

Understanding NICE guidance

Information for people who use NHS services

Treatment of oesophageal cancer using thoracoscopically assisted oesophagectomy

NICE 'interventional procedure guidance' advises the NHS on when and how new surgical procedures or procedures that use electromagnetic radiation (such as X-rays, lasers and gamma rays) can be used.

This leaflet is about when and how **thoracoscopically assisted oesophagectomy** can be used to treat people with oesophageal cancer in the NHS in England, Wales, Scotland and Northern Ireland. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe oesophageal cancer or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision.

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.



What has NICE said?

This procedure can be offered routinely as a treatment option for people with oesophageal cancer provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

A team of specialists should work together to ensure the right patients are chosen for this procedure and that patients are cared for appropriately.

Doctors should be trained in this and similar techniques. Less experienced doctors should be mentored.

This procedure may not be the only possible treatment for oesophageal cancer. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Thoracoscopically assisted oesophagectomy

The procedure is not described in detail here – please talk to your surgeon for a full description.

Oesophagectomy is surgery to remove all or part of the oesophagus (the tube between the mouth and the stomach). It may be done to remove tumours in the oesophagus or because the oesophagus has become narrowed.

In traditional open surgery, the surgeon makes two large incisions – one in the chest and one in the abdomen (belly). The surgeon cuts out part or all of the oesophagus and then makes a new tube out of part of the stomach or intestine. This new tube is attached to the cut oesophagus higher up in the chest or neck to form the new oesophagus.

In thoracoscopic surgery the same procedure is performed through small incisions made in the chest. A camera connected to a video recorder and monitor is inserted through one hole. By watching what is happening on the video monitor, the surgeon removes the oesophagus using special instruments inserted through the remaining holes. The second part of the procedure can be done via small incisions in the abdomen in a similar way, or in the traditional 'open' way. It is also described as video-assisted thoracoscopic surgery or minimally invasive surgery.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are **briefly** described below. NICE looked at eight studies on this procedure.

How well does the procedure work?

Thoracoscopically assisted surgery was found to be as effective as traditional open surgery. In one study, the survival rates were similar for patients who had open surgery and those who had thoracoscopically assisted surgery (60% and 70% at 3 years, and 57% and 55% at 5 years, respectively).

The number of lymph nodes removed (which is used as a measure of the completeness of tumour removal) was similar with open surgery and thoracoscopically assisted surgery.

In 38 patients who had thoracoscopically assisted oesophagectomy, survival was 100% in patients who had stage 0 or I disease, 58% in patients who had stage II disease, 48% in patients with stage III disease and 0% in patients with stage IV disease. (Stage 0 is the earliest stage of the disease, and stage IV is the most advanced.)

In another study of 222 patients who had thoracoscopically assisted oesophagectomy, quality of life after the operation (assessed by questionnaire) was similar to that before the operation and to that in the general population.

The expert advisers commented that surgery with thoracoscopically assisted oesophagectomy may be less likely to remove all the tumour than if open surgery is used. The thoracoscopic procedure takes longer than the open surgery, and it is not yet clear whether this is justified by better outcomes. It is not yet clear whether problems associated with surgery and death rates are lower with this procedure than with open surgery.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks that thoracoscopically assisted oesophagectomy is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Risks and possible problems

Problems during surgery were similar in thoracoscopically assisted and open surgery. There were fewer problems with the lungs with thoracoscopic surgery and less reduction in lung vital capacity (breathing volume) than with open surgery.

In three studies, the surgeon had to change from a thoracoscopic procedure to open surgery during the operation in up to 7% of cases, in centres with a lot of experience in oesophageal surgery.

A small number of patients who had the procedure died. In five studies, 0% to 3% of patients died 30 days after the operation (0 out of 54 and 5 out of 151). In three studies 0% to 13% of patients died in hospital (0 out of 39, 8 out of 151 and 4 out of 30 patients).

The most common problems during thoracoscopically assisted surgery were leak from the join in the oesophagus (12%), atrial fibrillation (the irregular and rapid beating of the heart) (12%) and pneumonia (8%). Damage also occurred to other parts of the body, such as the vocal cords, trachea (the windpipe) and the stomach.

The expert advisers commented that theoretical risks include major damage to blood vessels, bleeding, damage to the airways and other nearby structures and nerves, and pain after surgery.

More information about oesophageal cancer

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG189

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1108).