**National Oesophago-Gastric Cancer Audit (NOGCA)**

**2022 Local Action Plan**

**[Add your organisation’s name here]**

| **Recommendation** | **Annual Report reference** | **Is local action required?** | **Planned action** | **Responsible individuals (names)** | **Date resolved** |
| --- | --- | --- | --- | --- | --- |
| **Oesophago-gastric cancer** |  |  |  |  |  |
| Review patients diagnosed with stage 4 disease to identify opportunities for earlier detection. | Page 13 | Yes / No |  |  |  |
| Review patients diagnosed after emergency admission and undertake root cause analysis where appropriate to identify opportunities to reduce rates of emergency diagnosis. | Page 16 | Yes / No |  |  |  |
| Review the oesophago-gastric cancer care pathway and identify ways to reduce the proportion of patients waiting more than 104 days from referral to first treatment. | Pages 25-26 | Yes / No |  |  |  |
| Explore reasons for non-completion of palliative chemotherapy regimens, and review patient selection for palliative chemotherapy where appropriate. | Page 40 | Yes / No |  |  |  |
| Investigate the reasons for low use of evidence-based (EB) regimens for palliative radiotherapy and the preference for alternative regimens in some regions. | Pages 42-43 | Yes / No |  |  |  |
| **High grade dysplasia** | | | | | |
| In regions with high rates of surveillance or non-treatment, review whether patients with high grade dysplasia are being considered for endoscopic treatment, in line with current BSG recommendations. | Pages 49-50 | Yes / No |  |  |  |
| **Audit participation** | | | | | |
| Review data collection practices for NOGCA and improve case ascertainment in regions where this is low. | Pages 11, 47-48 | Yes / No |  |  |  |