 Hospital where the first endoscopic biopsy was taken: _____
 Was the original diagnosis of HGD confirmed by a second pathologist? Yes No Not known
Comorbidities: **None**
 Ischemic heart disease COPD/Asthma Chronic renal impairment
 Liver failure/Cirrhosis Diabetes Peripheral vascular disease
 Cerebrovascular disease Mental illness Other significant condition

Endoscopic Report

Barrett's Segment: Present Absent Not known
 Dysplasia of glandular or squamous mucosa: Glandular Squamous Not known
HGD appearance: Flat mucosa Nodular lesion Depressed lesion Not known
Length of Barrett's Segment Length of circumferential columnar lining (nearest 0.5 cm) _____.____cm Maximum length of columnar lining (nearest 0.5 cm) _____.____cm

Planned treatment

Hospital at which treatment plan made: _____

Date treatment plan agreed: ____/____/____ **NB: Date the treatment plan was agreed by the clinical team**

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

Planned treatment:

Active treatment ³

Surveillance (follow-up
endoscopy) ^{1, 2}

No surveillance or active
treatment ¹

¹ Use of surveillance or no active treatment

What was the reason for this treatment plan?

Patient choice

Patient unfit for endoscopic or surgical treatment

Lack of access to endoscopic treatment or surgery

Unknown

² Use of surveillance

How many months after the date of treatment plan was the next surveillance endoscopy planned for?

≤3 months	<input type="checkbox"/>
4-6 months	<input type="checkbox"/>
7-12 months	<input type="checkbox"/>
12 months	<input type="checkbox"/>
Not known	<input type="checkbox"/>

³ Initial treatment (active treatment)

Hospital where initial treatment was given: _____

Date initial treatment was given: ____/____/____

Initial treatment modality:

- | | | | |
|---------------------------------|---------------------------------------|---------------------------|--------------------------|
| Oesophagectomy | <input type="checkbox"/> | Radiofrequency ablation | <input type="checkbox"/> |
| Photodynamic therapy | <input type="checkbox"/> | Argon plasma coagulation | <input type="checkbox"/> |
| Endoscopic resection (EMR, ESD) | <input type="checkbox"/> ⁴ | Multipolar electrocautery | <input type="checkbox"/> |
| Cryotherapy | <input type="checkbox"/> | Laser therapy | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

⁴ Use of endoscopic resection

Date of endoscopic resection: ____/____/____

Involvement of lateral margins: Clear of HGD/cancer Positive Not known

Involvement of deep margins: Clear of HGD/cancer Positive Not known

- What was the ongoing plan?
- | | |
|---|--------------------------|
| Further endoscopic resection (EMR, ESD) | <input type="checkbox"/> |
| Further ablative endoscopic treatment (e.g. RFA, APC) | <input type="checkbox"/> |
| Refer for oesophagectomy | <input type="checkbox"/> |
| Surveillance (follow-up endoscopy) only | <input type="checkbox"/> |
| No further surveillance or treatment | <input type="checkbox"/> |
| Not known | <input type="checkbox"/> |

Post-treatment histology (pathology results based on endoscopic resection):

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

National Oesophago-gastric Cancer Audit

New Patient Registration datasheet:

Patients with Oesophageal or Gastric Cancer

Please be aware that this datasheet may contain person identifiable data. Please consider your local security and Information Governance processes and controls when handling this information.

Patient details

Surname: _____ Forename: _____

NHS number: _____ Postcode: _____

Sex: Male Not specified Date of birth: ____/____/____
 Female Not known

Initial referral and diagnosis data

Source of referral:

Direct from GP ¹ Barrett's surveillance Emergency admission
 Open access endoscopy Other: initiated by consultant (outpatient) Not known

¹ Priority of GP referral: Urgent Two-week wait Routine

Date of first referral to local oesophago-gastric team for investigation: ____/____/____

Date of diagnosis (cancer): ____/____/____

Local cancer unit where cancer was diagnosed: _____

Diagnosis – Site

Oesophagus: Upper 1/3 Middle 1/3 Lower 1/3 **NB: Cervical oesophageal tumours are NOT included in this audit**

Gastro-oesophageal junction
 (adenocarcinomas only) Siewert classification: 1 2 3

Stomach: Fundus Body Antrum Pylorus

Diagnosis - Histology

Invasive adenocarcinoma	<input type="checkbox"/>	Squamous cell carcinoma	<input type="checkbox"/>
Adenosquamous carcinoma	<input type="checkbox"/>	Small-cell carcinoma	<input type="checkbox"/>
Undifferentiated carcinoma	<input type="checkbox"/>	Other epithelial carcinoma	<input type="checkbox"/>

NB: Non-epithelial tumours (GIST, sarcomas, melanomas) are NOT included in this audit

Staging investigations (tick all that apply)

None	<input type="checkbox"/>		
CT scan	<input type="checkbox"/>	PET / PET-CT scan	<input type="checkbox"/>
Endoscopic ultrasound (EUS)	<input type="checkbox"/>	EUS Fine needle aspiration	<input type="checkbox"/>
Staging laparoscopy	<input type="checkbox"/>	Other investigation	<input type="checkbox"/>

Pre-treatment stage

Which TNM version was used?		TNM v6 <input type="checkbox"/>			TNM v7 <input type="checkbox"/>			TNM v8 <input type="checkbox"/>					
T	0 <input type="checkbox"/>	Tis <input type="checkbox"/>	1 <input type="checkbox"/>	1a <input type="checkbox"/>	1b <input type="checkbox"/>	2 <input type="checkbox"/>	2a <input type="checkbox"/>	2b <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4a <input type="checkbox"/>	4b <input type="checkbox"/>	x <input type="checkbox"/>
N	0 <input type="checkbox"/>		1 <input type="checkbox"/>			2 <input type="checkbox"/>			3 <input type="checkbox"/>	3a <input type="checkbox"/>	3b <input type="checkbox"/>		x <input type="checkbox"/>
M	0 <input type="checkbox"/>		1 <input type="checkbox"/>										x <input type="checkbox"/>

ECOG (WHO) Performance Status

0	Carries out all normal activity without restriction	<input type="checkbox"/>
1	Restricted but walks/does light work	<input type="checkbox"/>
2	Walks, full self-care but no work. Up and about >50% of the time	<input type="checkbox"/>
3	Limited self-care, confined to bed or chair for >50% waking hours	<input type="checkbox"/>
4	Fully disabled, confined to bed/chair	<input type="checkbox"/>

Comorbidities (tick all that apply)

None	<input type="checkbox"/>		
Ischemic heart disease	<input type="checkbox"/>	Liver failure or cirrhosis	<input type="checkbox"/>
Chronic renal impairment	<input type="checkbox"/>	Barrett's oesophagus	<input type="checkbox"/>
Cerebrovascular disease	<input type="checkbox"/>	Chronic respiratory disease (COPD/asthma)	<input type="checkbox"/>
Peripheral vascular disease	<input type="checkbox"/>	Other significant condition	<input type="checkbox"/>
		Diabetes	<input type="checkbox"/>
		Mental illness	<input type="checkbox"/>

Treatment plan

Date final care plan agree: ____/____/____

Treatment intent: Curative ²
 Non-curative (palliative) ^{3, 4} (surgery, chemo/radiotherapy, endoscopy)
 No active treatment (supportive care) ⁴ (non-specific symptomatic treatment)

Details of planned treatment (tick all that apply)

² Curative modality

Surgery
 Radiotherapy
 Chemotherapy
 Definitive chemo-radiotherapy
 Endoscopic mucosal resection
 Immunotherapy

³ Palliative modality

Palliative surgery
 Palliative oncology
 Endoscopic palliative therapy
 Specialist palliative care
 Other active treatment

⁴ Reasons for palliative treatment or no active treatment (tick all that apply)

Patient declined treatment
 Unfit, because of advanced stage cancer
 Unfit, because significant comorbidity
 Unfit, because poor performance status
 Not known

Nutritional management

Dietetic involvement (or planned involvement) between diagnosis and treatment:

Assessment and advice from a general dietitian
 Assessment and advice from a specialist OG dietitian
 Assessment and advice from a dietitian: not known if general or specialist
 No contact with a dietitian as no dietitian available
 No contact with a dietitian as assessed as not required

Anthropometrics at diagnosis or first assessment following diagnosis

Height _____ m (to 2 decimal places)

Weight _____ kg (up to 3 decimal places)

National Oesophago-gastric Cancer Audit

Surgery datasheet:

Patients with Oesophageal or Gastric Cancer or High Grade Dysplasia

Please be aware that this datasheet may contain person identifiable data. Please consider your local security and Information Governance processes and controls when handling this information.

Patient details (for patient identification only)

Surname: _____ Forename: _____
NHS number: _____ Date of birth: ____/____/____

Admission and Surgical Details (main procedure only)

Hospital name: : _____
Date of admission: ____/____/____ Date of operation: ____/____/____
Pre-operative intent of surgery: Palliative Curative
Fitness for surgery (ASA grade): 1 2 3 4 5
Smoking: Current smoker Ex-smoker Non-smoker (history unknown)
Never smoked Not known

Pre-operative stage (after any neoadjuvant therapy)

Which TNM version do you use?	TNM v6 <input type="checkbox"/>			TNM v7 <input type="checkbox"/>			TNM v8 <input type="checkbox"/>						
T	0 <input type="checkbox"/>	Tis <input type="checkbox"/>	1 <input type="checkbox"/>	1a <input type="checkbox"/>	1b <input type="checkbox"/>	2 <input type="checkbox"/>	2a <input type="checkbox"/>	2b <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4a <input type="checkbox"/>	4b <input type="checkbox"/>	x <input type="checkbox"/>
N	0 <input type="checkbox"/>		1 <input type="checkbox"/>			2 <input type="checkbox"/>			3 <input type="checkbox"/>	3a <input type="checkbox"/>	3b <input type="checkbox"/>		x <input type="checkbox"/>
M	0 <input type="checkbox"/>		1 <input type="checkbox"/>										x <input type="checkbox"/>

Procedure					
Oesophageal		Gastric			
Oesophagectomy:		Gastrectomy:			
Left thoraco-abdominal approach	<input type="checkbox"/>	Total	<input type="checkbox"/>	Extended total	<input type="checkbox"/>
2-phase (Ivor-Lewis)	<input type="checkbox"/>	Proximal	<input type="checkbox"/>	Distal	<input type="checkbox"/>
3-phase (McKeown)	<input type="checkbox"/>	Completion	<input type="checkbox"/>	Merendino	<input type="checkbox"/>
Transhiatal	<input type="checkbox"/>	Wedge/localised gastric resection		<input type="checkbox"/>	
Thoracotomy (open & shut)	<input type="checkbox"/>	Bypass procedure / Jejunostomy only		<input type="checkbox"/>	
		Laparotomy (open & shut)		<input type="checkbox"/>	
Number of surgeons involved in the original operation: _____					
GMC Code for Surgeon Responsible for original operation: _____					
GMC Code for additional Surgeon 1 involved in original operation: _____					
GMC Code for additional Surgeon 2 involved in original operation: _____					
GMC Code for additional Surgeon 3 involved in original operation: _____					
Surgical access (thoracic) – the approach used for the thoracic stage of the operation		Surgical access (abdominal) – the approach used for the abdominal stage of the operation			
Open operation	<input type="checkbox"/>	Open operation	<input type="checkbox"/>		
Thorascopic converted to open	<input type="checkbox"/>	Laparoscopic converted to open	<input type="checkbox"/>		
Thorascopic completed	<input type="checkbox"/>	Laparoscopic completed	<input type="checkbox"/>		
Robotic converted to open	<input type="checkbox"/>	Robotic converted to open	<input type="checkbox"/>		
Robotic completed	<input type="checkbox"/>	Robotic completed	<input type="checkbox"/>		
Not applicable	<input type="checkbox"/>				
Nodal dissection					
Oesophagectomy:	None <input type="checkbox"/>	1-field <input type="checkbox"/>	2-field <input type="checkbox"/>	3-field <input type="checkbox"/>	
Gastrectomy:	D0 (peri-gut resection) <input type="checkbox"/>	D1 <input type="checkbox"/>	D2 <input type="checkbox"/>	D3 <input type="checkbox"/>	

Postoperative complications (tick all that apply)

None	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>
Anastomatic leak	<input type="checkbox"/>	ARDS	<input type="checkbox"/>
Chyle leak	<input type="checkbox"/>	Pulmonary embolism	<input type="checkbox"/>
Haemorrhage	<input type="checkbox"/>	Pleural effusion	<input type="checkbox"/>
Cardiac complication	<input type="checkbox"/>	Wound infection	<input type="checkbox"/>
Acute renal failure	<input type="checkbox"/>	Other	<input type="checkbox"/>

Unplanned return to theatre? Yes No Death in hospital? Yes No

Date of discharge or death: ____ / ____ / ____

Enhance recovery after surgery (ERAS)

What best describes the surgical pathway that this patient followed?

A protocolised enhanced recovery (ERAS) without daily documentation in medical notes	<input type="checkbox"/>	¹
A protocolised enhanced recovery (ERAS) with daily documentation in medical notes	<input type="checkbox"/>	¹
A standard (non-ERAS) surgical pathway	<input type="checkbox"/>	
Not known	<input type="checkbox"/>	

¹ Did the patient complete the ERAS pathway? Yes

(for patients on ERAS) No, but partial completion

 No, non-completion

 Unknown / not documented

Postoperative nutritional management during surgical admission (tick all that apply)

Nasojejunal tube	<input type="checkbox"/>	Jejunostomy	<input type="checkbox"/>
Oral nutrition	<input type="checkbox"/>	Parenteral nutrition	<input type="checkbox"/>
Other	<input type="checkbox"/>	No nutritional management	<input type="checkbox"/>

Dietetic involvement following surgical resection:

Assessed and advised by a general dietitian	<input type="checkbox"/>
Assessed and advised by a specialist OG dietitian	<input type="checkbox"/>
Assessment and advice from a dietitian: not known if general or specialist	<input type="checkbox"/>
No contact with a dietitian	<input type="checkbox"/>

Postoperative nutritional management on discharge (tick all that apply)

NB: Details of planned nutritional management after the surgical admission

Nasojejunal tube	<input type="checkbox"/>	Jejunostomy	<input type="checkbox"/>
Oral nutrition	<input type="checkbox"/>	Parenteral nutrition	<input type="checkbox"/>
Other	<input type="checkbox"/>	No management planned	<input type="checkbox"/>

National Oesophago-gastric Cancer Audit

Postoperative pathology datasheet:

Patients with Oesophageal or Gastric Cancer or High Grade Dysplasia

Please be aware that this datasheet may contain person identifiable data. Please consider your local security and Information Governance processes and controls when handling this information.

Patient details (for patient identification only)

Surname: _____ Forename: _____
NHS number: _____ Date of birth: ____/____/____

Postoperative pathology and staging

Site of tumour:

Oesophagus: Upper 1/3 Middle 1/3 Lower 1/3
Gastro-oesophageal junction Siewert classification: 1 2 3
Stomach: Fundus Body Antrum Pylorus

Histology:

Invasive adenocarcinoma Squamous cell carcinoma
Adenosquamous carcinoma Small-cell carcinoma
Undifferentiated carcinoma Other epithelial carcinoma
Malignant neoplasm Complete regression

Proximal resection margin involved? Yes No
Distal resection margin involved? Yes No
Circumferential margin involved? (<1mm) Yes No N/A

Number of lymph nodes examined: _____

Number of lymph nodes positive: _____

Patient had neoadjuvant therapy prior to surgery Yes No

STAGE Which TNM version was used? TNM v6 TNM v7 TNM v8

T	0 <input type="checkbox"/>	Tis <input type="checkbox"/>	1 <input type="checkbox"/>	1a <input type="checkbox"/>	1b <input type="checkbox"/>	2 <input type="checkbox"/>	2a <input type="checkbox"/>	2b <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4a <input type="checkbox"/>	4b <input type="checkbox"/>	x <input type="checkbox"/>
N	0 <input type="checkbox"/>		1 <input type="checkbox"/>			2 <input type="checkbox"/>			3 <input type="checkbox"/>	3a <input type="checkbox"/>	3b <input type="checkbox"/>		x <input type="checkbox"/>
M	0 <input type="checkbox"/>		1 <input type="checkbox"/>										x <input type="checkbox"/>

National Oesophago-gastric Cancer Audit

Chemotherapy/Radiotherapy datasheet:

Patients with Oesophageal or Gastric Cancer

Please fill in this datasheet for every course of oncological treatment received by a patient with oesophago-gastric cancer. Most patients will only require one datasheet to be completed. For patients who have both neoadjuvant and adjuvant therapy, complete two separate datasheets.

Please be aware that this datasheet may contain person identifiable data. Please consider your local security and Information Governance processes and controls when handling this information.

Patient details (for patient identification only)

Surname: _____ Forename: _____
NHS number: _____ Date of birth: ____/____/____

Hospital of treatment

Hospital where treatment took place: _____

Treatment details

Treatment intent:

Curative Palliative

Adjunctive therapy:

Adjuvant Neoadjuvant ¹ Not applicable (primary or palliative) Not known

Intended treatment modality:

Chemotherapy ² Radiotherapy ³ Chemoradiotherapy ^{2,3} Immunotherapy ⁴
Chemotherapy & immunotherapy ^{2,4} Radiotherapy & immunotherapy ^{3,4} Chemoradiotherapy & immunotherapy ^{2,3,4}

Details of therapy

² **Chemotherapy (if applicable)**

Date first cycle started:
____/____/____

Outcome of treatment:

- Completed as prescribed
- Incomplete
- Not known

Reason if incomplete:

- Patient died
- Progressive disease during treatment
- Toxicity
- Patient choice (interrupted or stopped treatment)
- Other
- Not known

³ **Radiotherapy (if applicable)**

Date first fraction started:
____/____/____

Outcome of treatment:

- Completed as prescribed
- Incomplete
- Not known

Reason if incomplete:

- Patient died
- Progressive disease during treatment
- Toxicity
- Patient choice (interrupted or stopped treatment)
- Other
- Not known

⁴ **Immunotherapy (if applicable)**

Date first treatment started:
____/____/____

Outcome of treatment:

- Completed as prescribed
- Incomplete
- Not known

Reason if incomplete:

- Patient died
- Progressive disease during treatment
- Toxicity
- Patient choice (interrupted or stopped treatment)
- Other
- Not known

¹ **Post oncology fitness (for neoadjuvant therapy only)**

Patient proceeded to planned curative surgery: Yes No Not applicable

National Oesophago-gastric Cancer Audit

Endoscopic/Radiological Palliative Therapy datasheet:

Patients with Oesophageal or Gastric Cancer

Please be aware that this datasheet may contain person identifiable data. Please consider your local security and Information Governance processes and controls when handling this information.

Patient details (for patient identification only)

Surname: _____ Forename: _____
NHS number: _____ Date of birth: ____/____/____

Treatment details

Hospital name: _____
Date of endoscopic/radiological procedure: ____/____/____

Procedure details

Type of procedure (tick all that apply):

Insertion of stent ¹	<input type="checkbox"/>	Laser therapy	<input type="checkbox"/>	Argon plasma coagulation	<input type="checkbox"/>
Photodynamic therapy	<input type="checkbox"/>	Gastrostomy	<input type="checkbox"/>	Brachytherapy	<input type="checkbox"/>
Dilation (<i>select if dilation was the sole procedure, <u>not</u> if used to facilitate other treatment</i>)	<input type="checkbox"/>	Other		<input type="checkbox"/>	

Is this procedure part of a planned course of multiple interventions? Yes No Not known

Anaesthesia: Sedation Local anaesthetic spray General anaesthesia
Sedation and local anaesthetic spray combined Not known

¹ Method of stent placement, if applicable

Fluoroscopic control Endoscopic control Fluoroscopic & endoscopic Not known

¹ Immediate complications following stent insertion (tick all that apply)

No complication Perforation Haemorrhage Other