Oesophago-gastric cancer
the disease and the challenges

Muntzer Mughal
Oesophago-gastric cancer

- How common is it?
- What causes it?
- What are the symptoms?
- How is it treated?
- Recent advances in:
  - Detection
  - Treatment
- The future
How common is it?
A Thousand Lives

Survival rates for oesophageal cancer are poor. Earlier detection will save lives

Kingsley Amis, a Garrick Club regular, thought that the most depressing words in the English language were: “Shall we go straight in?” Not as depressing as asking your physician, as Philip Gould did on being told that he had a cancer between his oesophagus and his stomach: “What are my chances?” and getting back the gloomy reply: “Fifty-fifty.” There are some lotteries in life that you might wish to win. Cancer is not one of them. Cancer of the oesophagus is one of the most lethal forms of the disease. It need not be. Experts leading the fight to tame oesophageal and stomach cancers believe that 1,000 lives a year could be saved if survival rates in Britain could be improved to match the best in Europe. Many of those deaths could be averted by earlier diagnosis.

Lord Gould of Brookwood has been recounting in The Times all this week the changing landscape of a life resculpted by cancer. He has written about the heartache and terror, but also of the happiness and tenderness that have warmed him since he learnt he was a victim of one of the most virulent of all cancers. His
In the UK, at diagnosis, the disease is advanced in 70% of cases
Worldwide incidence
Stomach cancer

Rate per 100,000 population

- Eastern Asia
- Eastern Europe
- Polynesia
- South America
- World
- Southern Europe
- Central America
- Caribbean
- Middle Africa
- Western Europe
- Northern Europe
- Western Asia
- Australia/New
- South-Eastern Asia
- Southern Africa
- Northern America
- Eastern Africa
- South Central Asia
- Melanesia
- Micronesia
- Northern Africa
- Western Africa

Males
Females
U.K. incidence
Stomach
- 7th commonest cancer
- 8200 new cases a year
- 6000 deaths a year

Oesophagus
- 9th commonest cancer
- 7640 new cases a year
- 7400 deaths a year
U.K incidence by region

per 100,000 population

Oesophagus
Stomach

Scotland
Northern
North West
Trent
Anglia
Wales
N Thames
S Thames
N Ireland
Oesophageal cancer

- 9th commonest cancer in the U.K
- Commonly diagnosed at a late stage
  - UK 20% presenting as emergency
  - Japan 50% diagnosed early
- 5-year survival
  - Japan 41%
  - Europe 10%
  - UK 9%
What causes it?
Oesophageal cancer - causes

- Lifestyle
  - Alcohol
  - Smoking
- Diet
  - Salty/pickled food
- Obesity
- Barrett’s oesophagus
Stomach cancer - causes

- Diet
  - salty/pickled food
- Lifestyle
  - Alcohol
  - Smoking
- Infection
  - Helicobacter pylori
Is it becoming more or less common?
Stomach cancer - time trend

Rate per 100,000 population

Year of diagnosis


Males
Females
Persons
What are the symptoms?
O-G cancer symptoms

- Indigestion that won’t go away
- Difficulty with swallowing
- Weight loss
- Jaundice

- But even the earliest SYMPTOMS often associated with advanced cancer
Early detection – the challenge
Are there lessons to be learnt from Japan?
Mass screening system in Japan
Endoscopy
Detection by mass screening

- 6,137,325 examinations between 1968 – 1998
- 6394 cancers detected (0.104%)
- Disease stage:
  - I 72.5%
  - II 10.3%
  - III 11.2%
  - IV 6%
Endoscopy with enhancement
How can we improve outcomes

- **Primary prevention**
  - Public awareness – obesity, alcohol & smoking

- **Early diagnosis**
  - Public awareness
  - Easier access to endoscopy

- **Surveillance & screening of high risk groups**
  - Barrett’s

- **Better treatment**
Early detection – the challenge

Dysphagia, heartburn

No or subtle symptoms

GP
Endoscopy waiting times and impact of the two week wait scheme on diagnosis and outcome of upper gastrointestinal cancer

T Spahos, A Hindmarsh, E Cameron, M R Tighe, L Igali, D Pearson, M Rhodes, M P N Lewis

Screening for Barrett’s


BMJ. 2010 Sep 10;341:c4372. doi: 10.1136/bmj.c4372
Treatment
Treatment

Extent of the disease
- Scans
- Inspection of abdominal cavity

General level of fitness

Tailoring to the individual
- Palliative if advanced
- Curative if localised
  - Surgery ± chemotherapy/radiotherapy
PET Scan
Principles of Surgery

Stomach
- Usually removal of whole stomach with lymph glands

Oesophagus
- Removal of major part of oesophagus & part of stomach
Surgery - main issues

- Most patients in 60s and 70s
- Some have other medical problems
- Operations are long & complex
- Oesophagectomy involves opening the abdomen and the chest

- Therefore, potentially high morbidity and mortality
Quality of Life after surgery

Gastrectomy
- 6 weeks off work, 6-9 months to get back to ‘normal’
- Smaller meals, difficulty regaining weight

Oesophagectomy
- 12 weeks off work, 12 months to get back to normal
- Smaller meals, difficulty regaining weight
## Results of treatment

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<tr>
<td>Mortality after surgery</td>
<td>10%</td>
<td>5%</td>
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<tr>
<td>1-year survival</td>
<td>47%</td>
<td>62%</td>
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<tr>
<td>5-year survival</td>
<td>20%</td>
<td>31%</td>
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Recent advances
- Better ‘mapping’ (staging) of the disease
- Better tailoring of treatment
  - Multidisciplinary Team approach
- Better surgery & after-care
- Endoscopic treatment of early disease
- Key-hole surgery!
- Specialisation & centralisation
Developments in North London
O-G Cancer MDT at UCLH

- World-class UGI gastroenterology service
  - Endoscopic treatment of early tumours
  - Interventional techniques – laser, stenting
  - Research
- Excellent oncology services
- Strong surgical service
  - 387 cases discussed and 82 resections since Feb 2011 with 1 death
  - Expertise for complex and re-operative surgery
London Cancer Integrated Cancer System

- Covering population of 3.5 M
- Appointment of O-G Pathway Board Directors
  - David Khoo (Queens Hospital in Romford)
  - Muntzer Mughal
- Programme to improve outcomes:
  - Earlier diagnosis
  - Smoother pathway through staging to treatment
  - Fewer centres for surgery
  - More enrolment of patients into trials
Surgical centres for O-G cancer

18  RRV  University College London Hospitals NHS Foundation Trust
19  RF4  Barking, Havering and Redbridge Hospitals NHS Trust
20  RNJ  Barts and The London NHS Trust
The Future

- Preventative strategies
- Public awareness
- New tests for earlier detection
- Better tests to show signs of spread
- Safer and more effective chemotherapy
- Safer and more effective surgery

- Smaller proportion of patients will have surgery, but outcomes will be better