The Audit received information about 797 patients in England, who were diagnosed with high-grade dysplasia of the oesophagus between April 2016 and March 2018.

**Recommended process of care**

- 84% of patients had their diagnosis confirmed by a second pathologist
- 86% of patients were discussed at a multidisciplinary team meeting
- 69% of patients received endoscopic treatment

**Primary treatment modality**

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Active Treatment</th>
<th>No Treatment</th>
<th>Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopic</td>
<td>62%</td>
<td>12%</td>
<td>26%</td>
</tr>
<tr>
<td>No treatment</td>
<td>9.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
<td>12.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oesophagectomy</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other treatment</td>
<td>5.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The choice of an active treatment compared with surveillance or no treatment was related to age at diagnosis.

**Glossary**

High grade dysplasia (HGD) refers to precancerous changes in the cells of the oesophagus, and occurs at the junction of the oesophagus and the stomach.

Barrett’s oesophagus is condition where the cells of the oesophagus grow abnormally. Barrett’s oesophagus is not a cancer, but can develop into cancer for a small number of people.

**Outcomes after endoscopic mucosal resection / endoscopic submucosal dissection in 2016/18**

- 69% of patients have a complete excision
- 30% of removed tissue is found to contain cancer cells

**Plan after incomplete excision**

- Further EMR/ESD
- Further ablative therapy
- Refer for oesophagectomy
- Surveillance
- No further treatment
The Audit received information about **21,417** patients in England and Wales, who were diagnosed with oesophageal-gastric cancer between April 2016 and March 2018.

### Route to diagnosis

The overall rate of diagnosis after an emergency admission (%)

<table>
<thead>
<tr>
<th>Age at diagnosis (years)</th>
<th>0-80</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oesophageal tumours</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Stomach tumours</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

### Glossary

**Gastric** - An adjective used to describe something that is related to or involves the stomach.

**Gastrectomy** - A surgical procedure to remove either a section or all of the stomach.

**Oesophagus** - The portion of the digestive tract that carries food from the bottom of the throat to the top of the stomach.

**Oesophagectomy** - The surgical removal of all or part of the oesophagus.

### Time taken by patients to move along the care pathway

Cancer waiting time targets set by NHS England and NHS Wales focus on treatment starting within 62 days after referral for suspected cancer.

- **Time from referral to start of treatment within 22 Cancer Alliances and Welsh regions.**
- **Non-Curative treatment:** In 9 regions, 25% of patients waited more than 80 days.
- **Curative treatment:** In 19 regions, 25% of patients waited more than 90 days.

### Treatment plan

Proportion of patients having curative treatment plans during the audit period 2016-2018

- **Stage 0/1**: 71.1%
- **Stage 2**: 61.3%
- **Stage 3**: 52.8%

**Stage** - The extent to which the primary tumour has spread; the higher the stage, the more extensive the disease.

### Outcomes after curative surgery

#### Oesophagectomy

- **30 day survival**: 97.9%
- **90 day survival**: 96.2%
- **Length of stay (median)**: 11 days

#### Gastrectomy

- **30 day survival**: 98.5%
- **90 day survival**: 97.5%
- **Length of stay (median)**: 9 days