

The Second National Oesophago–Gastric Cancer Audit (NOGCA)

**Keys findings so far..and
Changes introduced..**

Dr Georgina Chadwick
Gastroenterology SpR
Research Fellow RCS

NOGCA project team



Georgina Chadwick, Oliver Groene

David Cromwell

AUGIS

Richard Hardwick



BRITISH SOCIETY OF
GASTROENTEROLOGY

Stuart Riley



The Royal College of Radiologists

Tom Crosby



Kimberley Greenaway, Eleanor Bunn

Overview

- ▶ Prospective Audit includes
 - Patients diagnosed with invasive epithelial O-G cancer
 - AND patients with HGD since April 2012
 - England and Welsh NHS trusts
 - Collecting patient diagnosed since 1 April 2011

 - ▶ Focus on a few key areas highlighted in 1st Audit and changes incorporated in 2nd Audit
 - Route to Diagnosis
 - Completion rates for Palliative Chemotherapy
 - Addition of HGD patients
- 

Data Submitted

- ▶ Participation:
 - 149 out of 151 English NHS trusts (99%)
 - All cancer centres
- ▶ Tumour Records for 10,604
 - So overall 80% case ascertainment for England

Routes of referral

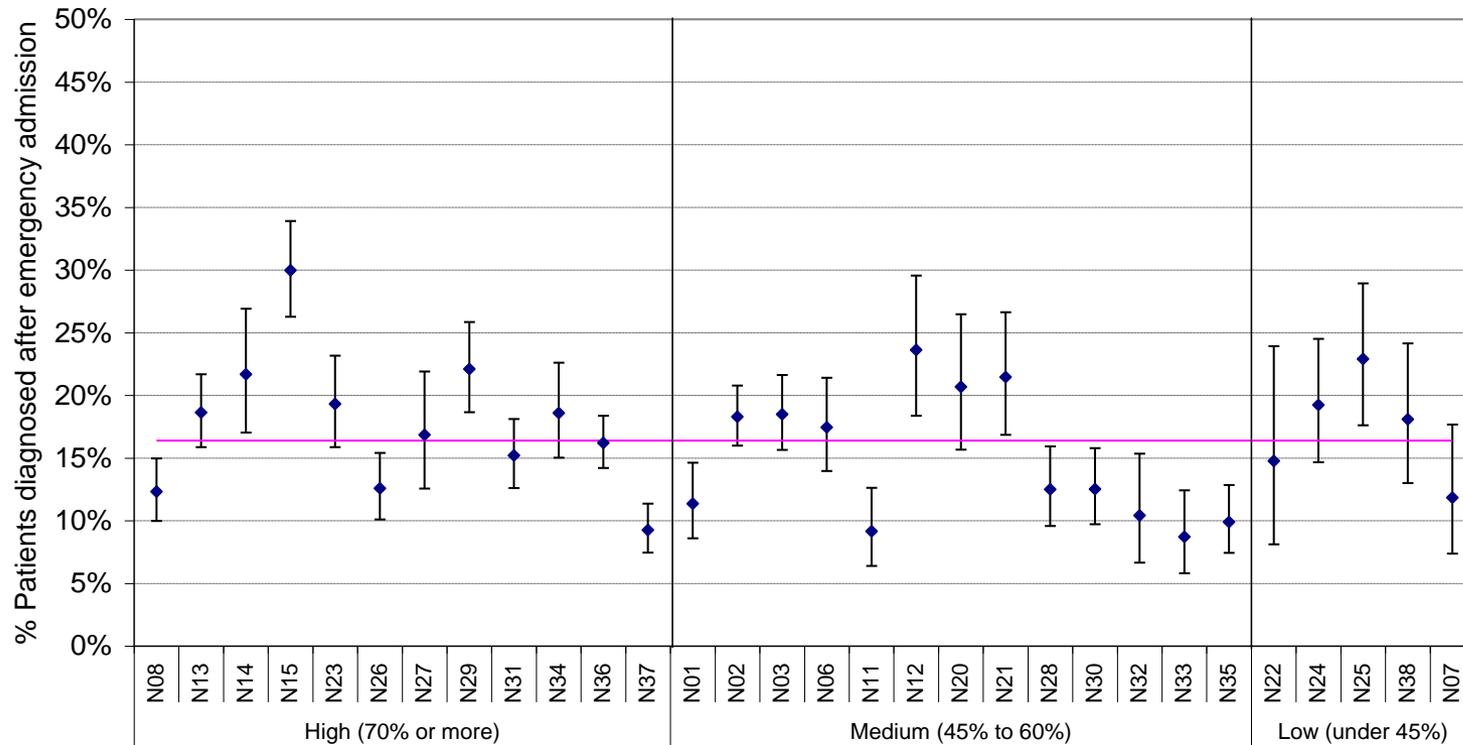
Source of referral

		Route to Diagnosis	
Source	Emergency admission	16.4%	
	GP referral	66.3%	56.5% Gastric 70.7% Oesophageal
	Other	17.3%	

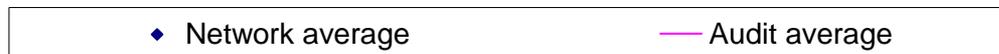
Only 16% patients diagnosed as emergency amenable to curative therapy, compared to 36% diagnosed as urgent GP referral.

Data from 1st Audit 2007-2009

Proportion of diagnosed after emergency admission



Cancer Network (and case-ascertainment)



Data from 1st Audit 2007-2009

Planned Treatment Intent

	Oesoph SCC	Oesoph Adenoca Mid/Upper	Oesoph Adenoca Low/Siew I	GOJ Siew II+III	Stomach
Curative	31%	28%	40%	42%	34%
Palliative	69%	72%	60%	58%	66%
Total Number	3266	921	5316	1759	4970

Data from 1st Audit 2007-2009

Completion of palliative chemotherapy

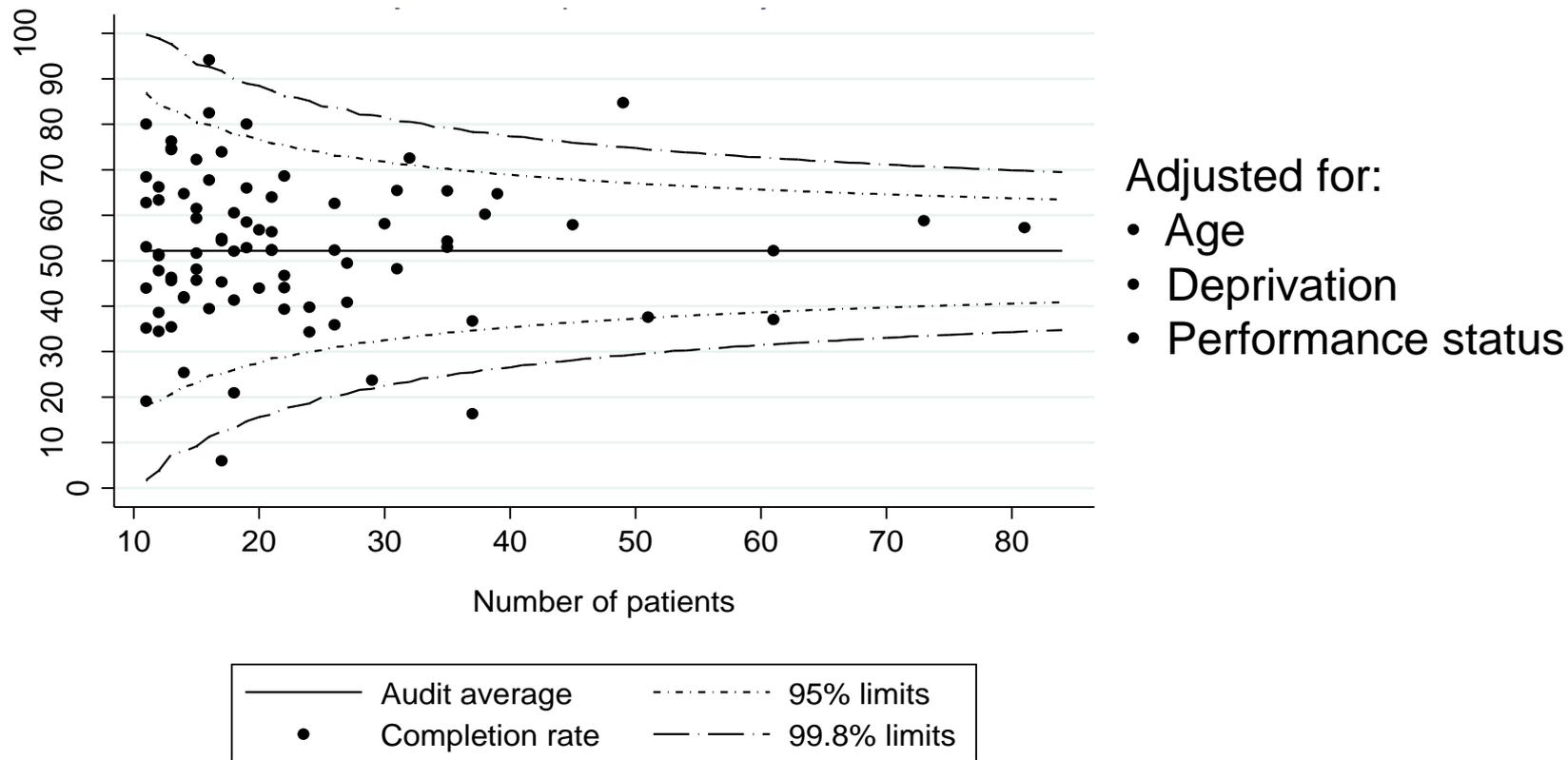
Table 7.2

Relationship between patient characteristics and completion of chemotherapy

	No. (%) of patients with known outcome		Patients who completed treatment		p-value
	Number	Rate (%)	Number	Rate (%)	
All patients	1741	100	917	52.7	
Age					
Under 55	268	15.4	160	59.7	<0.001
55 to 64	479	28.0	273	57.0	
65 to 74	634	36.4	325	51.3	
75 and over	360	20.7	159	44.2	
Index of multiple deprivation					
1 (least)	393	22.6	229	58.3	<0.001
2	363	20.9	203	55.9	
3	357	20.5	183	51.3	
4	311	17.7	158	50.8	
5 (most)	315	18.2	144	45.7	
ECOG/WHO Performance status					
0 no restrictions	497	28.6	297	59.8	<0.001
1 restricted in strenuous activities	524	30.1	278	53.1	
2 unable to work or worse	271	15.6	86	31.7	
Missing	449	25.8	n/a	n/a	

Of patients treated with palliative intent about 24% underwent palliative chemotherapy.

Adjusted rate of completion of palliative chemotherapy by trust



Data from 1st Audit 2007-2009

Key Points to Consider

- ▶ High proportion patients still being diagnosed during Emergency Admission.
- ▶ Variation in use of palliative oncology
 - High rate of failure to complete palliative chemotherapy
 - Careful selection of patients for palliative chemotherapy

What is New?

- ▶ Collection of **High Grade Dysplasia (HGD)** patients
 - Started 1st April 2012
 - All patients with HGD arising from columnar Barrett's epithelium, NOT squamous.
 - Estimated 1350 new cases/year
- ▶ Please ensure all cases are discussed at MDT and plan documented.

Initial Referral to Local Oesophago-gastric Team and Diagnostic Process

Source of referral

From surveillance service: Symptomatic referral Not known

Date of endoscopic biopsy in which HGD was first diagnosed: _____

Hospital where the endoscopic biopsy was taken: _____

Was a second biopsy performed? Yes No

Did the second biopsy show HGD? Yes No

Endoscopic Report

HGD appearance

Flat mucosa Nodular lesion Depressed lesion Not known

Barrett's Segment

Present Absent Not known

Length of Barrett's Segment, if present

Length of *Circumferential* Columnar Lining (nearest 0.5 cm): C _____. ____ cm

Maximum length including tongues/islands of Columnar Lining (nearest 0.5 cm): M _____. ____ cm

HGD Lesion (based on pathology report)

Unifocal Multi-focal Not known

Was diagnosis confirmed by second pathologist? Yes No Not known

Planned Treatment

Hospital at which treatment plan made _____

Date treatment plan agreed _____

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

Will the patient be referred to a specialist hospital for treatment? Yes No Not applicable

Planned treatment modality

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| Surveillance | <input type="checkbox"/> | Radiofrequency ablation | <input type="checkbox"/> |
| Oesophagectomy | <input type="checkbox"/> | Argon plasma coagulation | <input type="checkbox"/> |
| Photo dynamic therapy | <input type="checkbox"/> | Multipolar electrocautery | <input type="checkbox"/> |
| Endoscopic Mucosal Resection (EMR) | <input type="checkbox"/> | Laser therapy | <input type="checkbox"/> |
| Endoscopic Submucosal Dissection (ESD) | <input type="checkbox"/> | Cryotherapy | <input type="checkbox"/> |

Use of Endoscopic Mucosal Resection (EMR) / Endoscopic Submucosal Dissection (ESD)

EMR/ESD was not performed: Performed for diagnostic purpose:

Performed for therapeutic purpose: Performed for both diagnostic and therapeutic purpose:

Date of EMR/ESD: _____

Results of EMR/ESD:

Complete excision: Incomplete, follow up Oesophagectomy

Incomplete, follow up surveillance Incomplete, follow up EMR/ESD

Post-treatment Histology (pathology results based on EMR/ESD)

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

2nd Annual Report

- Published in June 2013
- Outline
 - Patients diagnosed April 2011-2012
 - Patterns of route to diagnosis
 - Staging and Treatment plan
 - Patterns and outcome of curative treatment
 - Patterns and outcome of palliative treatment