# Definitive concurrent chemo-radiotherapy for oesophago-gastric cancer: two sequential 5 year audit cohorts showing improvement in long term survival.

**Descriptor:**

Aim:

To evaluate the patient outcome following treatment with chemo-radiotherapy for oesophageal cancer in two consecutive patient 5 year cohorts.

Objectives:

1) To compare recurrence rates and survival over time and with national and international outcomes

2) To consider if there are any implications for the outcomes found by changes in staging investigations and radiotherapy planning techniques

**Background:**

Oesophago-gastric cancers have an overall relatively poor survival. For node positive tumours radical concurrent chemo-radiotherapy (CRT) is often the UGI MDT recommendation, and in past 8 years staging including PET & EUS has become routine. CRT based on the ‘Herskovic’ regimena, 50Gy/25#’sb with CDDP & 5-FU, now often after ‘neoadjuvant’ chemotherapy.

## The Cycle

**The standard:**

Standard:

Data from National Oesophago- Gastric Cancer Audit & ISD, & the first cohort audit.

Methodology:

a) Departmental databases, constructed by getting the names & NHS numbers from both radiotherapy department and cytotoxic pharmacy for any patients treated for oesophageal cancer. The oncology notes and main hospital notes requested and data abstracted

b) Data collected includes basic demographics, dates of diagnosis (biopsy report), treatment, including type and any dose reductions/delays and toxicity (least complete data), dates of documented relapse & death (if known) and most recent follow up

c) All staging imaging reviewed by a ' blinded' radiologist

d) Data analysis by IBM SPSS statistics v21, to produce survival curves from date of diagnosis (biopsy)

e) Initial audit covered patients treated between 2000 & 2005

f) Subsequent audit covered patients treated between 2007 & 2012

**Target:**

• Data collected includes basic demographics

• Dates of diagnosis (biopsy report)

• Treatment - including type and any dose reductions/delays and toxicity (least complete data)

• Dates of documented relapse

• Death (if known) and most recent follow up

## Assess local practice

**Indicators:**

Comparison with:

a) National audit & statistic results and published international trial results

b) The previous audit

**Data items to be collected:**

a) Departmental databases, constructed by getting the names & NHS numbers from both radiotherapy department and cytotoxic pharmacy for any patients treated for oesophageal cancer. The oncology notes and main hospital notes requested, and data abstracted and entered on Excel database

b) Data collected includes basic demographics, dates of diagnosis (biopsy report), treatment, including type and any dose reductions/delays, and toxicity (least complete data), dates of documented relapse & death (if known) and most recent follow up

c) All staging imaging reviewed by a radiologist, blinded to the original reported staging.

**Suggested number:**

Incidence is still rising but relatively low, so in a 5 year interval to get reasonable numbers, with sufficient real follow up events (as poor prognosis cancer).

**Suggestions for change if target not met:**

Use of results:

a) Present results and discuss with immediate colleagues in departmental meetings

b) Present at national meetings

**Resources:**

a) Time of staff - to access notes, electronic records, access to secure server, create password protected database, and then skill to use SSPS

b) Recruit assistance from a radiologist, as all staging imaging reviewed by a radiologist, blinded to the original reported staging

c) Staff time & knowledge, as using data on Excel spreadsheet, data analysis by IBM SPSS statistics v21, to produce relapse free and overall survival curves from date of diagnosis (biopsy)

**References:**

1. Al-Sarraf M, Martz K, Herskovic A. et al. Progress report of combined chemoradiotherapy versus radiotherapy alone in patients with esophageal cancer: an intergroup study. J Clin Oncol.1997; 15: 277-284.
2. RCR BFCO(06)1, section 4.5 July 2006
3. National Oesophago- Gastric Cancer Audit 2012. <http://www.hqip.org.uk/assets/NCAPOP-Library/NCAPOP-2012-13/Oesophago-Gastric-Cancer-National-Audit-INTERACTIVE-pub-2012.pdf>
4. Information Services Division Scotland (ISD Scotland). Cancer Statistics. Cancer of the Oesophagus.

**Editor's comments:**

Productive exercise for service & patients, as this produces important information when discussing with patients and considering any changes in organisation. It is also useful for trainees in both oncology and radiology as it not only fulfills requirements but also promotes positive contribution to trying to improve patient services (diagnostic & therapeutic).

**Submitted by:**

Leslie Samuel

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