

PTH-013

ENDOSCOPIC MANAGEMENT OF GASTRO-OESOPHAGEAL CANCER-IMPROVED SURVIVAL?

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Introduction Endoscopy plays an important role in the palliative management of patients diagnosed with gastro-oesophageal cancer as well as temporary alleviation of dysphagia in the curative setting. The different treatment modalities available include stent insertion, Bougie/balloon dilatation, argon beam coagulation and laser recannulation.

Methods This retrospective study looked at the outcome of patients diagnosed with gastro-oesophageal cancer who had endoscopic treatment in the 5-year period from 1 January 2004 to 31 December 2008. Across the 2 district general hospitals, the authors cover a catchment population of 500 000. The medical notes, computerised notes of the multidisciplinary team (MDT) meetings and endoscopy reports of all patients diagnosed with gastro-oesophageal cancer in the 5-year period were retrospectively reviewed. The number of survivors as of 19 November 2010 were noted. Follow-up period ranged from 41 to 56 months.

Results 234 and 139 patients were diagnosed with oesophageal and gastric cancer respectively over the 5-year period. Data from six patients were unavailable. 169 (38%) patients had endoscopic treatment. As of 19 November 2010, 7.4% (10) of patients traced are still alive, 8 of which received curative endoscopic therapy. The median survival in patients receiving palliative endoscopic therapy was 230 days (4–1146). In total, 88 (53%) patients had laser ablation and the median survival in this group was 267 days (21–970). The median survival in those who had no endoscopic treatment was 80 days (2–683 days). The table 1 below illustrates the different number of therapeutic endoscopic procedures performed.

Table 1 PTH-013

Endoscopic treatment	Number of patients
Stent insertion	41
Balloon/Bougie dilatation only	37
Laser ablation	88
Brachytherapy	1
Argon beam coagulation	2

Conclusion Endoscopic treatment continues to play an important role especially in palliation of symptoms in patients with gastro-oesophageal cancer. There are a larger number of patients in our Trust who had endoscopic treatment in comparison with the figures recently published in the National Oesophago-Gastric Cancer Audit 2010 where about 20% of patients had endoscopic treatment, the majority in patients with oesophageal and junctional tumours. Only 1% of the cohort in the national audit received laser ablation procedures in comparison with 53% of patients in our Trust, reflecting local expertise. The survival rates in our Trust are actually higher compared to the national figures where for oesophageal cancer, median survival in the group who had palliative endoscopic therapy was 140 days and 90 days in those who had best palliative supportive care.

Competing interests None.

REFERENCE

1. National Oesophago-Gastric Cancer Audit 2010 – Third Annual Report:44–45.