

Radical treatment for people with oesophageal and gastric cancer

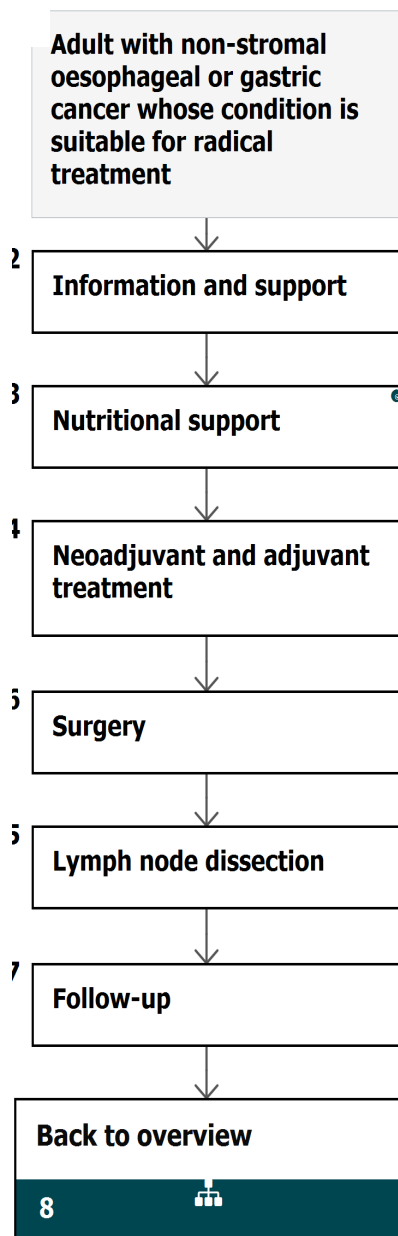
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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 suitable for radical treatment

No additional information

2 Information and support for people receiving radical treatment

Provide information about possible treatment options, such as surgery, radiotherapy or chemotherapy, in all discussions with people with oesophago-gastric cancer who are going to have radical treatment. Make sure the information is consistent and covers:

- treatment outcomes (prognosis and future treatments)
- recovery, including the consequences of treatment and how to manage them
- nutrition and lifestyle changes.

Follow NICE's recommendations on [patient experience in adult NHS services](#).

3 Nutritional support for people receiving radical treatment

Offer nutritional assessment and tailored specialist dietetic support to people with oesophago-gastric cancer before, during and after radical treatments.

Offer immediate enteral or parenteral nutrition after surgery to people who are having radical surgery for oesophageal and gastro-oesophageal junctional cancers.

For people with oesophago-gastric cancer, follow NICE's recommendations on [nutrition support in adults](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Dietetic support

4 Neoadjuvant and adjuvant treatment

Localised oesophageal and gastro-oesophageal junctional adenocarcinoma

For people with localised oesophageal and gastro-oesophageal junctional adenocarcinoma (excluding T1N0 tumours) who are going to have surgical resection, offer a choice of:

- chemotherapy, before or before and after surgery **or**
- chemoradiotherapy, before surgery.

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

Encourage people to join relevant clinical trials, if available.

Gastric cancer

Offer chemotherapy before and after surgery to people with gastric cancer who are having radical surgical resection.

Consider chemotherapy or chemoradiotherapy after surgery for people with gastric cancer who did not have chemotherapy before surgery with curative intent.

Squamous cell carcinoma of the oesophagus

Offer people with resectable non-metastatic squamous cell carcinoma of the oesophagus the choice of:

- radical chemoradiotherapy or
- chemoradiotherapy before surgical resection.

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

See also what NICE says on [medicines optimisation](#).

5 Lymph node dissection

When performing a curative gastrectomy for people with gastric cancer, consider a D2 lymph node dissection.

When performing a curative oesophagectomy for people with oesophageal cancer, consider two-field lymph node dissection.

6 Surgery

Ensure curative oesophago-gastric resections are performed in a specialist surgical unit by specialist oesophago-gastric surgeons.

T1N0 oesophageal cancer

Staging

Offer endoscopic mucosal resection for staging for people with suspected T1 oesophageal cancer.

Surgery

Offer endoscopic eradication of remaining Barrett's mucosa for people with T1aN0 oesophageal cancer.

For recommendations on the treatment of Barrett's oesophagus, see what NICE says on [Barrett's oesophagus](#).

Offer radical resection for people with T1bN0 oesophageal adenocarcinoma if they are fit enough to have surgery.

Offer people with T1bN0 squamous cell carcinoma of the oesophagus the choice of:

- definitive chemoradiotherapy or
- surgical resection.

Only make this choice after the surgeon and oncologist have discussed the benefits, risks and treatment consequences of each option with the person and those who are important to them (as appropriate).

Surgical treatment of oesophageal cancer

Consider an open or minimally invasive (including hybrid) oesophagectomy for surgical treatment of oesophageal cancer.

Interventional procedures

NICE has published guidance on [minimally invasive oesophagectomy](#) with **normal arrangements** for clinical governance, consent and audit with local review of results.

NICE has published guidance on [laparoscopic gastrectomy for cancer](#) with **normal arrangements** for clinical governance, consent and audit.

NICE has published guidance on the following procedures **with special arrangements** for clinical governance, consent and audit or research:

- [endoscopic submucosal dissection of gastric lesions](#)
- [photodynamic therapy for early-stage oesophageal cancer](#)
- [laparo-endogastric surgery](#).

NICE has published guidance that [endoscopic submucosal dissection of oesophageal dysplasia and neoplasia](#) should be used **with special arrangements** for clinical governance, consent and audit or research in people with oesophageal squamous carcinoma or squamous dysplasia, and **only in the context of research** in people with oesophageal adenocarcinoma or high-grade dysplasia in Barrett's oesophagus.

7 Follow-up

For people who have no symptoms or evidence of residual disease after treatment for oesophago-gastric cancer with curative intent:

- provide information about the symptoms of recurrent disease, and what to do if they develop these symptoms
- offer rapid access to the oesophago-gastric multidisciplinary team for review, if symptoms develop.

For people who have no symptoms or evidence of residual disease after treatment for oesophago-gastric cancer with curative intent, do not offer:

- routine clinical follow-up solely for the detection of recurrent disease
- routine radiological surveillance solely for the detection of recurrent disease.

8 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

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.