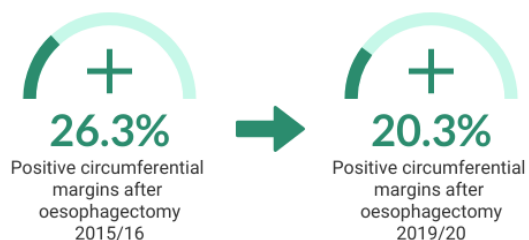
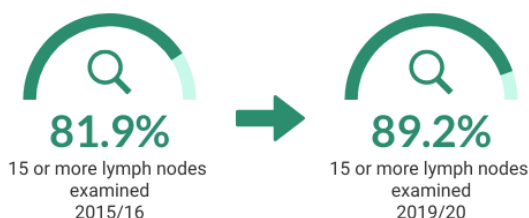


Since 2017, NOGCA has published information on four surgical pathology indicators, to support the implementation of recommendations in the 2016 Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) [Provision of Services for Upper Gastrointestinal Surgery](#) document.

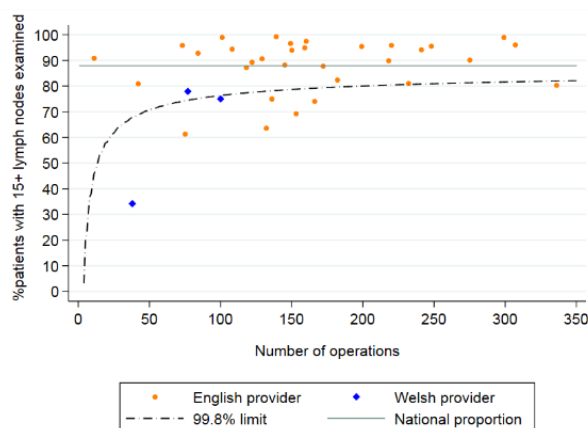
THE ASSOCIATION OF UPPER GASTROINTESTINAL SURGEONS OF GREAT BRITAIN AND IRELAND

THE PROVISION OF SERVICES FOR UPPER GASTROINTESTINAL SURGERY



Over this time, [pathology outcomes](#) among patients who have curative surgery for oesophago-gastric (OG) cancer have improved:

- The proportion with 15 or more lymph nodes examined has increased from 81.9% among those diagnosed in 2015/16 to 89.2% in 2019/20.
- The proportion with positive circumferential margins after oesophagectomy has decreased from 26.3% to 20.3%.



Despite improvements nationally, NOGCA has found [substantial variation in outcomes](#) due to differences in the way surgical specimens are prepared for histological assessment.

This finding has prompted AUGIS and the Royal College of Pathologists to collaborate on developing recommendations for the standardisation of these methods.



In our [Quality Improvement plan](#), we have identified the following national objectives :

- Increase the proportion of patients who have the recommended minimum number of lymph nodes examined.
- Increase the proportion of patients who have negative surgical resection margins.