NICE National Institute for Health and Care Excellence

NICE Pathways

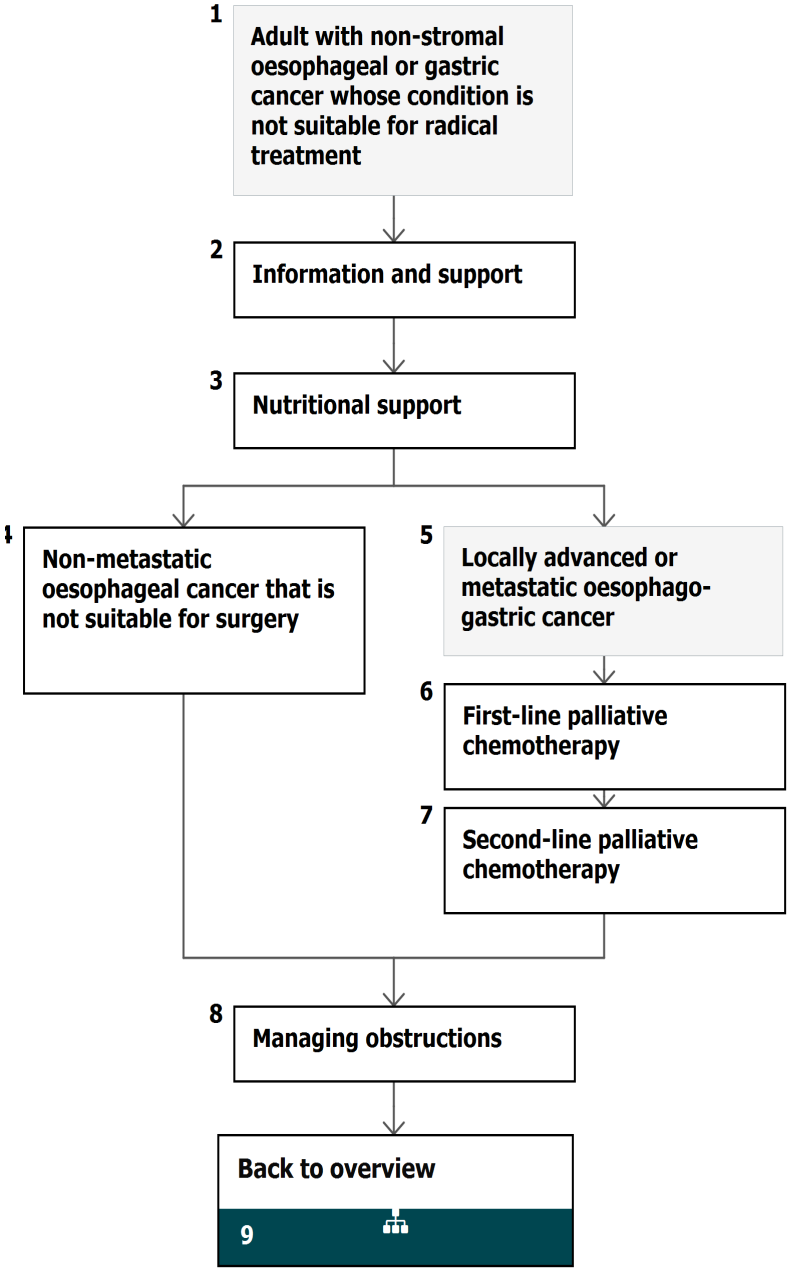
Palliative management for people with oesophageal and gastric cancer

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/oesophageal-and-gastric-cancer
NICE Pathway last updated: 12 December 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with non-stromal oesophageal or gastric cancer whose condition is not suitable for radical treatment

No additional information

2 Information and support for people receiving palliative care

For people with oesophago-gastric cancer who can only have palliative management, offer personalised information and support to them and the people who are important to them (as appropriate), at a pace that is suitable for them. This could include information on:

- life expectancy, if the person has said they would like to know about this
- the treatment and care available, and how to access this both now and for future symptoms
- holistic issues (such as physical, emotional, social, financial and spiritual issues), and how they can get support and help
- dietary changes, and how to manage these and access specialist dietetic support
- which sources of information in the public domain give good advice about the issues listed above.

Follow NICE's recommendations on patient experience in adult NHS services.

For people with oesophago-gastric cancer who can only have palliative management, consider providing support from:

- a specialist cancer care dietitian
- a specialist palliative care team
- a peer support group, if available.

For people with oesophago-gastric cancer who are having palliative care, follow the recommendations in the NICE guideline on improving supportive and palliative care for adults with cancer.

See also what NICE says on caring for an adult at the end of life.

3 Nutritional support for people receiving palliative care

Consider support from a specialist cancer-specific dietitian for people with oesophago-gastric cancer receiving palliative care.

Together with members of the multidisciplinary team and the hospital and community palliative care teams, tailor dietetic support to the person with oesophago-gastric cancer and their clinical situation.

For people with oesophago-gastric cancer, follow the recommendations in the NICE guideline on improving supportive and palliative care for adults with cancer.

4 Non-metastatic oesophageal cancer that is not suitable for surgery

Consider chemoradiotherapy for people with non-metastatic oesophageal cancer that can be encompassed within a radiotherapy field.

When the cancer cannot be encompassed within a high-dose radiotherapy field, consider one or more of:

- chemotherapy
- local tumour treatment, including stenting or palliative radiotherapy
- best supportive care.

Discuss the benefits, risks and treatment consequences of each option with the person with oesophageal cancer and those who are important to them (as appropriate).

After a person with oesophageal cancer has had treatment, assess the tumour's response to chemotherapy or chemoradiotherapy and reconsider if surgery is an option.

For more information about surgery and related treatments, see radical treatment.

See also what NICE says on medicines optimisation.

Capecitabine

The following recommendation is from NICE technology appraisal guidance on capecitabine for the treatment of advanced gastric cancer.

Capecitabine in combination with a platinum-based regimen is recommended for the first-line treatment of inoperable advanced gastric cancer.

NICE has written information for the public on capecitabine.

5 Locally advanced or metastatic oesophago-gastric cancer

No additional information

6 First-line palliative chemotherapy

Offer trastuzumab (in combination with cisplatin[1] and capecitabine or 5-fluorouracil) as a treatment option to people with HER2-positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction (see NICE's recommendations on trastuzumab below).

Offer first-line palliative combination chemotherapy to people with advanced oesophago-gastric cancer who have a performance status 0 to 2 and no significant comorbidities. Possible drug combinations include:

- doublet treatment: 5-fluorouracil or capecitabine[2] in combination with cisplatin or oxaliplatin[3]
- triplet treatment: 5-fluorouracil or capecitabine in combination with cisplatin or oxaliplatin plus epirubicin[4].

Discuss the benefits, risks and treatment consequences of each option with the person and those important to them (as appropriate).

Trastuzumab

The following recommendations are from NICE technology appraisal guidance on trastuzumab for the treatment of HER2-positive metastatic gastric cancer.

Trastuzumab, in combination with cisplatin and capecitabine or 5-fluorouracil, is recommended as an option for the treatment of people with human epidermal growth factor receptor 2 (HER2)-positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who:

- have not received prior treatment for their metastatic disease and
- have tumours expressing high levels of HER2 as defined by a positive immunohistochemistry score of 3 (IHC3 positive).

People who are currently receiving treatment with trastuzumab for HER2-positive metastatic gastric cancer who do not meet the criteria above should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

NICE has written information for the public on trastuzumab.

[1] Although this use is common in UK clinical practice, at the time of publication (January 2018), cisplatin did not have a UK marketing authorisation for oesophageal or gastric cancer. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

[2] Although this use is common in UK clinical practice, at the time of publication (January 2018), capecitabine did not have a UK marketing authorisation for oesophageal cancer. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

[3] Although this use is common in UK clinical practice, at the time of publication (January 2018), oxaliplatin did not have a UK marketing authorisation for oesophageal or gastric cancer. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

[4] Although this use is common in UK clinical practice, at the time of publication (January 2018), epirubicin did not have a UK marketing authorisation for oesophageal cancer. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

Capecitabine

The following recommendation is from NICE technology appraisal guidance on capecitabine for the treatment of advanced gastric cancer.

Capecitabine in combination with a platinum-based regimen is recommended for the first-line treatment of inoperable advanced gastric cancer.

NICE has written information for the public on capecitabine.

7 Second-line palliative chemotherapy

Consider second-line palliative chemotherapy for people with oesophago-gastric cancer.

Discuss the risks, benefits and treatment consequences of second-line palliative chemotherapy for oesophago-gastric cancer with the person and those who are important to them (as appropriate). Cover:

- how different treatments can have similar effectiveness but different side effects
- how the treatments are given
- if the person has any preference for one treatment over another.

Consider a clinical trial (if a suitable one is available) as an alternative to second-line chemotherapy for people with oesophago-gastric cancer.

Ramucirumab

The following recommendations are from NICE technology appraisal guidance on ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy.

Ramucirumab alone or with paclitaxel is not recommended within its marketing authorisation for advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy.

People whose treatment with ramucirumab was started within the NHS before this guidance was published should be able to continue treatment until they and their clinician consider it appropriate to stop.

NICE has written information for the public on ramucirumab.

8 Managing obstructions

Dysphagia

Offer self-expanding stents to people with oesophageal and gastro-oesophageal junctional cancer who need immediate relief of dysphagia.

Offer self-expanding stents or radiotherapy as primary treatment to people with oesophageal and gastro-oesophageal junctional cancer, depending on the degree of dysphagia and its impact on nutrition and quality of life, performance status and prognosis.

Consider external beam radiotherapy after stenting for people with oesophageal and gastro-oesophageal junctional cancer, for long-term disease control.

NICE has published interventional procedures guidance on palliative photodynamic therapy for advanced oesophageal cancer with **normal arrangements** for clinical governance, consent and audit.

Outflow obstruction in gastric cancer

Offer uncovered self-expanding metal stents or palliative surgery to people with gastric cancer, depending on fitness to undergo surgery, prognosis and extent of disease.

9 Back to overview

See Oesophageal and gastric cancer / Oesophageal and gastric cancer overview

Sources

Oesophago-gastric cancer: assessment and management in adults (2018) NICE guideline NG83

Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy (2016) NICE technology appraisal guidance 378

Trastuzumab for the treatment of HER2-positive metastatic gastric cancer (2010) NICE technology appraisal guidance 208

Capecitabine for the treatment of advanced gastric cancer (2010) NICE technology appraisal guidance 191

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of

implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this

interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.