



NOGCA

National Oesophago-Gastric
Cancer Audit



NATCAN

National Cancer Audit
Collaborating Centre

State of the Nation Report

Summary of findings for the public and patients

Published May 2024





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Cancer Audit

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NATCAN

National Cancer Audit Collaborating Centre

The **National Cancer Audit Collaborating Centre (NATCAN)** is a national centre of excellence to evaluate cancer care in England and Wales. It is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and is funded by NHS England and the Welsh Government.



Royal College of Surgeons of England

ADVANCING SURGICAL CARE

The **Royal College of Surgeons of England (RCS)** is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. The Project Team based in the Clinical Effectiveness Unit (CEU) at the RCS carried out the analysis of the data for the State of the Nation report 2024.



HQIP

Healthcare Quality
Improvement Partnership

NOGCA is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, and the Royal College of Nursing. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. <https://www.hqip.org.uk/national-programmes>



Oxfordshire Oesophageal
and Stomach Organisation

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Introduction

The National Oesophago-Gastric Cancer Audit (NOGCA) evaluates the quality of care for people with oesophago-gastric 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 information about people with high grade dysplasia (HGD) of the oesophagus, which is a condition that increases a person's risk of developing cancer.

In January 2024, the audit published its first State of the Nation Report. It is available at: <https://www.nogca.org.uk/reports/state-of-the-nation-report-january-2024/>

NOGCA's new "State of the Nation" (SOTN) Report provides an overview of the performance and outcomes of oesophago-gastric cancer services across England and Wales, and includes five national 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 (hospitals) can be found in accompanying data tables: https://www.nogca.org.uk/content/uploads/2024/01/NOGCA_Report-2023_Data-tables_v2.0.xlsx

Oesophago-gastric cancer

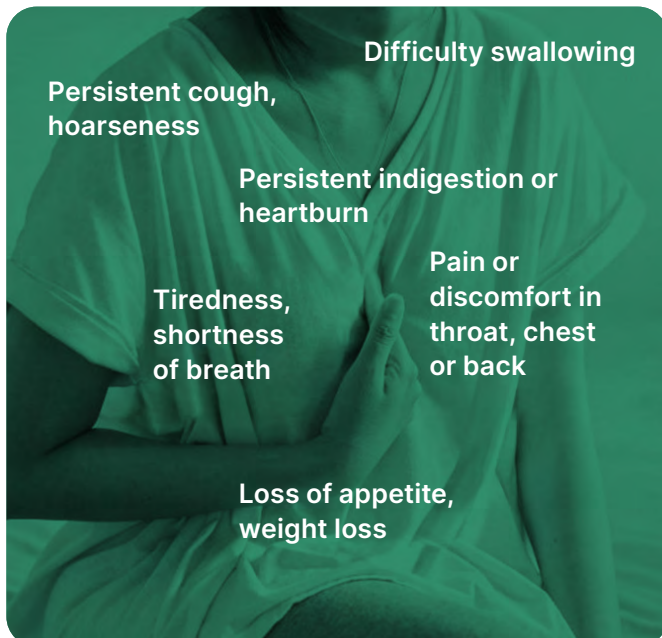
The term *oesophago-gastric* cancer covers cancers that occur in:

- 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.

Signs and symptoms of oesophago-gastric cancer

Symptoms of **oesophageal cancer** can include:



Symptoms of **stomach cancer** can include:



Who gets oesophago-gastric 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.

Oesophago-gastric 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 oesophago-gastric 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 19,865 people in England and Wales who were diagnosed with oesophageal or stomach cancer between April 2020 and March 2022.

The average age at diagnosis was 72 years, and 71% were men. Oesophageal cancer accounted for 75% of oesophageal cancers, while stomach cancer accounted for 25%. Over two-fifths (44%) of people in the audit were diagnosed with stage 4 (metastatic) disease; this is an increase from 37% in 2012/13.

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How is oesophago-gastric cancer diagnosed?

Oesophago-gastric cancer is usually diagnosed using a procedure called endoscopy, 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 people will be conscious (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 oesophago-gastric cancer, they should be referred immediately for tests to ensure they are diagnosed as early as possible.

Some people 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.

Overall, 66% of people in the audit were diagnosed following a GP referral, and 13% 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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What tests are needed following a diagnosis of oesophago-gastric cancer?

People diagnosed with oesophago-gastric 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 everyone diagnosed with oesophago-gastric cancer should have a CT scan for initial assessment of the disease. The majority (94%) of people included in the audit had an initial CT scan.

SOTN Report Page 6

What treatments are available for oesophago-gastric cancer?

The treatment options for oesophago-gastric 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 people.

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 people 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 person is too unwell, they may receive palliative therapies which aim to reduce the impact of symptoms and improve quality of life, and may help the person to live longer, 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 person to swallow), palliative chemotherapy (and/or immunotherapy) or radiotherapy, and best supportive care (no treatment beyond the immediate relief of symptoms).

Overall, 37% of people in the audit had a plan for curative treatment, including 39% of people with oesophageal cancer and 32% of people with stomach cancer.

Among people who were not suitable for curative treatments, 53% had an initial plan for palliative chemotherapy or radiotherapy, 15% a plan for endoscopic or radiological therapies, 6% a plan for surgery, and 26% a plan for best supportive care.

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How long do patients have to wait for treatment?

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

For people undergoing curative treatment, the time from referral to the start of treatment was typically 78 to 96 days. Waiting times were long for many people, with 65% waiting more than 62 days from urgent referral to first treatment.

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Where can patients go for oesophago-gastric cancer surgery?

In England and Wales, surgery to treat oesophago-gastric cancer will take place in one of 35 specialist surgical centres. This means that people may have to travel to another part of the country for their operation.

A list of specialist surgical centres can be found on the NOGCA website:

<https://www.nogca.org.uk/trust-results/cancer-alliances-og-cancer-centres/>

What are the outcomes of oesophago-gastric cancer surgery?

Among people who had curative surgery (surgery that aims to cure the cancer), more than 97% were alive 90 days after surgery. It is estimated that 63% of people survive for at least three years 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).

SOTN Report Page 8-9

Information about the performance of each surgical centre can be found here: <https://www.nogca.org.uk/reports/state-of-the-nation-report-composite-indicator-january-2024/>

High grade dysplasia of the oesophagus

When someone is diagnosed with high grade dysplasia (HGD) of the oesophagus, it means that there are very abnormal cells in the lining of the oesophagus. This can be the stage before cancer develops and, if appropriate for the individual, should be usually treated to prevent cancer developing.

In some patients with cancer, superficial tissue or biopsy samples may show HGD but not definite cancer due to difficulties interpreting superficial samples. Standard treatments for cancer will usually be recommended under this situation or sometimes obtaining further tissue samples.

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

The audit received information on 489 people diagnosed with HGD of the oesophagus between April 2020 and March 2022 in England. The average age at diagnosis was 71 years, and over three-quarters of people were men.

[SOTN Report Page 11](#)

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 person's throat and the doctor inserts instruments through the tube to collect samples of tissue.

Most people will be conscious (awake) for the procedure but a sedative may be offered to help the person 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.

[SOTN Report Page 11](#)

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. People diagnosed with HGD 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.

91% of patients in the audit were discussed by a multidisciplinary team.

[SOTN Report Page 11](#)

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).

80% of people in the audit had a plan for active treatment for HGD; endoscopic therapy was the planned treatment for 98% of these people.

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.

Where can I find more information?

National Oesophago-Gastric Cancer Audit	www.nogca.org.uk
Cancer Research UK – about HGD	https://about-cancer.cancerresearchuk.org/about-cancer/oesophageal-cancer/stages-types-and-grades/stage-0
Cancer Research UK – about oesophago-gastric 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 – oesophago-gastric 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
Oesophago-gastric 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	