NOGCA
National Oesophago-Gastric
Cancer Audit

NATCAN
National Cancer Audit
Collaborating Centre

National Oesophago-Gastric Cancer Audit State of the Nation Report

An audit of care received by people diagnosed with oesophageal and gastric cancer between 1 April 2021 to 31 March 2023 in England and Wales.

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NOGCA

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The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the **Healthcare Quality Improvement Partnership (HQIP)** as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national cancer audits in non-Hodgkin lymphoma, bowel, breast (primary and metastatic), oesophago-gastric, ovarian, kidney, lung, pancreatic and prostate cancers. 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

The Association of Upper Gastrointestinal Surgery of Great Britain and Ireland is the speciality society that represents upper gastrointestinal surgeons. It is one of the key partners leading the Audit.
Registered Charity no: 1093090

British Society of Gastroenterology is the speciality society of gastroenterologists. It is one of the key partners leading the Audit.
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Royal College of Radiologists is the professional body for clinical radiologists and clinical oncologists. It is one of the key partners leading the Audit.
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This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.

NHS Wales is implementing a new cancer informatics system. As a result, the quality and completeness of data from Wales is likely to have been impacted due to implementation of this new system across multiple NHS organisations (Health Boards), which has resulted in data being supplied by both old and new systems. Additionally, and reflecting the uncertainty of data quality, the data submitted to the audit may not have undergone routine clinical validation prior to submission to the Wales Cancer Network (WCN), Public Health Wales.

Contents

1. Introduction

The National Oesophago-Gastric Cancer Audit (NOGCA) evaluates patterns of care and outcomes for people with oesophageal or gastric (OG) cancer in England and Wales. Since 2012, the Audit has produced information to highlight regional variations in care and supports NHS services to identify and address areas for improvement. The Audit's current quality improvement goals and performance indicators are outlined in its Quality Improvement Plan.

In this State of the Nation Report, we present information on the care received by adults with a histologically confirmed diagnosis of invasive epithelial cancer of the oesophagus, gastro-oesophageal junction (GOJ) or stomach for the two-year period 1 April 2021 to 31 March 2023 in England and Wales. We report a two-year period to ensure sufficient patient numbers to enable reporting of indicators at organisation level (NHS Trusts in England or Local Health Boards in Wales); similarly, indicators on surgical outcomes are reported for a three-year period (1 April 2020 to 31 March 2023) to ensure there are enough procedures for analysis by patient subgroups. Where results are reported at organisation level, these are typically based on people who were diagnosed at that organisation (NOGCA data tables). Surgical indicators are presented for the 32 OG specialist surgical centres in England and two surgical centres in Wales.

For the first time, the Audit has derived its indicators using information that is routinely collected by the NHS as part of the care and support given to people diagnosed with OG cancer, rather than data collected specifically for the Audit. This approach is designed to minimise the burden of data collection on hospital staff. For people treated in England, the data are collated, maintained and quality assured by NHS England's National Disease Registration Service (NDRS). For people treated in Wales, data are provided by Wales Cancer Network (WCN). For people diagnosed in England, information on eligible patients came from the Rapid Cancer Registration Dataset (RCRD); for Wales, information was extracted from the Cancer Network Information System Cymru (Canisc) electronic patient record system[1]. Both sources of data were linked to several datasets to provide additional information on hospital admissions and different treatments.

To further support quality improvement activities, NOGCA publishes more recent data in quarterly reports of data quality metrics and a subset of performance indicators for NHS trusts in England using more recent data from the RCRD.

Additional materials that accompany this report include the methodology supplement with details about the Audit's data sources and methods, an online glossary that explains technical terms used in this report, information about the outlier process, and resources to support local monitoring of practice and quality improvement, such as data tables and data viewer including organisation-level results and a local action plan template. A summary of this report for people living with OG cancer and for the public will be made available on the Audit's website.

The NOGCA is one of ten national cancer audits delivered by the National Cancer Audit Collaborating Centre (NATCAN), which is commissioned within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and funded by NHS England and the Welsh Government. NATCAN also delivers national cancer audits in non-Hodgkin lymphoma, bowel, pancreatic, ovarian, kidney, lung, and prostate cancers, as well as audits in primary and metastatic breast cancer. More information about the national cancer audits for England and Wales can be found at www.natcan.org.uk.

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[1] NHS Wales is part way through a cancer informatics implementation programme which is designed to improve the data capture and reporting capabilities of NHS Wales. This ongoing implementation is impacting the data quality within NHS Wales in the short term with multiple systems being used and different implementation dates across cancer sites and organisations resulting in a complex data landscape. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2026 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform.

2. Infographic

NOGCA

National Oesophago-Gastric Cancer Audit

20,834 people diagnosed with OG cancer in England and Wales between 1 Apr 2021 - 31 Mar 2023

E England: 19,512

W Wales: 1,322

Emergency & stage 4 diagnoses

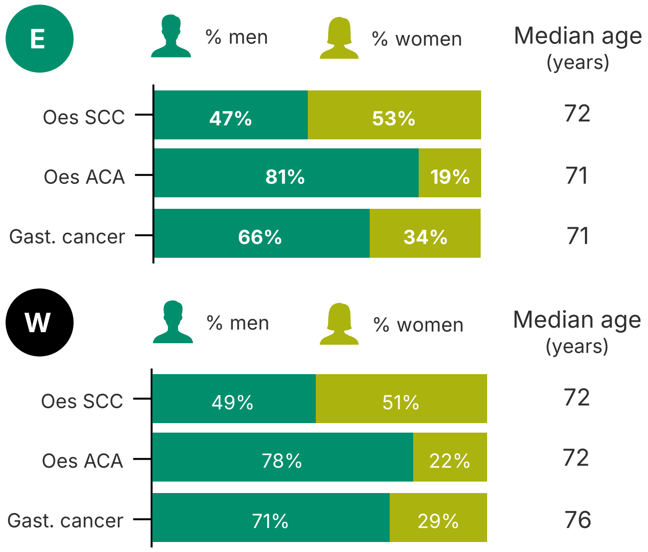
E 21%
W 18%

People diagnosed after emergency admission

E 37%
W 32%

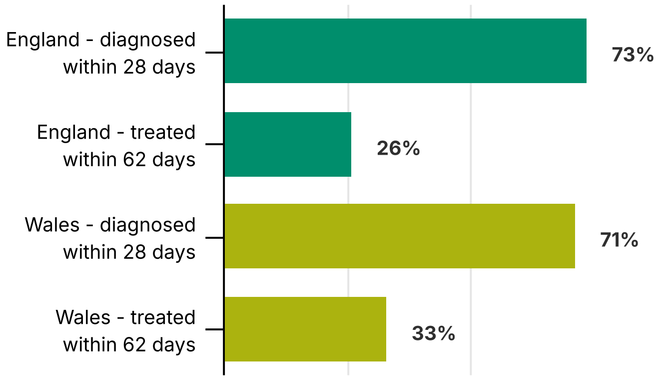
People diagnosed with stage 4 disease

Patient profile at diagnosis



Waiting times

% of people diagnosed and treated within 28 and 62 days, respectively*



Curative treatment & outcomes

% people diagnosed at stage 1-3 treated with **curative intent**

E 49%
W 31%

Survival following surgical resection**

	Oesophagectomy		Gastrectomy	
	90-day	1-year	90-day	1-year
E	96.2%	83.1%	96.9%	82.8%
W	95.1%	88.2%	98.6%	85.1%

Non-curative treatment & outcomes

% people diagnosed at stage 4 treated with SACT and/or radiotherapy

E 55%
W 40%

4.6% of stage 4 diagnoses died within 30 days of starting SACT in England***

CNS: Clinical Nurse Specialist
Gast. cancer: Gastric (stomach) cancer
OG: Oesophago-Gastric
Oes SCC: Oesophageal squamous cell carcinoma
Oes ACA: Oesophageal adenocarcinoma
SACT: Systemic Anti-Cancer Therapy

* Waiting times measured from date of urgent GP referral (England) or date of suspicion (Wales) to date of diagnosis and date of first disease-targeted treatment of surgery, radiotherapy, or SACT.

** 3 years' of data (1 Apr 2020 - 31 Mar 2023) used for surgical outcomes to ensure enough procedures to produce robust statistics; results are the % for people undergoing surgery

*** Outcomes of palliative chemotherapy are not reported for Wales due to known issues with oncology data

3. Recommendations

Recommendations developed in collaboration with NOGCA Clinical Reference Group and based on key findings in this report.

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National Guidance/Standards/Resources
1. In regions with high rates of emergency and late-stage diagnosis, conduct individual patient root cause analysis to look for earlier diagnosis opportunities and to understand how many are potentially preventable; use the resulting findings to develop appropriate local action plans.	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	1 in 5 people (21% in England, 18% in Wales) diagnosed with OG cancer during April 2021 – March 2023 were diagnosed after an emergency admission. Almost half of all people included in the Audit were diagnosed with either stage 4 (37% in England, 32% in Wales) or unknown stage (17% in England, 11% in Wales) OG cancer.	Reduce rates of emergency and late-stage diagnosis of OG cancer.	NHS Long Term Plan: the proportion of cancers diagnosed at stages 1 & 2 will rise to three-quarters of cancer patients (2028). Wales Cancer Network, A Cancer Improvement Plan for NHS Wales: reducing emergency presentation and 1st presentation with advanced disease
2. Ensure that all providers of OG cancer care review their patients' diagnostic and treatment pathways against best practice guidance in order to identify and address barriers to providing timely treatment.	England: Integrated Care Boards (ICBs) working with NHS trusts Wales: Local Health Boards	Almost three-quarters of people with OG cancer were diagnosed within 28 days of referral (73% in England, 71% in Wales), but a much lower percentage of people who underwent disease-targeted treatment (surgery, radiotherapy or systemic anti-cancer therapy) were treated within 62 days of referral (26% in England, 33% in Wales).	Reduce the percentage of people with OG cancer waiting more than 62 days from referral to first disease-targeted treatment.	NHS England » Implementing a timed oesophago-gastric cancer diagnostic pathway NHS Wales National Optimal Pathway for Oesophageal Cancer; NHS Wales National Optimal Pathway for Gastric Cancer
3. Prioritise improving the flow of pathology data in England, to ensure patients' surgical pathology outcome data are submitted to the Cancer Outcomes and Services Data set (COSD) and are available in national cancer datasets.	NHS England*	Surgical pathology outcomes (which are key measures of quality) could not be reported for England because information on the number of nodes excised and nodes examined was available for less than half of all surgical resection procedures. Information on excision margins was available for only 5% of surgical resections performed in England. Pathology data were complete for almost all people who had surgery in Wales: information on nodes examined and longitudinal margins was available for 99% of surgical procedures, data on circumferential margins were available for 73% of oesophagectomy procedures.	Improve outcomes of potentially curative treatment for people with OG cancer.	AUGIS Provision of Services for Upper GI Surgery (2016) outcome standards: 1. ≥15 lymph nodes removed and examined 2. Longitudinal resection margin positivity rate for oesophagectomies <5%
4. Regions with high rates of 30-day mortality among people receiving palliative chemotherapy should review the care of people who died within this period, to identify potential issues with patient selection, and ensure that treatment is only offered if appropriate and likely to benefit the patient.	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	4.6% of people undergoing systemic anti-cancer therapy (SACT) for stage 4 OG cancer in England died within 30 days of starting treatment, however this figure showed wide variation across trusts. Due to known issues with oncology data for people diagnosed in Wales, 30-day mortality among people receiving palliative chemotherapy is not reported.	Improve completion and reduce complications of palliative chemotherapy for people with OG cancer.	NCEPOD: all deaths within 30 days of SACT should be considered at a morbidity and mortality or a clinical governance meeting

*NOTE: Pathology data were complete for almost all people who had surgery in Wales.

4. Results

4.1 Data completeness

Key messages:

- Data items relating to patient and tumour characteristics generally had good levels of completeness in national cancer datasets for England and Wales.
- Pathology data items on the outcome of a surgical resection were missing from the national cancer datasets for the majority of people undergoing surgery in England, which limits the reporting of surgical-pathology indicators for OG cancer in England. These data items were complete for almost all people who had surgery in Wales.

The NOGCA results for England were derived using Rapid Cancer Registration Data, linked to several other datasets. Results for Wales were derived using data from the Canisc electronic patient record system, linked to administrative datasets such as PEDW.

Several data items are essential for the Audit to identify patient subgroups and produce performance indicators. Completeness of data items on stage at diagnosis and performance status was good for people diagnosed in England, but fell below the 90% target in a large number of trusts (Table 1). For people diagnosed in Wales, stage at diagnosis and performance status were more complete (Table 1), but information on ethnicity was missing for a large percentage (Table 2).

In terms of variables related to specific performance indicators, the completeness of data about clinical nurse specialist (CNS) involvement was below target levels (90%) for people diagnosed in England, with very few NHS trusts meeting the target. Pathology data were missing for the majority of people treated in England; data items on nodes excised and nodes examined were available for less than half of surgical resection procedures, while information on excision margins was available for <5% of resections. Pathology data are typically sent directly from labs for central data collections; reasons for low levels of completeness are due to issues with the flow of data from local to central submissions, including the use of non-standardised pathology reports and non-automated data systems.

Pathology data were complete for almost all people who had surgery in Wales: information on nodes examined and involvement of longitudinal margins was available for 99% of surgical procedures, while data on circumferential excision margins were available for 73% of oesophagectomy procedures (note: due to the data capture system used in Wales, data on circumferential margins could not be collected for tumours of the gastro-oesophageal junction). Information on CNS involvement was not available to the Audit for people diagnosed in Wales.

Table 1. Completeness of key data items in national cancer datasets for people diagnosed April 2021 to March 2023, England and Wales

Data item	England		Wales	
	Completeness (%)	**Number of trusts with completeness ≥90% (n=120*)**	**Completeness (%)**	**Number of Local Health Boards with completeness ≥90% (n=6)**
Stage at diagnosis	83%	47	89%	3
Performance status	81%	53	98%	6
CNS involvement	65%	6	Not available	Not available

* Trusts providing cancer services with at least 10 diagnoses during audit period. NOTE: Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

4.2 Characteristics of people diagnosed with oesophageal or gastric (OG) cancer

Key messages: Almost half of all people included in the Audit were diagnosed with either stage 4 disease (37% in England, 32% in Wales) or did not have their stage recorded (17% in England, 11% in Wales) (Performance Indicator 2)

The Audit analysed cancer data for 20,834 people diagnosed with epithelial OG cancer between 1 April 2021 and 31 March 2023, including 19,512 people diagnosed at 120 NHS trusts in England and 1,322 people diagnosed at six Local Health Boards in Wales.

The majority (73%) of OG cancers diagnosed 2021-23 across England and Wales were oesophageal cancers. Table 2 summarises the characteristics of people included in the Audit, overall and by the main subtypes of OG cancer. The median age at diagnosis was 71 years (IQR 64 to 79) in England and 73 years (IQR 66 to 79) in Wales. OG cancer was diagnosed more frequently among men than women, although the ratio varied across cancer subtypes (Table 2).

Among people diagnosed 2021-23, 37% in England and 32% in Wales had metastatic (stage 4) disease, and 17% in England and 11% in Wales had stage recorded as unknown. It is important that stage is recorded for all people whose cancer has been staged to enable monitoring of progress towards national goals of improving outcomes and reducing the proportion of people presenting with advanced disease.

The majority (75% in England and 68% in Wales) of people with a recorded performance status (PS) had PS 0-1 (fully active or active), but information on performance status was missing for 18% of the cohort.

Table 2. Characteristics of people diagnosed with OG cancer April 2021-March 2023 by main subtypes, England and Wales

England					Wales				
	Overall ł	**Oes SCC**	**Oes ACA**	**Gast**		**Overall**	**Oes SCC**	**Oes ACA**	**Gast**
No. of people	**19,512**	**3,443**	**10,148**	**5,308**	**No. of people**	**1,322**	**237**	**827**	**257**
Sex					**Sex**				
Men	**70%**	47%	81%	66%	Men	**72%**	49%	78%	71%
Women	**30%**	53%	19%	34%	Women	**28%**	51%	22%	29%
Unknown (n=0)					Unknown (n=0)				
Age at diagnosis (years)					**Age at diagnosis (years)**				
Median	**71**	72	71	71	Median	**73**	72	72	76
<60	**16%**	15%	16%	18%	<60	**12%**	10%	13%	11%
60-69	**25%**	27%	26%	21%	60-69	**24%**	25%	26%	19%
70-79	**35%**	34%	37%	32%	70-79	**39%**	42%	39%	36%
≥80	**24%**	25%	21%	28%	≥80	**25%**	23%	23%	34%
Unknown (n=0)					Unknown (n=2)				
Ethnicity					**Ethnicity**				
White	**94%**	93%	97%	88%	White	**98%**	*	*	*
Asian or Asian British	**3%**	3%	1%	5%	Asian or Asian British	**<1%**	*	*	*
Black or Black British	**2%**	3%	<1%	4%	Black or Black British	**<1%**	*	*	*
Mixed	**<1%**	<1%	<1%	1%	Mixed	**<1%**	*	*	*
Other ethnic group	**2%**	1%	1%	3%	Other ethnic group	**<1%**	*	*	*
Unknown (n=903)					Unknown (n=999)				
Index of Multiple Deprivation quintile					**Index of Multiple Deprivation quintile**				
1 – most deprived	**20%**	21%	18%	23%	1 – most deprived	**19%**	18%	19%	21%
2	**20%**	20%	19%	21%	2	**21%**	26%	20%	15%
3	**21%**	20%	21%	19%	3	**21%**	22%	19%	27%
4	**21%**	20%	22%	19%	4	**21%**	15%	22%	23%
5 – least deprived	**19%**	18%	20%	18%	5 – least deprived	**18%**	19%	20%	14%
Unknown (n=0)					Unknown (n=689)				
TNM Stage at diagnosis					**TNM Stage at diagnosis**				
1	**6%**	3%	5%	10%	1	**3%**	*	*	*
2	**18%**	23%	20%	13%	2	**12%**	*	*	*
3	**21%**	22%	22%	19%	3	**41%**	46%	46%	22%
4	**37%**	34%	38%	38%	4	**32%**	17%	34%	39%
Unknown	**17%**	19%	15%	20%	Unknown	**11%**	10%	11%	14%
Performance status					**Performance status**				
0 – fully active	**42%**	39%	45%	39%	0 – fully active	**37%**	30%	41%	31%
1	**33%**	35%	33%	34%	1	**31%**	33%	31%	30%
2	**15%**	17%	14%	17%	2	**18%**	21%	16%	24%
3	**8%%**	9%	7%	8%	3	**11%**	14%	10%	13%
4 - bedbound	**1%**	1%	1%	2%	4 – bedbound	**2%**	3%	1%	2%
unknown (n=3755)					unknown (n=24)				

NOTE: Oes SCC – oesophageal squamous cell carcinoma; Oes ACA – oesophageal adenocarcinoma; Gast – gastric; * - data suppressed due to small cell counts. Ł Overall cohort is larger than sum of each tumour subgroup as some diagnoses of oesophageal cancer could not be categorised as SCC or ACA. Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21. Column percentages may not add up to 100% due to rounding. For further details about the definitions of characteristics, please refer to the Audit's methodology supplement and glossary.

4.3 Diagnosis after emergency admission

Key messages: 1 in 5 people (21% in England, 18% in Wales) diagnosed with OG cancer between April 2021 to March 2023 were diagnosed after being admitted as an emergency (Performance Indicator 1)

It is known that people who are diagnosed with cancer after being admitted as an emergency are more likely to have late stage disease and poorer outcomes than those who are referred after presenting to their GP. Overall, 21% of people with OG cancer in England and 18% in Wales were diagnosed after being admitted as an emergency. This figure was higher among those diagnosed with stomach cancer (30% in England, 27% in Wales) compared to oesophageal cancer (18% in England, 16% in Wales) which may reflect the non-specific symptoms associated with stomach cancer.

In England, the risk of diagnosis for people admitted as an emergency was strongly related to a person's age and local area deprivation: the proportion was 28% in people aged ≥80 years versus 17% in the 60-69 year age group, and 25% in the most deprived areas compared to 18% in the least deprived areas. In Wales, 25% of people aged ≥80 years were diagnosed after being admitted as an emergency, compared to 15% of those aged 60-69 years.

4.4 Disease-targeted treatments

Key messages:

- Among people diagnosed with non-metastatic (stage 1-3) OG cancer, 49% in England and 31% in Wales had a record of receiving disease-targeted treatment with curative intent (surgery, definitive chemoradiotherapy, or a combination of surgery, systemic anti-cancer therapy SACT and/or radiotherapy).
- Among people with metastatic (stage 4) disease, 55% in England and 40% in Wales had a record of receiving SACT and/or radiotherapy.
- Receipt of treatment was strongly related to a person's fitness (performance status), with higher rates of recorded treatment among people with good performance status.

Treatment options for people with OG cancer depend on several factors, including clinical stage, patient fitness and patient preferences.

Of people diagnosed with non-metastatic (stage 1-3) OG cancer during 2021-23, 49% in England and 31% in Wales received disease-targeted treatment with curative intent (surgery, definitive chemoradiotherapy, or combination of surgery, systemic anti-cancer therapy and/or radiotherapy) within 9 months of diagnosis (Table 3). The type of treatment varied by tumour subtype, and in England, half of people diagnosed with non-metastatic oesophageal cancer and 44% of people diagnosed with non-metastatic gastric cancer received treatment with curative intent.

Receipt of these treatments was strongly related to a person's fitness (performance status, PS). In England, among people diagnosed with non-metastatic disease, 66% of those with PS 0 (fully active) received treatment with curative intent, compared to 5% of those with PS 3 or 4 (poor performance status). In Wales, 47% of people with PS 0 received treatment, compared to 3% of with PS 3 or 4.

Among those with metastatic (stage 4) disease, 55% in England and 40% in Wales received systemic anti-cancer therapy and/or radiotherapy (Table 3). Rates of treatment were again associated with performance status. Among those with stage 4 OG cancer in England, 74% of people with PS 0 received treatment, compared to 9% of those with poor levels of fitness (PS 3 or 4). Among people with metastatic disease in Wales, 57% of those with PS 0 received treatment, compared to 18% of those with poor performances status (PS 3 or 4).

Table 3. Percentage of people diagnosed with OG cancer April 2021 to March 2023 who received disease-targeted treatments within 9 months of diagnosis, by stage at diagnosis and treatment subtype, England and Wales

	England				Wales **			
	All[Ł]	Oes SCC	Oes ACA	Gast	All	Oes SCC	Oes ACA	Gast
Stage 1-3								
No. of people	**8,874**	1,624	4,778	2,217	**598**	146	358	94
Surgery only	**6%**	2%	4%	12%	**8%**	*	7%	20%
Surgery plus systemic anti-cancer therapy and/or radiotherapy	**28%**	11%	33%	30%	**19%**	*	26%	18%
Definitive chemoradiotherapy	**15%**	37%	14%	3%	**4%**	*	5%	*
Overall treatment with curative intent	**49%**	50%	51%	44%	**31%**	*	38%	*
Stage 4								
No. of people	**7,313**	1,162	3,888	2,016	**334**	31	223	80
Systemic anti-cancer therapy and/or radiotherapy	**55%**	55%	59%	48%	**40%**	39%	40%	38%

[Ł] Overall cohort is larger than sum of each tumour subgroup as some diagnoses of oesophageal cancer could not be categorised as SCC or ACA; ** - calculated only for people diagnosed up to 31 October 2022 due to known issues with oncology data for people treated in South East Wales from November 2022 onwards; *- data suppressed due to small cell counts or to prevent disclosure of small cell counts. NOTE: Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

4.5 Time from referral to first treatment

Key messages: Almost three-quarters of people with OG cancer diagnosed April 2021 to March 2023 were diagnosed within 28 days of referral for suspected cancer (73% in England, 71% in Wales), however a much lower percentage of people who had disease-targeted treatment (surgery, radiotherapy or systemic anti-cancer therapy) received this treatment within 62 days of referral (26% in England, 33% in Wales) (Performance Indicator 3).

Table 4 shows information about waiting times from referral to treatment for people included in the Audit. Among people diagnosed with OG cancer following an urgent suspected cancer GP referral in England who went on to receive disease-targeted treatment, only 26% were treated within the target 62 days from referral to treatment. In Wales, 33% were treated within 62 days from referral.

The time to disease-targeted treatment measure reported by the Audit differs from the national recording of Cancer Waiting Times in the following ways:

The Audit included only people who had surgery, radiotherapy or systemic anti-cancer therapy, and excluded those whose treatment package included only supportive care;

Enabling treatments, such as stents placed prior to surgery, were not included in the calculations; instead waiting times were calculated up to the point of disease-targeted treatment rather than when the enabling treatment took place;

Adjustments applied to the national Cancer Waiting Times were not implemented in the calculation of Audit indicators.

Table 4. Waiting times for people diagnosed with OG cancer April 2021 to March 2023 following urgent suspected cancer referral, England and Wales

	Median (interquartile range), days		% diagnosed within 28 days of referral	% treated within 62 days of referral*
	Referral to diagnosis	Referral to first treatment*		
England	19 (13 to 29)	79 (62 to 99)	73%	26%
Wales	18 (6 to 32)	78 (55 to 105)	71%	33%

* Based on the date of first disease-targeted treatment, of surgery, radiotherapy or systemic anti-cancer therapy. NOTE: for England, waiting times are calculated for people diagnosed following an urgent suspected cancer GP referral; for Wales, waiting times are calculated for people diagnosed following any suspected cancer referrals. Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

4.6 Access to clinical nurse specialists (CNS)

Key messages: Information about CNS involvement was missing for a third of people diagnosed with OG cancer in England. Of those with complete data, the majority (93%) were seen by a CNS around the time of diagnosis (Performance Indicator 4)

Among people who had complete information about CNS involvement (England only), 93% were reported to have been seen by a CNS (among all people included in the Audit cohort, 60% had a record of being seen by a CNS). In 100 of 115 trusts with CNS information for at least 10 people, over 90% of patients with information on this item had a record of being seen by a CNS, whilst this figure was less than 70% in only seven NHS trusts. These figures should be interpreted in the context of information about data completeness, which was below the target level in the majority of trusts.

Information on CNS involvement was not available for people diagnosed in Wales.

4.7 Outcomes of curative surgery

Key messages: Rates of survival following surgery for OG cancer were 96% at 90 days after surgery (Performance Indicator 7), and 83% (England) and 87% (Wales) at one year (Performance Indicator 8)

Outcomes of curative surgery are reported for a three-year period to ensure that enough procedures are included in the analysis to produce robust statistics for individual organisations.

Among people with OG cancer diagnosed in England between April 2020 and March 2023, there were 4,995 people who had a major surgical resection to remove their tumour (3,560 oesophagectomy and 1,435 gastrectomy procedures). In Wales, information was recorded about 253 major surgical resections (184 oesophagectomy and 69 gastrectomy procedures). Table 5 summarises survival and surgical pathology outcomes for this cohort of people who had curative surgery.

Both short- and longer-term survival rates after major resection for OG cancer were high (Table 5), with 96% of people across England and Wales surviving at least 90 days after surgery, and 83% in England and 87% in Wales surviving at least one year. These figures were very consistent over the period for which data were available (earliest data available from 2018): among people who underwent surgery following a diagnosis of OG cancer in the three-year period 1 April 2018 to 31 March 2021, 90-day survival after surgical resection was 97% in both England and Wales, while 1-year survival was 83% in England and 87% in Wales.

Among people in Wales who underwent surgical resection for OG cancer, 83% had at least 15 lymph nodes removed and examined, as recommended by the Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS)[2]. Information on positive resection margins is not presented due to small volumes of procedures and events (positive margins) when analysed by procedure type (oesophagectomy vs. gastrectomy).

Surgical pathology outcomes could not be reported for England due to very low completeness of pathology data.

Table 5. 90-day and 1-year survival rates and surgical pathology outcomes (95% CI) after surgery with curative intent among people diagnosed with OG cancer April 2020-March 2023, England and Wales

	England			**Wales**		
	Oesphagectomy (n=3,560)	Gastrectomy (n=1,435)	Overall (n=4,995)	Oesphagectomy (n=184)	Gastrectomy (n=69)	Overall (n=253)
Survival rate % (95% CI)						
90-day	96.2% (95.5 to 96.8)	96.9% (95.8 to 97.7)	96.4% (95.8 to 96.9)	95.1% (92.0 to 98.2)	98.6% (95.7 to 100)	96.0% (92.9 to 98.1)
1 year*	83.1% (81.5 to 84.6)	82.8% (80.3 to 85.1)	83.0% (81.7 to 84.3)	88.2% (82.6 to 93.8)	85.1% (74.9 to 95.3)	87.4% (81.5 to 91.9)
Surgical pathology indicators						
≥15 lymph nodes examined	Not available	Not available	Not available	81.9% (75.5 to 87.2)	85.3% (74.6 to 92.7)	82.8% (77.5 to 87.3)

*Calculated for people diagnosed April 2020-March 2022 to ensure sufficient follow-up. CI: confidence interval. NOTE: Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

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[2] AUGIS (2016): The provision of services for upper gastrointestinal surgery

4.8 Outcomes of palliative systemic anti-cancer therapy

Key messages:

- Among people who began palliative systemic anti-cancer therapy (SACT) for OG cancer in England, 57% completed at least four cycles of treatment (Performance Indicator 9)
- 4.6% of people undergoing SACT for stage 4 OG cancer in England died within 30 days of starting treatment, however this figure showed wide variation across trusts (Quality Improvement Goal 5)

In England, 4,169 people diagnosed with OG cancer received palliative systemic anti-cancer therapy (SACT), representing 21% of people diagnosed in 2021-2023. Of those people who began palliative SACT, 57% completed at least four cycles of treatment (range: 32 to 86% across trusts). Among people with stage 4 OG cancer who received SACT, 4.6% died within 30 days of starting treatment (95% CI: 3.9 to 5.4%).

For Wales, 188 people diagnosed with OG cancer in 2021-2023 were recorded as receiving palliative chemotherapy. This figure will underestimate the true number of people who received chemotherapy as there are known issues with oncology data from some centres following a move to a new cancer system during 2022. In particular, information about oncology treatments is missing for people who were treated in South East Wales after November 2022. Furthermore, details about chemotherapy regimens, cycles, and completion of treatment were missing for the majority of people who had a record of receiving palliative chemotherapy, therefore indicators relating to palliative SACT are not reported for people diagnosed in Wales.

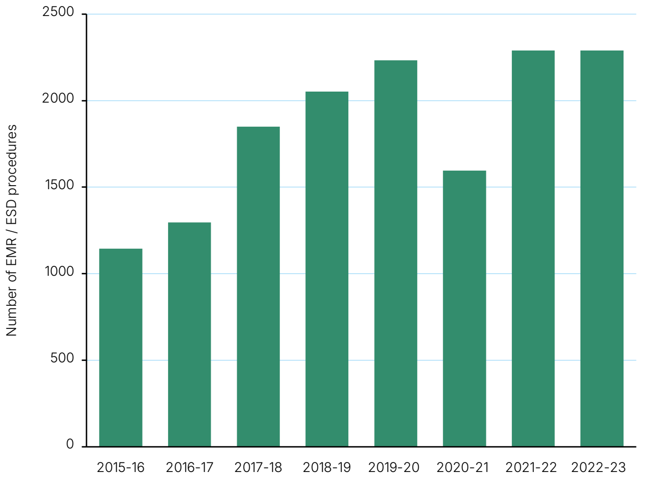
5. High Grade Dysplasia

Between 2012 and 2022, people diagnosed with oesophageal high-grade dysplasia (HGD) in England were included in the Audit. This year, the Audit reports for the first time using routinely collected cancer data. This change in data flows means that information on people with HGD is no longer available, and it was not possible to report the indicators on diagnosis and treatment pathways which were previously reported. However, data submissions for HGD had fallen in recent years, from over 900 cases in England 2012-2014 to fewer than 500 cases in 2020-2022, reflecting issues with case ascertainment and poor engagement with this component of the Audit.

The change in data flows presents an opportunity for the Audit to explore alternative approaches to understanding care for people with HGD. One area that was identified by stakeholders as a priority during the Audit's scoping work is a focus on outcomes of endoscopic treatment (namely endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD)) for dysplasia (including HGD) or early cancer. Figure 1 shows that the annual volume of these procedures has doubled since 2015-2016, reflecting the increasing importance of this treatment modality.

Endoscopic treatments are captured accurately in routine hospital data and these records can provide a comprehensive picture of treatments and outcomes of treatment for people with dysplasia (including HGD) or early cancer. The Audit will continue to develop these proposals with a view to reporting on the use and outcomes of endoscopic treatments in future reports.

Figure 1. Annual volumes of endoscopic mucosal resection and endoscopic submucosal dissection in England. Data from Hospital Episode Statistics Admitted Patient Care Annual Publications.



NOTES: EMR – endoscopic mucosal resection; ESD – endoscopic submucosal dissection. Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

6. Commentary

During 2023 and 2024, the NOGCA Project Team consulted with healthcare professionals and people with lived experience of OG cancer to review and revise its Quality Improvement Plan so that it reflected developments in the treatment of OG cancer, areas of concern about NHS cancer services, and changes in how the Audit was designed. The process produced five quality improvement goals for NOGCA:

1. Reduce rates of emergency and late stage diagnosis of OG cancer
2. Reduce the percentage of people with OG cancer waiting more than 62 days from referral to first treatment
3. Increase the percentage of people with OG cancer who have access to a clinical nurse specialist (CNS)
4. Improve outcomes of potentially curative treatment for people with OG cancer
5. Improve completion and reduce complications of palliative chemotherapy for people with OG cancer

This State of the Nation report provides a picture of how NHS OG cancer services are performing in these areas. For people who have surgery with curative intent, rates of survival remain at a consistently high standard. But the reduced number of surgical outcomes that we have been able to report this year illustrates the challenges that the Audit has encountered in moving to using routine cancer data sources. Rates of positive resection margins are widely accepted as a marker of surgical quality, with AUGIS defining various surgical standards related to pathological outcomes. It is important that the flow of data required for the pathology outcome indicators improves so that this information can again be produced for OG cancer services and people diagnosed with OG cancer.

The report reveals that there is large variation across regions in England and Wales in the length of time that people wait from diagnosis to treatment. That less than one-third of people are starting disease-targeted treatment within 62 days of referral is a concern because people may become more symptomatic, deteriorate nutritionally and become less suitable for planned therapies. NHS providers and commissioners should coordinate efforts to address delays in the patient pathway, so that people avoid having to wait longer than necessary to start treatment. The work should involve GPs to identify opportunities to reduce the proportion of people diagnosed after being admitted as an emergency or with late stage disease.

The goal of improving completion and reducing complications of palliative chemotherapy for people with OG cancer is challenging. A key consideration in the prescription of palliative chemotherapy is how to balance the potential survival benefits of these therapies with their possible side-effects. We have provided some baseline information about outcomes for people after palliative chemotherapy to support efforts to improve this aspect of care and these outcomes. We will continue to work with our stakeholders and patient representatives to further develop these indicators.