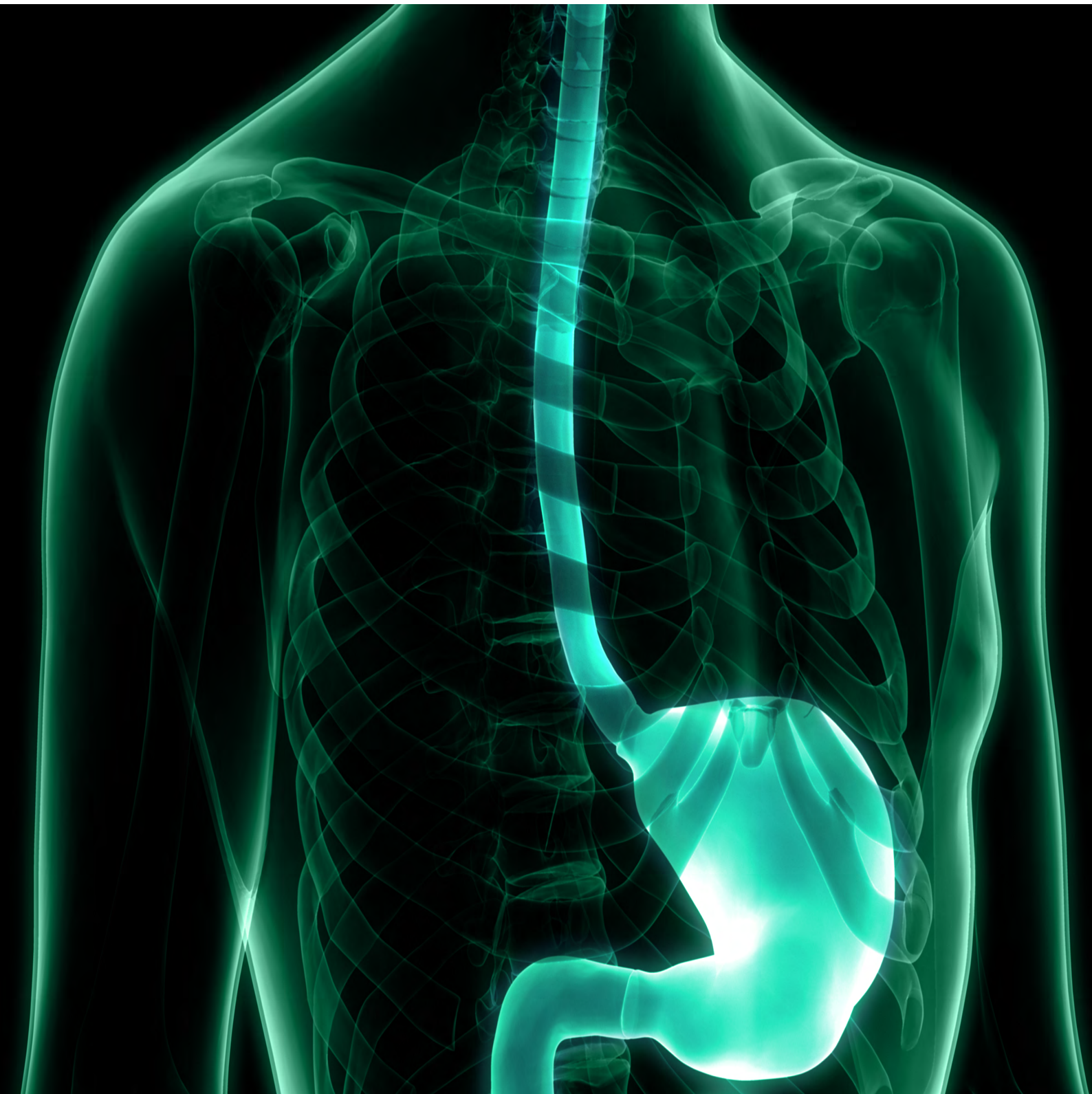
NOGCA
National Oesophago-Gastric Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Oesophago-Gastric Cancer Audit State of the Nation Report

Report for public and patients

Published March 2025



NOGCA

National Oesophago-Gastric Cancer Audit

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https://www.hqip.org.uk/national-programmes

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bsg BRITISH SOCIETY OF GASTROENTEROLOGY

The Royal College of Radiologists

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Introduction

The National Oesophago-Gastric Cancer Audit (NOGCA) evaluates patterns of care and outcomes for people with oesophageal or gastric cancer (known collectively as oesophago-gastric or OG cancer) in England and Wales.

The NOGCA provides information that enables NHS cancer services to compare their performance and to identify areas of care that could be improved.

In January 2025, the Audit published its second annual State of the Nation Report. For the first time, the Audit reported results derived using information that is routinely collected by the NHS, as part of the care given to people with OG cancer.

NOGCA's latest State of the Nation (SOTN) Report provides an overview of the performance and outcomes of OG cancer services across England and Wales. It includes four recommendations for quality improvement.

This Report for Public and Patients highlights key findings from the SOTN Report, linking to relevant sections and resources.

Information about individual NHS providers can be found in accompanying data tables.

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 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.

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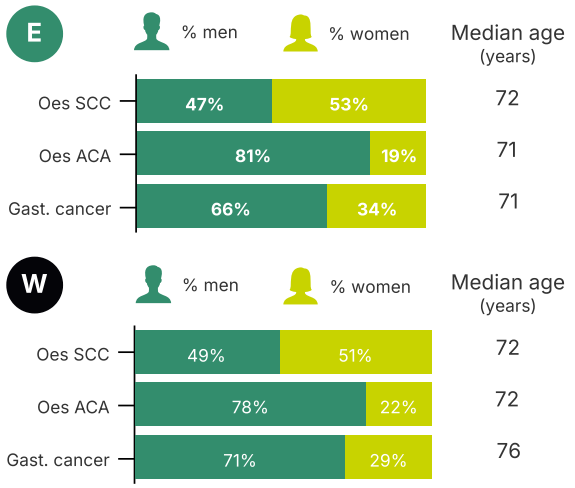
Who gets oesophago-gastric (OG) cancer?

20,834 **people diagnosed with OG cancer in England and Wales between 1 Apr 2021 - 31 Mar 2023**

E **England 19,512**

W **Wales: 1,322**

Patient profile at diagnosis



73% of OG cancers diagnosed across England and Wales in 2021-2023 were oesophageal cancers, while 27% were gastric cancers.

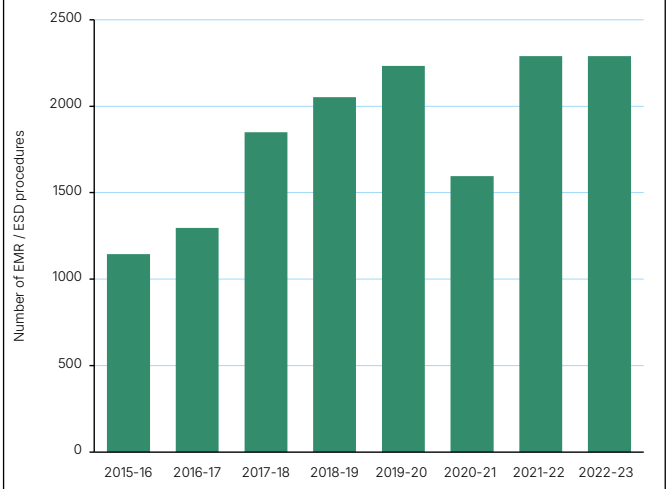
NOTES: Gast. cancer: Gastric (stomach) cancer; Oes SCC: Oesophageal squamous cell carcinoma; Oes ACA: Oesophageal adenocarcinoma; E: England; W: Wales

OG cancer can occur at any age, but is more common among older people. A number of other factors can increase the risk of oesophageal and stomach cancer.

For example, obesity, smoking and alcohol are modifiable risk factors that increase 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-term change in the lining of the oesophagus. Barrett's oesophagus can be present with or without dysplasia (abnormal cells). High-grade dysplasia (HGD) of the oesophagus, which means that there are very abnormal cells in the lining of the oesophagus, can become invasive cancer if it is not treated.

The main treatment for HGD is removal of the lining of the oesophagus using endoscopic treatments, including endoscopic mucosal resection or endoscopic submucosal dissection (Figure 1).

Figure 1. Annual volumes of endoscopic mucosal resection and endoscopic submucosal dissection in England. Data from Hospital Episode Statistics Admitted Patient Care Annual Publications.



NOTES: EMR – endoscopic mucosal resection; ESD – endoscopic submucosal dissection. Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

Infections (notably Helicobacter pylori infection) and smoking are 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: https://digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-registration-statistics

How is OG cancer diagnosed?

OG cancer is usually diagnosed using a procedure called gastroscopy. During a gastroscopy, a thin tube with a tiny camera at the end is placed down into the patient's oesophagus or stomach. Instruments are inserted through the tube to remove small pieces of tissue from the oesophagus, which is called a biopsy. Most people will be awake for the procedure, but a sedative may be offered to help the person relax.

Clinical guidelines recommend that if a GP suspects that someone has OG cancer, the person should be referred urgently for tests to ensure they are

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diagnosed as early as possible. Some people are diagnosed after an emergency admission to hospital. These patients often have advanced disease, which means that treatment can be more challenging than for patients diagnosed earlier.

People diagnosed after emergency admission

E 21%

W 18%

NOTES: E: England; W: Wales

What tests are needed following a diagnosis of OG cancer?

People diagnosed with OG cancer will have tests to work out the stage (extent) of the disease. The stage, numbered from 1 to 4, helps doctors to decide what treatment options are appropriate. Stage 1 means that the cancer is small and contained within the oesophagus or stomach; stage 2 means that the tumour is larger than in stage 1, and cancer cells may have spread into nearby lymph nodes; stage 3 means that the cancer has started to spread into surrounding tissues and lymph nodes; stage 4 means that the cancer has spread from the oesophagus or stomach to other parts of the body.

The first test to assess stage 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 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 (similar to a gastroscopy);
- 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. Patients will be put to sleep for this test (the procedure is performed under general anaesthesia); and
- tests to assess patient fitness, e.g. heart and lung function tests.

People diagnosed with stage 4 disease

E 37%

W 32%

NOTES: E: England; W: Wales; Stage 4 disease indicates that a cancer has spread to other parts of the body (metastasised)

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 systemic anti-cancer therapy (SACT – using drugs to destroy cancer cells, including chemotherapy and immunotherapy) and/or radiotherapy (using radiation to destroy cancer cells) before or after surgery.

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

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

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

People diagnosed with stage 1-3 OG cancer who had curative treatment

E 49%

W 31%

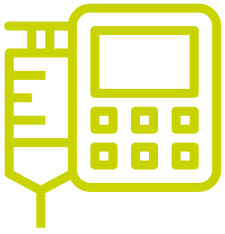
NOTES: E: England; W: Wales

Palliative treatment

If curative treatment is not suitable because the cancer is very advanced (stage 4) or a person is too unwell, they may receive palliative therapies which aim to improve quality of life and may help the person to live longer, but do not cure the cancer.

Palliative therapies include:

- stenting: a tube, known as a stent, is placed into the oesophagus to keep blocked parts of the oesophagus open, which helps the person to swallow;
- palliative systemic anti-cancer therapy (SACT; usually chemotherapy or immunotherapy);
- palliative radiotherapy; and
- best supportive care: no treatment beyond the immediate relief of symptoms.



E 49%

W 31%

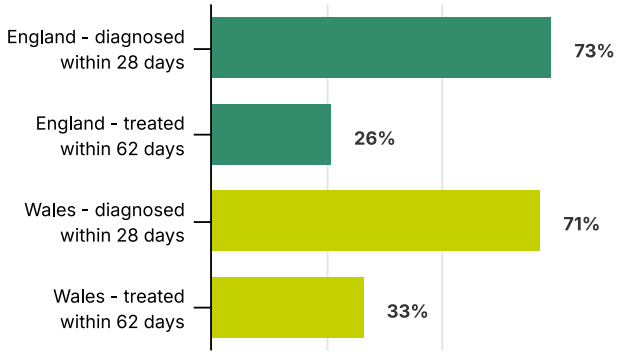
People diagnosed with stage 4 OG cancer who were treated with SACT and/or radiotherapy

NOTES: E: England; W: Wales; SACT: systemic anti-cancer therapy, including chemotherapy and immunotherapy

How long do people have to wait for disease-targeted treatment (surgery, systemic anti-cancer therapy or radiotherapy)?

The majority of people with OG cancer receive their diagnosis within 28 days of an urgent GP referral. Among people with OG cancer who go on to have disease-targeted treatment (surgery, systemic anti-cancer therapy and/or radiotherapy), between one-quarter and one-third begin their treatment within 62 days of referral.

People diagnosed and treated within 28 and 62 days, respectively*



* Waiting times measured from date of urgent GP referral (England) or date of suspicion (Wales) to date of diagnosis and date of first disease-targeted treatment of surgery, radiotherapy, or SACT

What are the outcomes of OG cancer treatments?

Survival after curative surgery

Survival after surgery for OG cancer is high, with over 96% of people across England and Wales alive at 90 days after surgery, and 83% surviving more than one year.

Oesophagectomy		Gastrectomy	
90-day	1-year	90-day	1-year
96%	83%	97%	83%

NOTES: Includes people diagnosed 1 Apr 2020-31 March 2023; Oesophagectomy – surgery to remove part or all of the oesophagus; gastrectomy – surgery to remove part or all of the stomach

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Where can I find more information?

Cancer Research UK – about HGD	https://about-cancer.cancerresearchuk.org/about-cancer/oesophageal-cancer/stages-types-and-grades/stage-0
Cancer Research UK – about OG cancer	www.cancerresearchuk.org/about-cancer/oesophageal-cancer www.cancerresearchuk.org/about-cancer/stomach-cancer
NHS Health A to Z	www.nhs.uk/conditions/oesophageal-cancer www.nhs.uk/conditions/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 & 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://publichealthscotland.scot/publications/?ic=topics-cancer&q=&fq=topics%3ACancer%23&sort=pdesc

Northern Ireland Cancer Registry: https://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/BySite

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