

National Oesophago–Gastric Cancer Audit

What's new?

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ADVANCING SURGICAL STANDARDS

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NHS

The
Information
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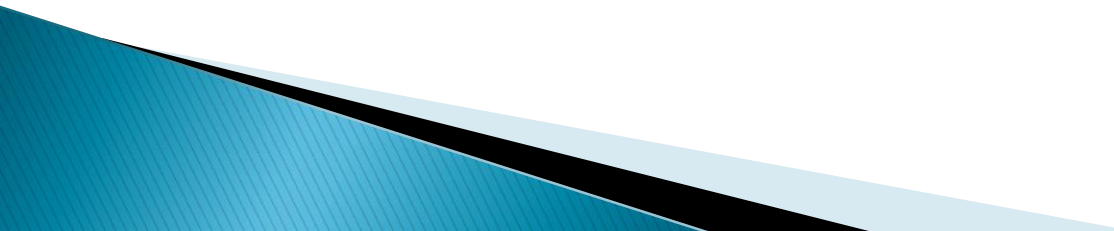
for health and social care

Kimberley Greenaway, Eleanor Bunn

All results presented in this talk are provisional, unpublished data and is not for onward transmission in any format.



Aim of the Audit

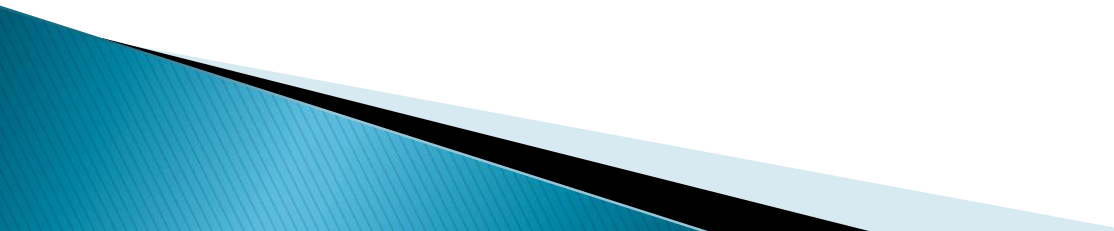
- ▶ To assess the quality of care for patients with oesophago-gastric cancer in England and Wales and also patients with HGD of the oesophagus.
 - ▶ It examines issues related to:
 - Process of diagnosis
 - Staging
 - Treatments planning
 - Outcomes of care such as survival, postoperative complications
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Data Submitted – OG Cancer

- ▶ Patients diagnosed Apr 2011 – Mar 2013
- ▶ Participation:
 - 153/154 eligible English NHS trusts
 - 22,832 Tumour records submitted (78.6% case-ascert)
 - 97.8% Case ascertainment for surgical resections.

	2011/12	2012/13	Total
Tumour	11,836	10,996	22,832
Oncology	5,263	5,761	11,024
Endo-Palliative therapy (including stenting)	1,655	1,691	3,346
Surgery	2,607	2,789	5,396
Pathology	2,522	2,456	4,978

What's new to the audit report?

- ▶ Addition of patients with HGD of the oesophagus to the dataset.
 - ▶ Linkage with RTDS dataset
 - ▶ Subgroup analysis
 - Investigation into use of definitive oncology
 - Investigation of diagnosis and management of elderly patients.
 - In depth analysis of early cancers
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HGD Oesophagus

- ▶ Data source: NOGCA dataset
- ▶ Areas investigated
 - ▶ Diagnosis: Source of referral, confirmation of diagnosis.
 - ▶ Endoscopic findings: HGD appearance, lesion focality, length of Barrett's.
 - ▶ Treatment plan: Discussed at MDT, planned modality, use of EMR and EMR outcomes.
- ▶ Aims
 - ▶ Investigate national variation in management of HGD
 - ▶ Compare current practice to national guidelines.

Initial Findings

- ▶ Identified 465 new cases of HGD, 31st March 2012 to 1st April 2013
- ▶ Diagnosis: 79% confirmed by second pathologist
- ▶ Management: 86% Treatment plan discussed at MDT

Treatment Modality	Number of patients (%)
Endoscopic Treatment	290 (62.4)
Endoscopic Mucosal resection	184 (63.5)
Radiofrequency Ablation	67 (23.1)
Endoscopic submucosal dissection	15 (5.2)
Other ablative	24 (8.3)
Surgery	26 (5.6)
Surveillance	138 (29.7)
No Treatment	11 (2.4)

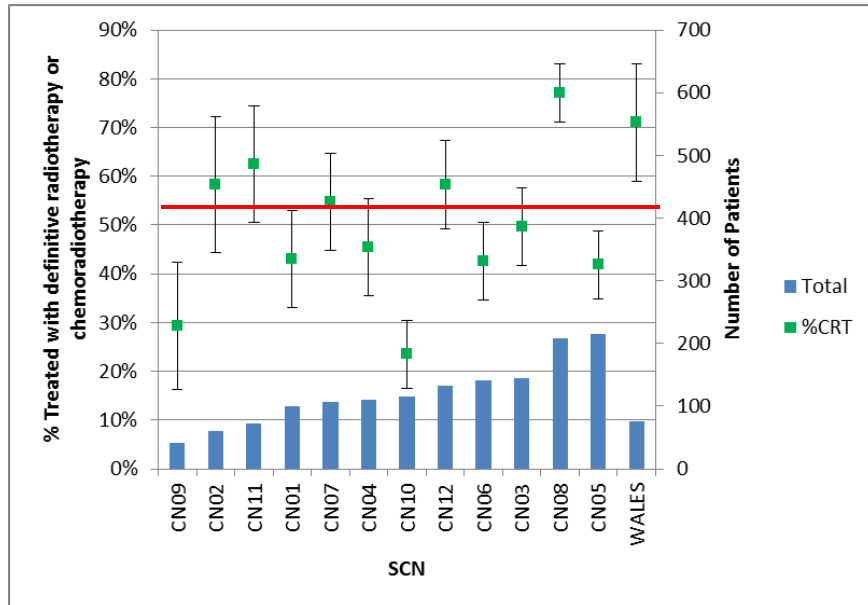
Initial Findings

- ▶ According to patient characteristics
 - Surveillance: Surveillance: 19% patients <65yrs and 64% of patients >85yrs.
- ▶ Across Trusts
 - Higher proportion active treatment if discussed at MDT (55.7% vs 26.5%, $p < 0.001$).
 - Higher proportion active treatment if managed at high volume NHS trust treating more than 15 cases/yr (87.8% vs 55.4%, $p < 0.001$).
- ▶ Conclusion
 - Marked variation in the management of HGD across England
 - Closer adherence to published guidelines where case discussed at MDT or managed in high volume centre.

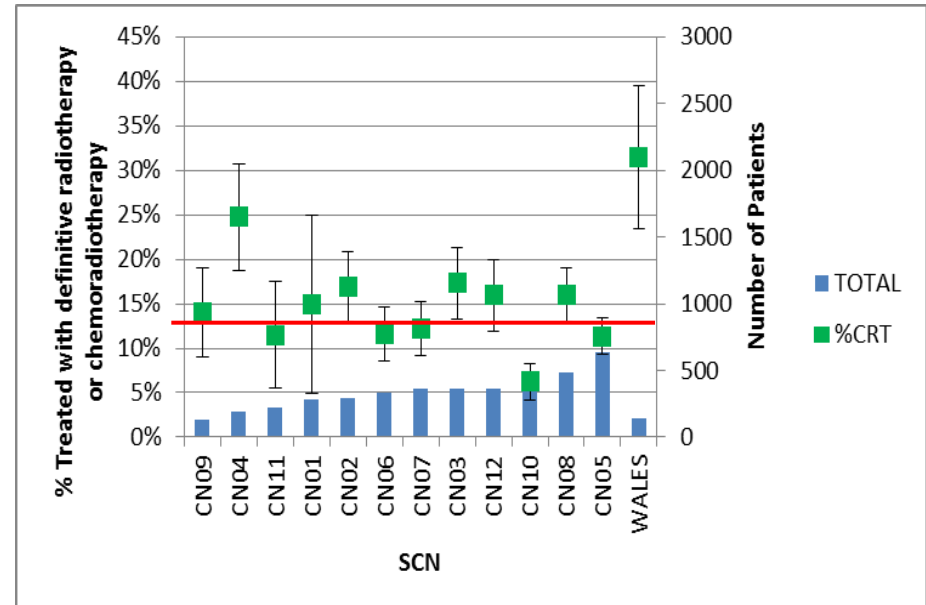
Definitive oncology

- ▶ Variation in it's use across the country.

Oesophageal SCC



Oesophageal ACA



Definitive Oncology – RTDS Link

- ▶ 90.6% (n=2516) of RTDS Records linked to NOGCA
- ▶ Findings
 - 15.1% of RTDS records for OG cancer for curative RDT (rest palliative)
 - Use of definitive CRT in oesophageal cancer (n=224)

	Doses	Fractions	Number (%)
Evidence Based Doses	50.4 Gy	28	7 (4.4%)
	50 Gy	25	88 (55.3%)
Other regimens used in >=5 patients	54 Gy	30	21 (13.2)
	50 Gy	24	12 (7.5)

- Only 60% for patients treated with CRT follow RCR recommendations

Definitive Oncology – RTDS Link

▶ Findings

- Use of definitive radiotherapy alone in oesophageal cancer (n=83)

	Doses	Fractions	Number (%)
Evidence Based Doses	50 Gy	15 or 16	<5
	50–55 Gy	20	22 (39.3)
	60 Gy	30	<5
Other regimens used in >=5 patients	40 Gy	15	10 (17.9)

- Only 47% for patients treated with radiotherapy alone follow RCR recommendations

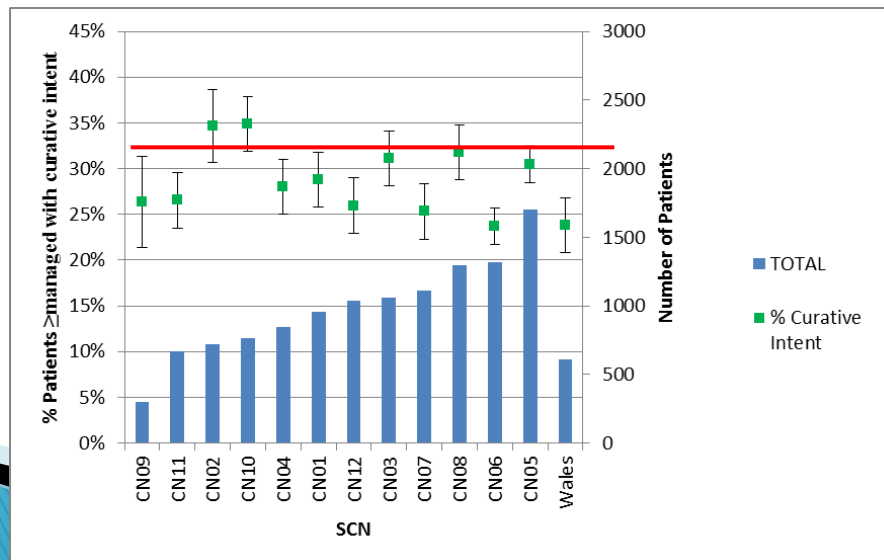
Definitive Oncology – RTDS Link

▶ Conclusion

- RTDS Data linkage for first time
- Variable adherence with RCR recommended dosing regimens, requires investigation

OG cancer in elderly

- ▶ 58.9% OG cancers in patients aged 70yrs or over
- ▶ Diagnosis: More frequently as Emergency, 21.2% in over 80yrs vs 11.4% in younger ($p < 0.001$).
- ▶ Treatment: Nationally no difference in proportion managed with curative intent according to age, after risk adjustment.
 - But locally some SCNs were managing a significantly lower proportion of elderly patients with curative intent.

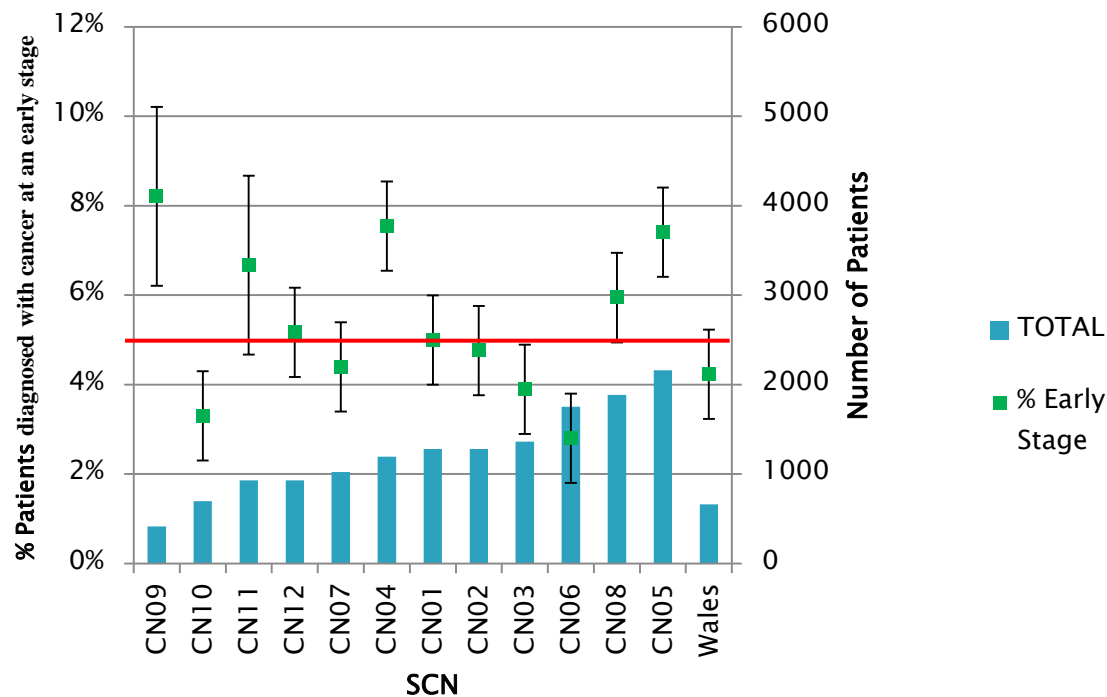


Early Cancers

- ▶ Complete staging available for 68.5%
 - 5.4% diagnosed at early stage (T0/1,N0,M0)
- ▶ Characteristics
 - Lower oesophageal/GOJ tumours more likely to be diagnosed early
 - Oesophageal SCC less likely to be diagnosed early than adenocarcinomas (3.8% (95% CI 3.1-4.6) vs 5.7% (95% CI 5.3-6.2)).

Early Cancers

- ▶ Variation in proportion diagnosed early across SCNs



- Important to consider how SCNs with a low proportion diagnosed early improve this in future?

Early Cancers

▶ Treatment

- 74.7% managed with curative intent
- Planned curative modality

	Oesophagus/GOJ	Stomach
Surgery	50.1%	70.8%
Chemotherapy and surgery	7.6%	16.3%
Chemoradiotherapy and surgery	1.6%	0.0%
EMR	26.5%	11.8%
Radiotherapy only	6.0%	1.1%
Definitive chemoradiotherapy	8.2%	0.0%
Total	437	178
Missing	150	72

Conclusion

- ▶ Good start to HGD dataset – please continue submitting
 - ▶ Significant variation across SCNs
 - Planned use of definitive oncology
 - Proportion of patients over 70 managed with curative intent
 - Proportion of cancer diagnosed early
 - ▶ RTDS link demonstrates significant variation in choice of radiotherapy regimen and this requires investigation
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