

1 NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

2 **Guideline**

3 **Oesophago-gastric cancer: assessment and**
4 **management in adults (update)**

5 **Draft for consultation, April 2023**

6

This is an update to NICE guideline NG83 (published January 2018). We have:

- reviewed the evidence on the palliative management of luminal obstruction with no curative intent for adults with oesophageal or oesophago-gastric junctional cancer
- made new recommendations.

Who is it for?

- Healthcare professionals
- Commissioners and providers of oesophago-gastric cancer services
- Adults with oesophago-gastric cancer, their families and carers

What does it include?

- the new recommendations
- related recommendations that have not been updated (shaded in grey and marked **[2018]**), included here for context
- new recommendations for research
- rationale and impact sections that explain why the committee made the 2023 recommendations and how they might affect practice.

Information about how the guideline was developed is on the [guideline's webpage](#). This includes the evidence reviews, the scope, details of the committee and any declarations of interest.

Commenting on this update

We have reviewed the evidence on the palliative management of luminal obstruction with no curative intent for adults with oesophageal or oesophago-gastric junctional cancer. You are invited to comment on the new recommendations (1.5.11 and 1.5.12).

We have not reviewed the evidence for the recommendations marked **[2018]** (shaded in grey) and cannot accept comments on them.

Sections of the guideline that have had no changes at all have been temporarily removed for this consultation and will be re-instated when the final guideline is published. See the [current version of the guideline](#).

See [update information](#) for a full explanation of what is being updated.

Full details of the evidence and the committee's discussion on the 2023 recommendations are in the [evidence review](#). Evidence for the 2018 recommendations is in the [full version of the 2018 guideline](#).

1

2

1 **Contents**

2 Recommendations 4

3 1.5 Palliative management..... 4

4 Recommendations for research 5

5 New recommendations for research 5

6 Rationale and impact..... 6

7 Finding more information and committee details 7

8 Update information 8

9

1 Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in [NICE's information on making decisions about your care](#).

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

2 1.5 Palliative management

3 Luminal obstruction in oesophageal and oesophago-gastric junctional 4 cancer

5 1.5.9 Offer self-expanding stents to people with oesophageal and gastro-
6 oesophageal junctional cancer who need immediate relief of dysphagia.
7 **[2018]**

8 1.5.10 Offer self-expanding stents or radiotherapy to people with oesophageal
9 and gastro-oesophageal junctional cancer, depending on the degree of
10 dysphagia and its impact on nutrition and quality of life, performance
11 status and prognosis. **[2018]**

12 1.5.11 Do not routinely offer external beam radiotherapy after stenting for people
13 with oesophageal and oesophago-gastric junctional cancer. **[2023]**

14 1.5.12 Consider external beam radiotherapy after stenting of oesophageal and
15 oesophago-gastric junctional cancer for people with prolonged post-
16 interventional bleeding or a known bleeding disorder. **[2023]**

For a short explanation of why the committee made these recommendations and how they might affect practice, see the [rationale and impact section on luminal obstruction in oesophageal and oesophago-gastric junctional cancer](#).

Full details of the evidence and the committee's discussion are in [evidence review A: management of luminal obstruction in adults with oesophageal cancer not amenable to treatment with curative intent](#).

1 **Recommendations for research**

2 As part of the 2023 update, the guideline committee made 2 additional research
3 recommendations on the palliative management of dysphagia due to luminal
4 obstruction with no curative intent for adults with oesophageal or oesophago-gastric
5 junctional cancer.

6 **New recommendations for research**

7 **External beam radiotherapy in addition to stenting to prevent bleeding**

8 What is the effectiveness and cost-effectiveness of external beam radiotherapy in
9 addition to self-expanding stents to prevent prolonged bleeding after stent insertion
10 in people with oesophago-gastric cancer who are undergoing palliative management
11 of dysphagia due to luminal obstruction with no curative intent?

12 **Enteral feeding for people with luminal obstruction and dysphagia**

13 In people experiencing partial or complete luminal obstruction resulting from
14 incurable oesophago-gastric cancer, is enteral feeding an effective and cost effective
15 method of preserving quality of life and survival, when the first line management of
16 dysphagia (for example, self-expanding stents) has failed or is contraindicated?

For a short explanation of why the committee made these recommendations for research, see the [rationale and impact section on luminal obstruction in oesophageal and oesophago-gastric junctional cancer](#).

1 **Rationale and impact**

2 This section briefly explains why the committee made the recommendations and how
3 they might affect practice.

4 **Luminal obstruction in oesophageal and oesophago-gastric** 5 **junctional cancer**

6 **Why the committee made the recommendations**

7 [Recommendations 1.5.9 to 1.5.12](#)

8 The committee did not find any new evidence that would affect the recommendations
9 1.5.9 and 1.5.10 and therefore did not update the recommendations made by the
10 previous committee on the basis of the evidence they considered (see the previous
11 [full guideline](#) from 2018).

12 Most of the evidence considered by the committee did not show a difference
13 between the effectiveness of different interventions for relieving dysphagia caused
14 by luminal obstruction of the oesophagus in people with oesophageal and
15 oesophago-gastric junctional cancer whose condition was not being treated with
16 curative intent. A high quality, UK-based health technology assessment provided
17 new evidence on external beam radiotherapy (EBRT) after stenting for people with
18 dysphagia whose condition needed palliation.

19 This study compared self-expanding metal stents (SEMS) alone to SEMS and
20 adjuvant EBRT and concluded that the data could not differentiate between them for
21 all outcomes considered in the evidence review. The committee agreed that they did
22 not support the routine use of EBRT for people after stenting. However, the
23 committee noted that there was some evidence of better outcomes for
24 gastrointestinal-related bleeding. Although this was of low certainty, they agreed that
25 from their experience EBRT helps to prevent bleeding. Therefore, they made a
26 recommendation to consider EBRT for people with prolonged bleeding after stent
27 insertion or a known bleeding disorder. Stopping bleeding is important to people who
28 have incurable oesophageal and oesophago-gastric junctional cancer because it

1 improves their quality of life. The committee made a [research recommendation](#) about
2 the use of EBRT to prevent bleeding because there was not enough evidence to
3 make a strong recommendation about it.

4 The committee agreed that only offering EBRT after stent insertion to people with
5 oesophageal and oesophago-gastric junctional cancer if they had prolonged
6 bleeding or a known bleeding disorder would lead to more effective targeting of
7 comparatively scarce EBRT services. Furthermore, it will reduce the treatment
8 burden for people with oesophageal and oesophago-gastric junctional cancer who
9 are not bleeding from the cancer site and their carers and relatives because they will
10 not have the inconvenience of travelling for unnecessary EBRT treatment and the
11 side-effects associated with it.

12 No evidence was found on the effectiveness of enteral feeding for people who have
13 dysphagia caused by luminal obstruction so the committee made a [research](#)
14 [recommendation](#).

15 **How the recommendations might affect practice**

16 The committee agreed that the new recommendations are likely to be cost saving
17 because they will reduce the number of people receiving EBRT after stenting, and
18 the number of different treatments that most people receive since most people will
19 not receive EBRT.

20 Resources for EBRT after stent insertion can be more effectively directed to people
21 with incurable oesophageal and oesophago-gastric junctional cancer who have
22 prolonged bleeding or a known bleeding disorder.

23 [Return to recommendations](#)

24 **Finding more information and committee details**

25 To find NICE guidance on related topics, including guidance in development, see the
26 [NICE topic page on oesophageal cancer](#).

27 For details of the guideline committee see the [committee member list](#).

1 Update information

2 April 2023

3 This is an update of NICE guideline NG83 (published January 2018). We have
4 reviewed the evidence on palliative management of luminal obstruction with no
5 curative intent for adults with oesophageal or oesophago-gastric junction cancer.

6 Recommendations are marked **[2023]** if the evidence has been reviewed.

7 We propose to change 1 recommendation from the 2018 guideline. [Table 1](#) sets out
8 this recommendation and includes details of the replacement recommendations.

9 See also the [previous NICE guideline and supporting documents](#)

10 Table 1 Recommendations that have been deleted

Recommendation in 2018 guideline:	Replaced with:
Consider external beam radiotherapy after stenting for people with oesophageal and oesophago-gastric junctional cancer, for long-term disease control. (1.5.11)	1.5.11 Do not routinely offer external beam radiotherapy after stenting for people with oesophageal and oesophago-gastric junctional cancer. [2023] 1.5.12 Consider external beam radiotherapy after stenting of oesophageal and oesophago-gastric junctional cancer for people with prolonged post-interventional bleeding or a known bleeding disorder. [2023]

11 © NICE 2023. All rights reserved. Subject to [Notice of rights](#).

12