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 ☐ From another trust ☐ 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 mucosa: 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 mucosa: 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 treatment	☐
Patient unfit for surgical treatment	☐
Lack of access to endoscopic treatment	☐
Lack of access to surgical treatment	☐
Unknown	☐

[2] Use of surveillance

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

≤3 months	☐
4-6 months	☐
7-12 months	☐
12 months	☐
Not known	☐

[3] Initial treatment (active treatment)

Hospital where initial treatment was given: _____

Date initial treatment was given: _____/_____/_____

Initial treatment modality:

Oesophagectomy	☐	Radiofrequency ablation	☐
Photodynamic therapy	☐	Argon plasma coagulation	☐
Endoscopic resection (EMR, ESD)	☐ [4]	Multipolar electrocautery	☐
Cryotherapy	☐	Laser therapy	☐
Other	☐		

[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)	☐
Further ablative endoscopic treatment (e.g. RFA, APC)	☐
Refer for oesophagectomy	☐
Surveillance (follow-up endoscopy) only	☐
No further surveillance or treatment	☐
Not known	☐

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

No dysplasia	☐
Low grade dysplasia	☐
High grade dysplasia confirmed	☐
Intramucosal carcinoma	☐
Submucosal carcinoma or worse	☐

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Patients with Oesophageal or Gastric Cancer

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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	☐	Squamous cell carcinoma	☐
Adenosquamous carcinoma	☐	Small-cell carcinoma	☐
Undifferentiated carcinoma	☐	Other epithelial carcinoma	☐
NB: Non-epithelial tumours (GIST, sarcomas, melanomas) are NOT included in this audit			

Staging investigations (tick all that apply)			
None	☐		
CT scan	☐	PET / PET-CT scan	☐
Endoscopic ultrasound (EUS)	☐	EUS Fine needle aspiration	☐
Staging laparoscopy	☐	Other investigation	☐

Pre-treatment stage											
Which TNM version was used?			TNM v7 ☐			TNM v8 ☐					
T	0☐	Tis☐	1☐	1a☐	1b☐	2☐	3☐	4☐	4a☐	4b☐	x☐
N	0☐		1☐			2☐	3☐	3a☐	3b☐		x☐
M	0☐		1☐								

ECOG (WHO) Performance Status		
0	Carries out all normal activity without restriction	☐
1	Restricted but walks/does light work	☐
2	Walks, full self-care but no work. Up and about >50% of the time	☐
3	Limited self-care, confined to bed or chair for >50% waking hours	☐
4	Fully disabled, confined to bed/chair	☐

Comorbidities (tick all that apply)					
None	☐				
Ischemic heart disease	☐	Liver failure or cirrhosis	☐	Diabetes	☐
Chronic renal impairment	☐	Barrett's oesophagus	☐	Mental illness	☐
Cerebrovascular disease	☐	Chronic respiratory disease (COPD/asthma)	☐		
Peripheral vascular disease	☐	Other significant condition	☐		

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**		[3] **Palliative modality**	
Surgery	☐	Palliative surgery	☐
Radiotherapy	☐	Palliative oncology	☐
Chemotherapy	☐	Endoscopic palliative therapy	☐
Definitive chemo-radiotherapy	☐	Specialist palliative care	☐
Endoscopic mucosal resection	☐	Other active treatment	☐
Immunotherapy	☐		

[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)

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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 ☐	Never smoked ☐	Not known ☐	

Pre-operative stage (after any neoadjuvant therapy)											
Which TNM version do you use?		TNM v7 ☐		TNM v8 ☐							
T	0☐	Tis☐	1☐	1a☐	1b☐	2☐	3☐	4☐	4a☐	4b☐	x☐
N	0☐		1☐			2☐	3☐	3a☐	3b☐		x☐
M	0☐		1☐								

Procedure

Oesophageal

Oesophagectomy:

- Left thoraco-abdominal approach ☐
- 2-phase (Ivor-Lewis) ☐
- 3-phase (McKeown) ☐
- Transhiatal ☐

Thoracotomy (open & shut) ☐

Gastric

Gastrectomy:

Total	☐	Extended total	☐
Proximal	☐	Distal	☐
Completion	☐	Merendino	☐

Wedge/localised gastric resection ☐

Bypass procedure / Jejunostomy only ☐

Laparotomy (open & shut) ☐

Number of surgeons involves 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

- Open operation ☐
- Thoracoscopic converted to open ☐
- Thoracoscopic completed ☐
- Robotic converted to open ☐
- Robotic completed ☐
- **Not applicable** ☐

Surgical access (abdominal) – the approach used for the abdominal stage of the operation

- Open operation ☐
- Laparoscopic converted to open ☐
- Laparoscopic completed ☐
- Robotic converted to open ☐
- Robotic completed ☐

Nodal dissection

Oesophagectomy:	None ☐	1-field ☐	2-field ☐	3-field ☐
Gastrectomy:	D0 (peri-gut resection) ☐	D1 ☐	D2 ☐	D3 ☐

Postoperative complications (tick all that apply)			
None	☐	Pneumonia	☐
Anastomatic leak	☐	ARDS	☐
Chyle leak	☐	Pulmonary embolism	☐
Haemorrhage	☐	Pleural effusion	☐
Cardiac complication	☐	Wound infection	☐
Acute renal failure	☐	Other	☐

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		☐ [1]
A protocolised enhanced recovery (ERAS) with daily documentation in medical notes		☐ [1]
A standard (non-ERAS) surgical pathway		☐
Not known		☐
[1] **Did the patient complete the ERAS pathway?** (for patients on ERAS)	Yes	☐
	No, but partial completion	☐
	No, non-completion	☐
	Unknown / not documented	☐

Prehabilitation: Did the patient undergo any prehabilitation before surgery?		
Note: Prehabilitation programmes typically begin around 4-6 weeks before surgery. Do not include interventions or assessments that take place immediately before surgery.		
Formal programme of physical activity and exercise	Yes	☐
	No	☐
	Unknown / not documented	☐
Psychological support	Yes	☐
	No	☐
	Unknown / not documented	☐
Respiratory muscle training	Yes	☐
	No	☐
	Unknown / not documented	☐

Postoperative nutritional management <u>during surgical admission</u> (tick all that apply)			
Nasojejunal tube	☐	Jejunostomy	☐
Oral nutrition	☐	Parenteral nutrition	☐
Other	☐	No nutritional management	☐

Dietetic involvement <u>following surgical resection</u>:	
Assessed and advised by a general dietitian	☐
Assessed and advised by a specialist OG dietitian	☐
Assessment and advice from a dietitian: not known if general or specialist	☐
No contact with a dietitian	☐

Postoperative nutritional management <u>on discharge</u> (tick all that apply)			
NB: Details of planned nutritional management after the surgical admission			
Nasojejunal tube	☐	Jejunostomy	☐
Oral nutrition	☐	Parenteral nutrition	☐
Other	☐	No management planned	☐

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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 v7 ☐ TNM v8 ☐

T 0☐ Tis☐ 1☐ 1a☐ 1b☐ 2☐ 3☐ 4☐ 4a☐ 4b☐ x☐

N 0☐ 1☐ 2☐ 3☐ 3a☐ 3b☐ x☐

M 0☐ 1☐

Lymphatic/vascular invasion:			
No - vascular/lymphatic invasion not present	☐	Vascular invasion only present	☐
Yes - vascular/lymphatic invasion present	☐	Lymphatic invasion only present	☐
Uncertain whether vascular/lymphatic invasion is present	☐	Cannot be assessed	☐
Both lymphatic and vascular invasion present	☐	Not known	☐

Perineural invasion:	Yes	☐	No	☐	Not specified ☐

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)**		[3] **Radiotherapy (if applicable)**		[4] **Immunotherapy (if applicable)**	
Date first cycle started: _____/_____/_____		Date first fraction started: _____/_____/_____		Date first treatment started: _____/_____/_____	
Outcome of treatment:		**Outcome of treatment:**		**Outcome of treatment:**	
Completed as prescribed	☐	Completed as prescribed	☐	Completed as prescribed	☐
Incomplete	☐	Incomplete	☐	Incomplete	☐
Not known	☐	Not known	☐	Not known	☐
Reason if incomplete:		**Reason if incomplete:**		**Reason if incomplete:**	
Patient died	☐	Patient died	☐	Patient died	☐
Progressive disease during treatment	☐	Progressive disease during treatment	☐	Progressive disease during treatment	☐
Toxicity	☐	Toxicity	☐	Toxicity	☐
Patient choice (interrupted or stopped treatment)	☐	Patient choice (interrupted or stopped treatment)	☐	Patient choice (interrupted or stopped treatment)	☐
Other	☐	Other	☐	Other	☐
Not known	☐	Not known	☐	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]	☐	Laser therapy	☐	Argon plasma coagulation	☐
Photodynamic therapy	☐	Gastrostomy	☐	Brachytherapy	☐
Dilation *(select if dilation was the sole procedure, not if used to facilitate other treatment)*	☐	Other	☐		

Is this procedure part of a planned course of multiple interventions? Yes ☐ No ☐ 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 ☐