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

**State of the Nation Report, published January 2024**

**Local Action Plan**

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

| **Recommendation** | **State of the Nation Report reference** | **Is local action required?** | **Planned action** | **Responsible individuals (names)** | **Date resolved** |
| --- | --- | --- | --- | --- | --- |
| 1. Cancer Alliances and Wales Cancer Network should review patient pathways in their region to identify opportunities to intervene, and reduce high and variable rates of diagnosis following emergency admission and late stage diagnosis | Page 5 | Yes / No |  |  |  |
| 2. Review oesophago-gastric (OG) cancer care pathways against best practice guidance to identify ways to reduce the proportion of patients waiting more than 62 days from urgent referral to first treatment | Page 7 | Yes / No |  |  |  |
| 3. Explore reasons for non-completion of palliative chemotherapy regimens, including review of patients who died within 90 days of starting treatment, and review patient selection for palliative chemotherapy where appropriate | Pages 9 | Yes / No |  |  |  |
| 4. Given the often profound impact of OG cancer on patients’ nutritional status, Cancer Alliances and Wales Cancer Network should review specialist dietetic provision across their region, and ensure OG cancer units are resourced according to national specifications to ensure that all patients have access to appropriate dietetic input | Page 10 | Yes / No |  |  |  |
| 5. In Cancer Alliances with low rates of active treatment for high-grade dysplasia, review reasons for non-treatment and determine if more patients could be eligible for endoscopic therapy | Pages 11-12 | Yes / No |  |  |  |