NOSCAN
North of Scotland
Cancer Network

North of Scotland Cancer Network Clinical Management Guideline for Cancer of the Oesophagus

(Squamous and Adenocarcinoma)

UNCONTROLLED WHEN PRINTED

DOCUMENT CONTROL	
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Clinical Management Guideline for Oesophageal Cancer
(Squamous and Adenocarcinoma)
Initial Diagnosis and assessment

General Principles:

Where available, clinical trials should always be considered the preferred option for eligible patients

All patients (including those who decline, or are considered clinically not suitable for active treatment) should be registered with the appropriate local Upper GI or OG Cancer MDT/MDTM in order to ensure an opportunity for peer review and accurate data capture.

In advance of any patient being discussed at the specialist weekly Upper GI or OG Cancer MDT, it is important to have taken steps earliest to establish i) a definitive diagnosis and ii) an indication of clinical staging (see page 6)

Confirm Diagnosis

- Full History & Clinical Examination
- Full blood profile
  (ie FBC, U+E, LFT, Ca + HER2* status)
- Endoscopic visualisation of oesophagus
- Biopsy
- CT Thorax, Abdomen & Pelvis

* HER2 status should be considered in all patients with adenocarcinoma

Pathology

For Biopsy:

- Site
- Type
- Differentiation

For Resection (*in addition to above*)

- Margin status
- Nodal involvement
- Local Invasion
- Background abnormalities

Baseline assessments of

- Performance Status [ECOG and/or ASA/other]
- Nutritional Status [ie MUST Score]

ECOG - *East Coast Oncology Group*
ASA - *American Society of Anesthesiologists*
MUST - *Malnutrition Universal Screening Tool*

All patients should be referred at earliest opportunity to the service identified Clinical Nurse Specialist for assessment and ongoing specialist advice, education, co-ordination of care and psychological/emotional/social support for both the patient and their relatives throughout the treatment pathway: this is in addition to any other specialist referrals that may also be clinically identified appropriate and/or required.

At all stages throughout the treatment pathway:

- Any treatment plans should be discussed with patient during their preparation and any subsequent review
- Patients should be provided with written information and/or signposted to accredited resources
- Primary Care should be notified and kept updated of patients' pathway progress

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Clinical Management Guideline for Oesophageal Cancer
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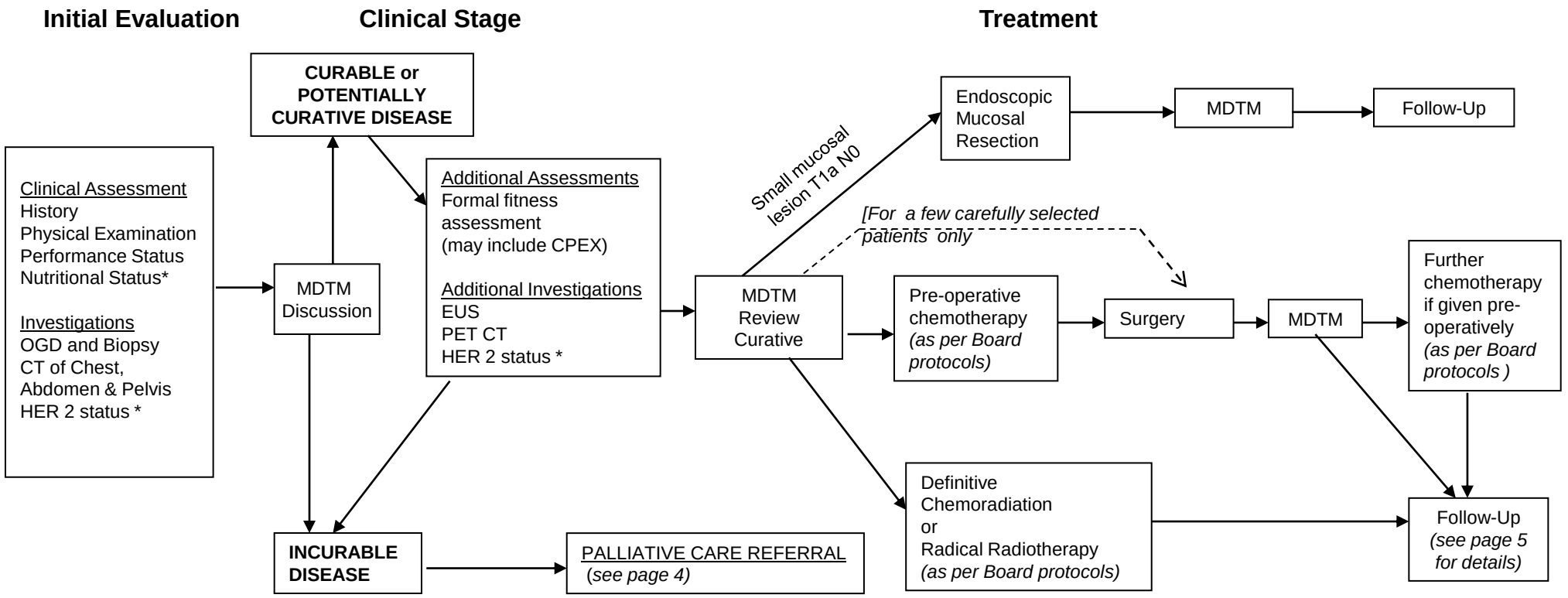
Staging and Primary treatment



NOTES:

- Nutritional Assessment - all patients identified as '*at risk*' by MUST screening tool should be considered for referral to specialist dietician.
- CNS support should be considered at all stages in the pathway.
- * HER2 status assessment in adencocarcinoma only

MDTM - Multidisciplinary Team Meeting
CPEX - Cardio-Pulmonary Exercise Testing
OGD - Oesophago-Gastro- Duodenoscopy

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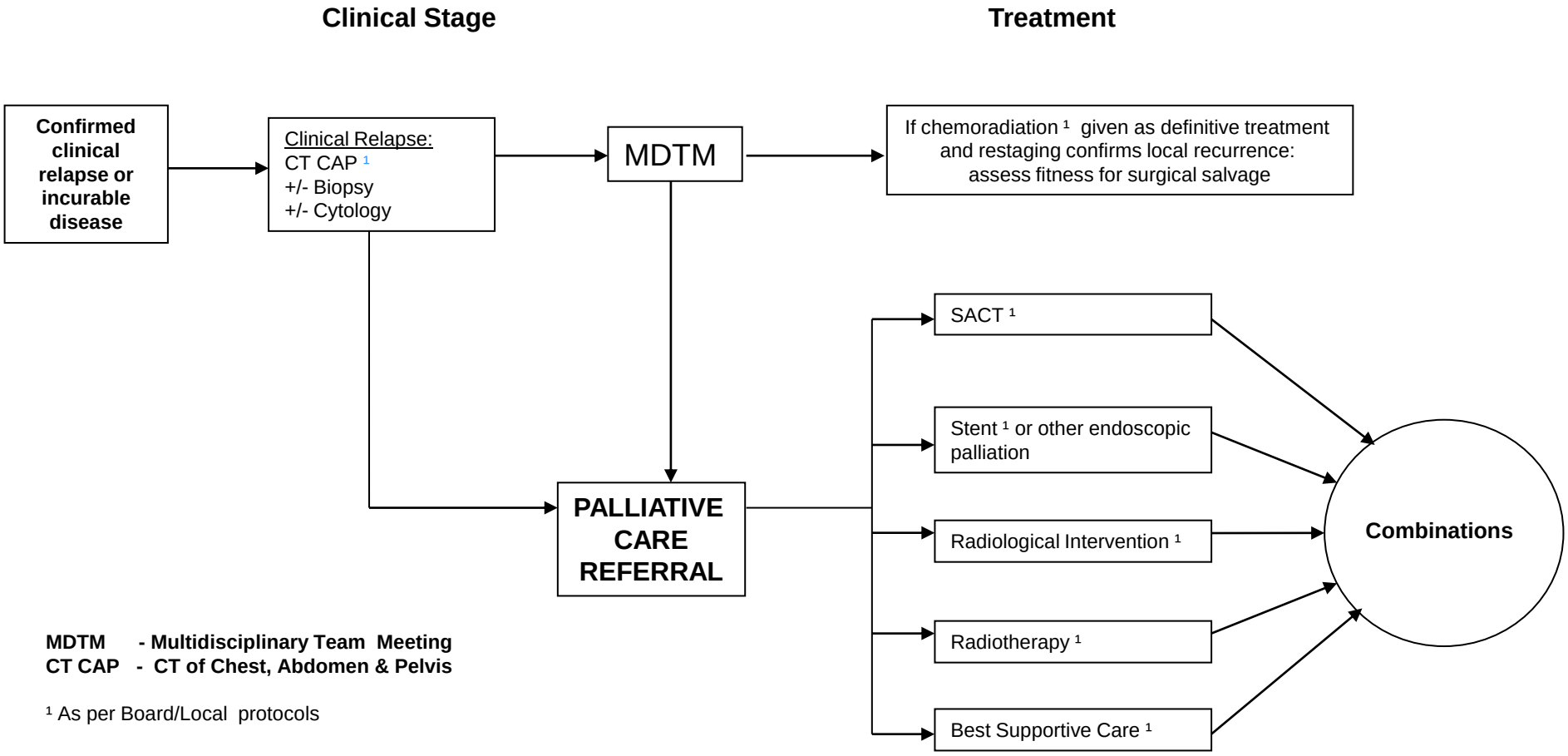
Treatment of relapsed disease



MDTM - Multidisciplinary Team Meeting
CT CAP - CT of Chest, Abdomen & Pelvis

1 As per Board/Local protocols

Where available, clinical trials should be considered the preferred option for eligible patients

Post treatment follow up and aftercare

There continues to be a lack of clinical evidence or definitive guidance to support a regional recommendation on post-treatment follow up.

Consequently (and excepting for patients who are participating in a clinical trial and who should thereafter be followed up according to the applicable trial protocol), it is recommended that:

- all patients should have a Health Needs Assessment (HNA) completed as part of their discharge planning.

- any post treatment follow-up should be determined on an individual patient basis and according to local policies currently in place

UICC TNM 8 Staging

Cancer Stage	Definition
Tumour	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	High Grade Dysplasia, defined as malignant cells confined by the basement membrane
T1	Tumour invades the lamina propria, muscularis mucosae, or submucosa
T1 a	Tumour invades the lamina propria or muscularis mucosae
T1 b	Tumour invades submucosa
T2	Tumour invades muscularis propria
T3	Tumour penetrates the adventitia
T4	Tumour invades adjacent structures
T4 a	Tumour invades the pleura, pericardium, azygos vein, diaphragm or peritoeum
T4 b	Tumour invades other adjacent structures, such as the aorta, vertebral body, or trachea
Nodal Involvement	
NX	Regional lymph node(s) cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in 1 to 2 regional lymph nodes
N2	Metastasis in 3 to 6 regional lymph nodes
N3	Metastasis in more than 7 regional lymph nodes
Metastases	
M0	No distant metastases
M1	Distant metastases

- The classification applies only to carcinomas and includes adenocarcinomas of the oesophagogastric/gastroesophageal junction
- There should be histological confirmation of the disease and division of cases by topographic localisation and histological type
- A tumour, the epicentre of which is within 2cm of the oesophagogastric junction and also extends into the oesophagus, is classified and staged using the oesophageal scheme.
- Cancers involving the oesophagogastric junction whose epicentre is within the proximal 2cm of the cardia (Siewert types I/II) are to be staged as oesophageal cancers.
- In patients who receive neoadjuvant chemotherapy and then have a resection, this classification (whether it is gastric or oesophageal based on the epicentre) should be made according to the clinical endoscopic findings before treatment and should not be changed after chemotherapy