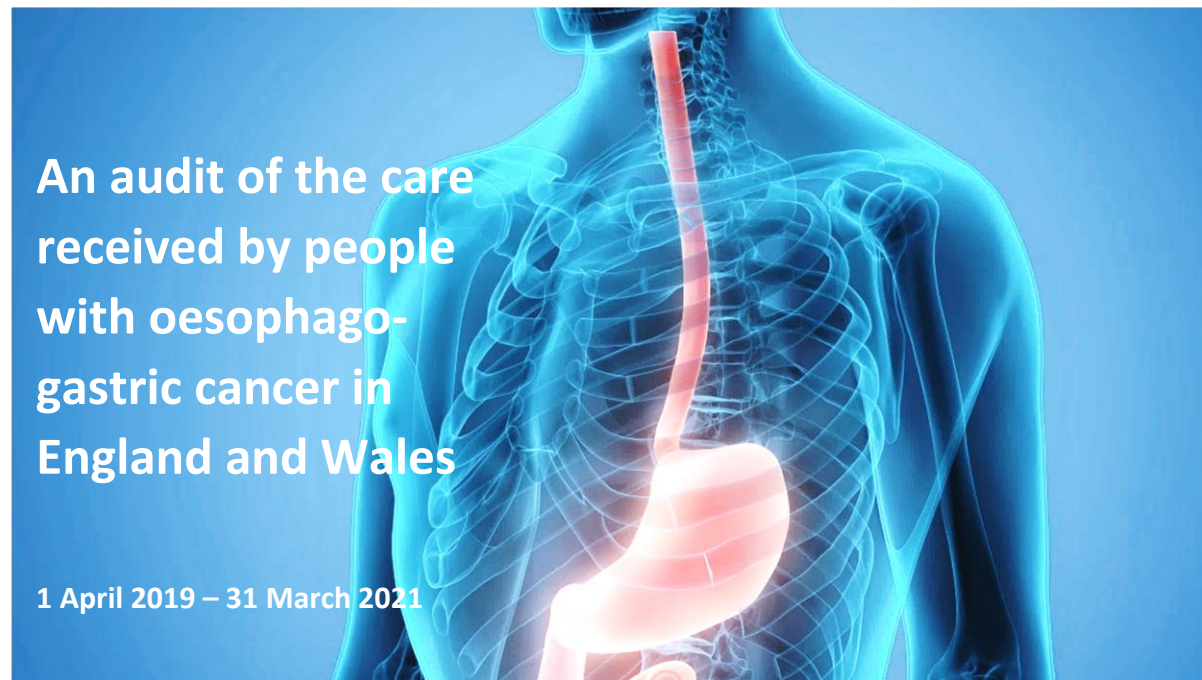


National Oesophago-Gastric Cancer Audit 2022

Report for public and patients



May 2023

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Introduction

The National Oesophago-Gastric Cancer Audit (NOGCA) evaluates the quality of care for patients with oesophago-gastric (OG) cancer in England and Wales.

The audit provides information that enables 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.

In January 2023, the audit published its 2022 Annual Report. It is available at: www.nogca.org.uk/reports/2022-annual-report

This Report for Public and Patients highlights key findings from the Annual

Report, and links to relevant sections of the Annual Report and other resources.

COVID-19 and OG cancer care

The 2022 Annual Report focuses on patients diagnosed with OG cancer or oesophageal HGD between April 2019 and March 2021, which includes patients whose care was affected by the COVID-19 pandemic.

The Annual Report describes some of the changes in OG cancer care during the pandemic.

Further information about the impact of the pandemic on cancer care in England can be viewed on the National Cancer Registration and Analysis Service (NCRAS) COVID-19 dashboards: www.cancerdata.nhs.uk/covid-19/rcrd.

Oesophago-gastric cancer

The term *oesophago-gastric cancer* covers cancers that occur in:

- the oesophagus – the tube that connects the mouth to the stomach
- the gastro-oesophageal junction (GOJ) – the point where the oesophagus joins the stomach
- the stomach – the organ that helps to digest swallowed food

Cancers of the oesophagus are often referred to as oesophageal cancers, while

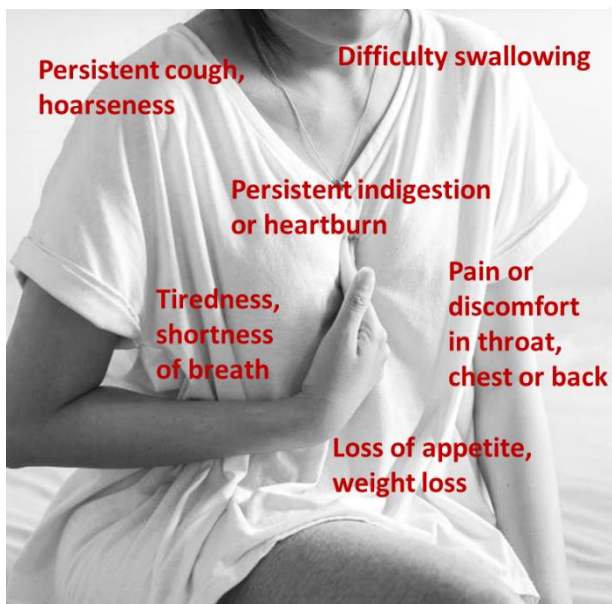
cancers of the stomach are known as gastric cancers.

Depending on the location of the cancer, cancers of the GOJ may be referred to as junctional cancers or oesophageal cancers.

A map of cancer incidence by region of England can be found on the [Office for National Statistics website](#).

Signs and symptoms of OG cancer

Symptoms of **oesophageal cancer** can include:



Symptoms of **stomach cancer** can include:



Who gets oesophago-gastric (OG) cancer?

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

OG cancer can occur at any age, but is more common at older ages. A number of other factors can increase the risk, with different sets of risk factors associated with [oesophageal](#) and [stomach](#) cancer.

For example, obesity, smoking and alcohol have been identified as modifiable risk factors that contribute to the risk of oesophageal cancer. Reflux (often called heartburn, when stomach acid escapes from the stomach into the oesophagus) is also a risk factor. Persistent reflux (heartburn) can lead to a condition known as Barrett's oesophagus, a long-standing change in the lining of the oesophagus. Barrett's can increase the risk of oesophageal cancer, although most people with heartburn or Barrett's will not go on to develop oesophageal cancer.

Infections (notably *Helicobacter pylori* infection) and smoking are significant contributors to stomach cancer risk. Over the last 25 years, the number of cases of stomach cancer has declined as *Helicobacter pylori* infections have become less common, and rates of smoking have declined.

Information about OG cancer incidence in England (nationally and by region) can be viewed on the National Cancer Registration and Analysis Service (NCRAS)

CancerData website:

www.cancerdata.nhs.uk/incidence_and_mortality

The audit received information on 19,174 patients in England and Wales who were diagnosed with OG cancer between April 2019 and March 2021.

The average age of patients was 72 years, and 70% were men.

Oesophageal cancer (cancers in the oesophagus or gastro-oesophageal junction) accounted for 74% of OG cancers, while stomach cancer accounted for 26%.

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During April 2020, the number of patients diagnosed with OG cancer fell by 56%, from an average of 837 cases per month in 2019/20 to 365. However, the numbers diagnosed soon returned to normal levels.

The percentage of patients diagnosed with stage 4 (advanced) cancer increased from 42% in 2019/20 to 45% in 2020/21.

How is OG cancer diagnosed?

OG cancer is diagnosed using a procedure called endoscopy, or sometimes referred to as gastroscopy. During an endoscopy, a tube with a camera at the end is placed down into the patient's oesophagus or stomach. Instruments are inserted through the tube, enabling small pieces of tissue from the oesophagus to be removed, which is called a biopsy.

Most patients will be conscious (awake) for the procedure, but a sedative may be offered to help a patient relax.

Clinical guidelines recommend that if a GP suspects that a patient has OG cancer, the patient should be referred immediately for tests to ensure they are diagnosed as early as possible.

Some patients are diagnosed after an emergency admission to hospital. These patients often have advanced disease, which means that offering curative treatment can be more challenging than for patients diagnosed after a GP referral with early symptoms.

The percentage of emergency admissions for each hospital trust can be found here: www.nogca.org.uk/trust-results/

Overall, 66% of patients in the audit were diagnosed following a GP referral, and 12% were diagnosed after an emergency admission.

Stomach cancer is more likely to be diagnosed after an emergency admission than oesophageal cancer.

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The percentage of patients diagnosed after an emergency admission increased between 2019/20 and 2020/21, from 9.5% to 10.6% among those with oesophageal cancer, and from 17.5% to 21.4% among those with stomach cancer.

What tests are needed following a diagnosis of OG cancer?

Patients diagnosed with OG cancer are referred for tests to work out the stage (extent) of the disease. The stage helps doctors to decide what treatment options are 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 the cancer has not spread from the oesophagus or stomach, a patient may have further tests to provide more precise information about its size.

After the CT scan, and depending on the location of the tumour, tests can include:

- endoscopic ultrasound (EUS), a probe which gives off high-frequency sound waves is placed down the throat to produce images of inside the body;

- positron emission tomography scan (PET-CT scan) (this produces detailed 3D images by detecting radiation that is given off by a substance injected into the body);
- laparoscopy (a surgical procedure which allows access to the stomach through small incisions, also known as keyhole surgery); and
- tests to assess patient fitness, e.g. heart and lung function tests.

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 spread to other parts of the body.

The majority (93%) of patients in the audit had an initial CT scan.

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The percentage of patients with potentially curable oesophageal or GOJ cancer who had an endoscopic ultrasound (EUS) decreased from 28% in 2019/20 to 19% in 2020/22.

The COVID-19 pandemic had an impact on the use of invasive tests such as EUS and laparoscopy for assessing cancer stage, due to the associated risks of infection and limited hospital capacity during the initial waves of the pandemic. However, the decreased use of EUS also reflects increasing evidence about the limitations of EUS in distinguishing between the earliest stages of oesophageal cancer.

What treatments are available for OG cancer?

The treatment options for OG cancer depend on the location, stage and type of cancer.

Curative treatment

If the cancer is at an early stage, the main treatment option is surgery to remove the affected part of the oesophagus or stomach. Patients may also have chemotherapy (using drugs to destroy cancer cells) and/or radiotherapy (using radiation to destroy cancer cells) before or after surgery.

Certain types of cancer may be suitable for treatment with chemotherapy and/or radiotherapy without surgery, and

immunotherapy for a small number of patients.

For very early stage cancers, it may be possible to remove just the abnormal areas in the lining of the oesophagus or stomach using an endoscopy (tube) placed down the throat, followed by radiofrequency ablation (using radio waves to destroy abnormal cells).

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

Palliative treatment

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 impact of symptoms and improve 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 (and/or immunotherapy) or radiotherapy, and best supportive care (no treatment beyond the immediate relief of symptoms).

Overall, 38% of patients in the audit had a plan for curative treatment, including 39% of patients with oesophageal cancer and 32% of patients with stomach cancer.

Among patients who were not suitable for curative treatments, 53% had an initial plan for palliative chemotherapy or radiotherapy, 14% a plan for endoscopic or radiological therapies, 5% a plan for surgery, and 28% a plan for best supportive care.

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The proportion of patients with a plan for curative treatment declined from 39% in 2019/20 to 36% in 2020/21.

How long do patients have to wait for treatment?

NHS services in England and Wales aim to diagnose cancer within 28 days and start treatment for cancer within 62 days of an urgent referral from primary care (England) or the point of suspicion of cancer (Wales).

More information about cancer waiting times standards can be found on the websites for NHS England: www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

and NHS Wales: <https://gov.wales/nhs-cancer-waiting-times>

For patients undergoing curative surgery, chemotherapy or radiotherapy, the time from referral to the start of treatment was typically 74 to 88 days.

Waiting times were long for many patients, with 60% waiting more than 62 days from urgent referral to first treatment.

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The proportion of patients who waited longer than 62 days from referral to first treatment (all treatments) increased from 57% in 2019/20 to 62% in 2020/21.

Where can patients go for OG cancer surgery?

For patients in England and Wales, surgery to treat OG cancer will take place in one of 36 specialist surgical centres.

This means that patients may have to travel to another part of the country for their operation. A list of specialist centres can be found on page 12 of this report.

What are the outcomes of OG cancer surgery?

Among patients in the audit who had curative surgery (surgery that aims to cure the cancer), almost 97% were alive 90 days after surgery. It is estimated that 60% of these patients survive for three years or more after surgery.

The length of stay in hospital was typically 11 days for patients who had an oesophagectomy, (surgical procedure to remove part or all of the oesophagus) and 8 days for patients who had a gastrectomy (surgical procedure to remove part or all of the stomach).

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'Enhanced recovery after surgery' (ERAS) protocols are care pathways designed to help early recovery after surgery and typically include preoperative counselling, nutrition support and early mobilisation after surgery. The proportion of patients on an ERAS pathway decreased from 79% among patients diagnosed in 2018/19 to 64% in 2020/21.

Information about surgical outcomes for each specialist centre can be found here:
www.nogca.org.uk/trust-results/

High grade dysplasia of the oesophagus

Who is affected by high grade dysplasia (HGD) of the oesophagus?



When someone is diagnosed with high grade dysplasia (HGD) of the oesophagus, it means that there are very abnormal cells (precancerous cells) in the lining of the oesophagus. It is not cancer, but can turn into cancer if it is left untreated. People with Barrett's oesophagus have an increased risk of developing HGD.

The audit received information on 447 patients diagnosed with HGD of the oesophagus between April 2019 and March 2021 in England.

The average age of patients was 71 years, and three-quarters 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, an endoscope (tube) is placed down the patient's throat and the doctor inserts instruments through the tube to collect samples of tissue.

Most patients will be conscious (awake) for the procedure but a sedative may be offered to help a patient relax.

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

92% 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 the patient's care to ensure that they are considered for the most appropriate treatment options.

Patients should be offered an appointment with their 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.

92% of patients in the audit were discussed by a multidisciplinary team.

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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 the oesophagus, and the doctor inserts instruments through the tube 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 (e.g. endoscopic mucosal resection or radiofrequency ablation).

78% of patients in the audit had a plan for active treatment for HGD; endoscopic therapy was the planned treatment for 97% of these patients

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Where do people go for treatment of HGD?

Treatment for HGD will usually be provided in a specialist centre which treats a large number of HGD patients each year.

This means that patients may have to travel to another 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 (complete excision).

In some cases, HGD cells will be present at the edges of the removed section

(positive margins), and patients may need further treatment to ensure complete removal of the abnormal tissue.

OG cancer specialist surgical centres

Name (in alphabetical order)
Barking, Havering and Redbridge University Hospitals NHS Trust
Betsi Cadwaladr University Health Board
Bradford Teaching Hospitals NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Cardiff and Vale University Health Board
Gloucestershire Hospitals NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Hull University Teaching Hospitals NHS Trust
Imperial College Healthcare NHS Trust
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Liverpool University Hospitals NHS Foundation Trust
Mid and South Essex NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
Northern Care Alliance NHS Foundation Trust
Nottingham University Hospitals NHS Trust
Oxford University Hospitals NHS Foundation Trust
Portsmouth Hospitals NHS Trust
Royal Surrey County Hospital NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
South Tees Hospitals NHS Foundation Trust
The Newcastle Upon Tyne Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
University Hospitals Coventry and Warwickshire NHS Trust
University Hospitals Dorset NHS Foundation Trust
University Hospitals of Derby and Burton NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals of North Midlands NHS Trust
University Hospitals Plymouth NHS Trust
University Hospitals Sussex NHS Foundation Trust

Where can I find more information?

For more information about the audit and its findings:

Visit the National Oesophago-Gastric Cancer Audit website at: www.nogca.org.uk

High-grade dysplasia:

Cancer Research UK – about HGD <https://about-cancer.cancerresearchuk.org/about-cancer/oesophageal-cancer/stages-types-and-grades/stage-0>

Oesophago-gastric cancer:

NHS Health A to Z www.nhs.uk/conditions/oesophageal-cancer

www.nhs.uk/conditions/stomach-cancer

Cancer Research UK – about OG cancer www.cancerresearchuk.org/about-cancer/oesophageal-cancer

www.cancerresearchuk.org/about-cancer/stomach-cancer

Macmillan Cancer Support – information and support www.macmillan.org.uk/information-and-support/oesophageal-gullet-cancer

www.macmillan.org.uk/information-and-support/stomach-cancer

The Oesophageal Patients Association – OG cancer support opa.org.uk

Heartburn Cancer UK – raising awareness and promoting early diagnosis of oesophageal cancer www.heartburncanceruk.org

Action Against Heartburn – promoting earlier diagnosis of oesophageal cancer www.actionagainstheartburn.org.uk

Oxfordshire Oesophageal and Stomach Organisation – support for patients and carers ooso.org.uk

Maggie's – cancer support and information www.maggies.org

Guts UK – charity for the digestive system gutscharity.org.uk

OG cancer statistics for Scotland and Northern Ireland:

- Public Health Scotland: <https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/cancer>
- Northern Ireland Cancer Registry: <https://www.qub.ac.uk/research-centres/nicr/BlueInformation/official-statistics/BySite>

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Prepared in partnership with:



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. Registered charity Number: 1127049



The Royal College of Surgeons 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 Association of Upper Gastrointestinal Surgery of Great Britain and Ireland is the speciality society that represents upper gastrointestinal surgeons. It is one of the key partners leading the audit. Charity number: 1093090



The British Society of Gastroenterology is the speciality society of gastroenterologists. It is one of the key partners leading the audit. Charity number: 1149074



The Royal College of Radiologists is the professional body for clinical radiologists and clinical oncologists. It is one of the key partners leading the audit. Charity number: 211540



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