

# Oesophago-gastric cancer: assessment and management in adults

## Appendix H

*NICE Guideline NG83*

*Forest plots*

*January 2018*

*Final*

*Developed by the National Guideline Alliance, hosted  
by the Royal College of Obstetricians and  
Gynaecologists*



**Disclaimer**

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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## Appendix H:

### H.1 Radical treatment

What are the specific information and support needs before and after treatment for adults with oesophago-gastric cancer who are suitable for radical treatment and their carers?

Not applicable to this review.

### H.2 Palliative management

What are the specific information and support needs of adults with oesophago-gastric cancer who are suitable for palliative treatments and care only?

Not applicable to this review

### H.3 MDT

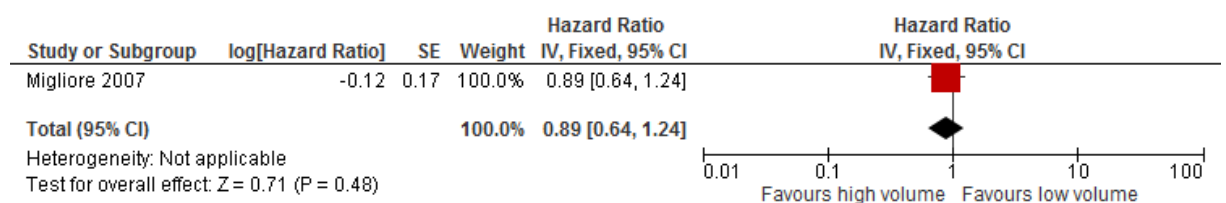
What is the most effective organisation of local and specialist MDT services for adults with oesophago-gastric cancer?

Not applicable to this review.

### H.4 Surgical services

What is the optimal provision and organisation of surgical services for people with oesophago-gastric cancer?

Figure 1: Overall survival high surgeon volume vs. low surgeon volume



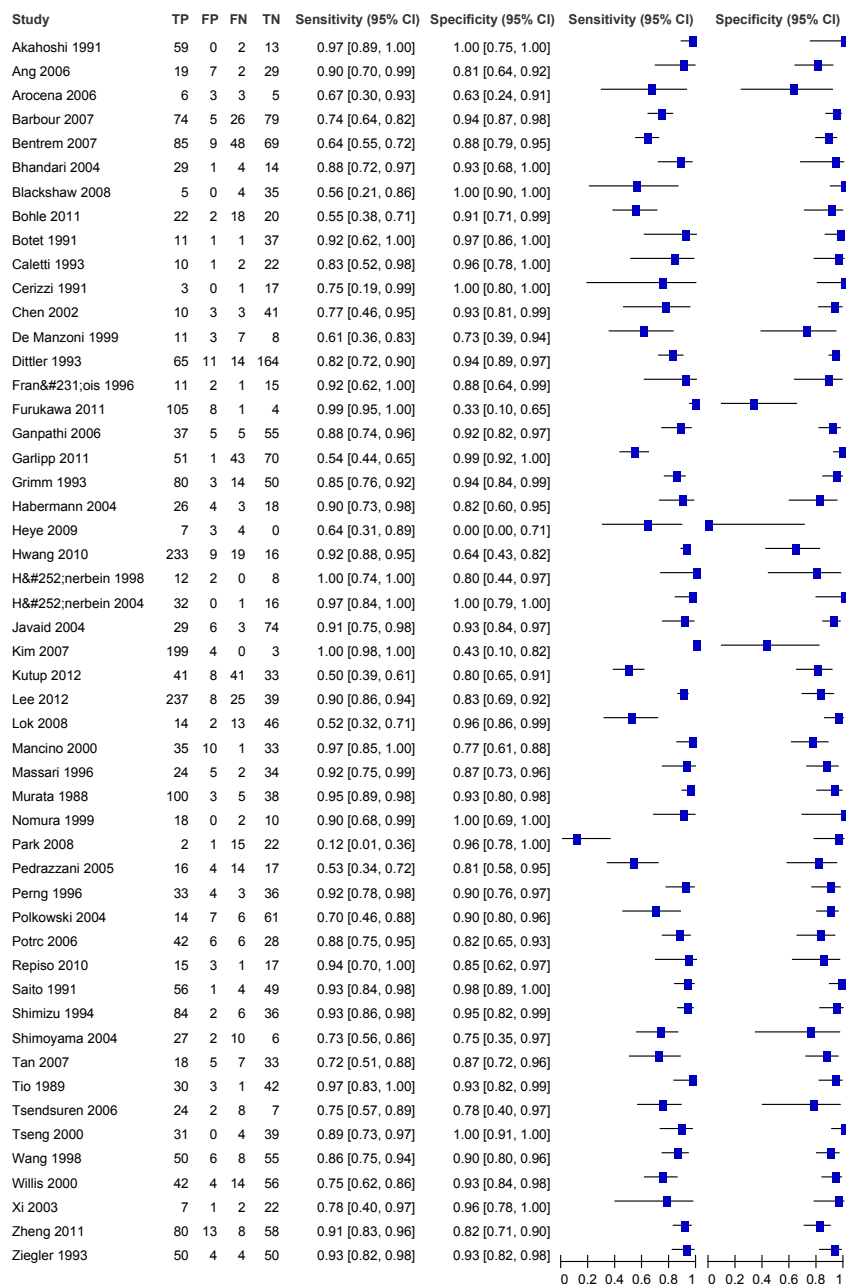


## H.5 Staging investigations

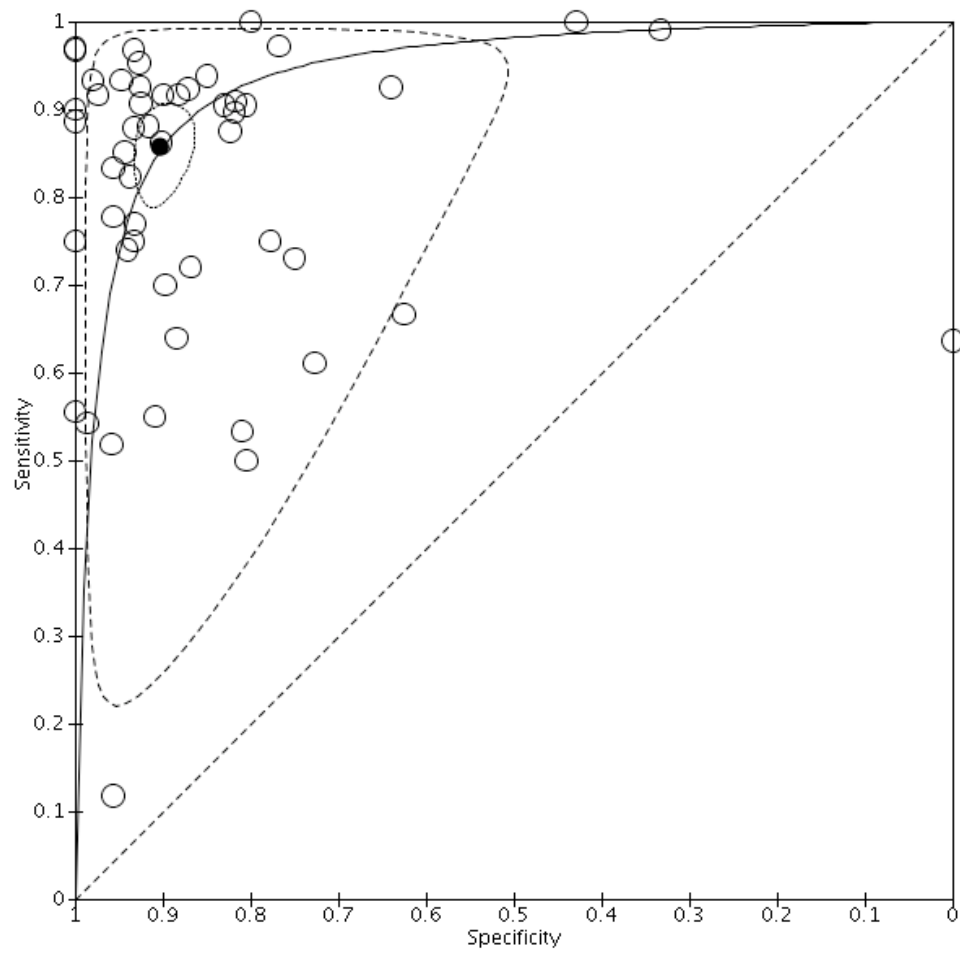
What are the optimal staging investigations to determine suitability for curative treatment of oesophageal or gastro-oesophageal junctional cancer after diagnosis with endoscopy and whole-body CT scan?

### H.5.1 Endoscopic ultrasound for gastric cancers

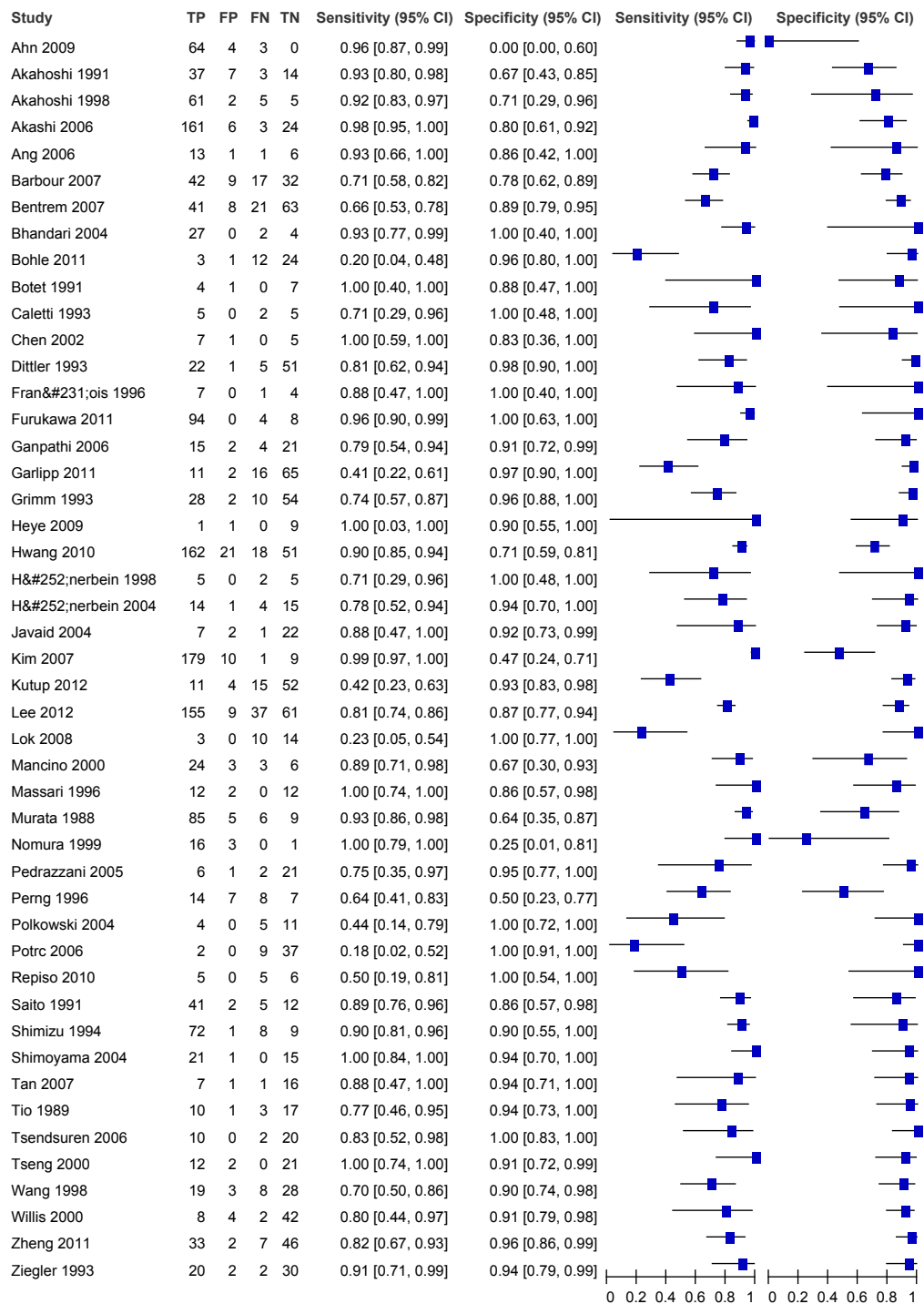
Figure 2: Endoscopic ultrasound to distinguish superficial (T1-2) from deeper (T3-4) stage gastric cancer



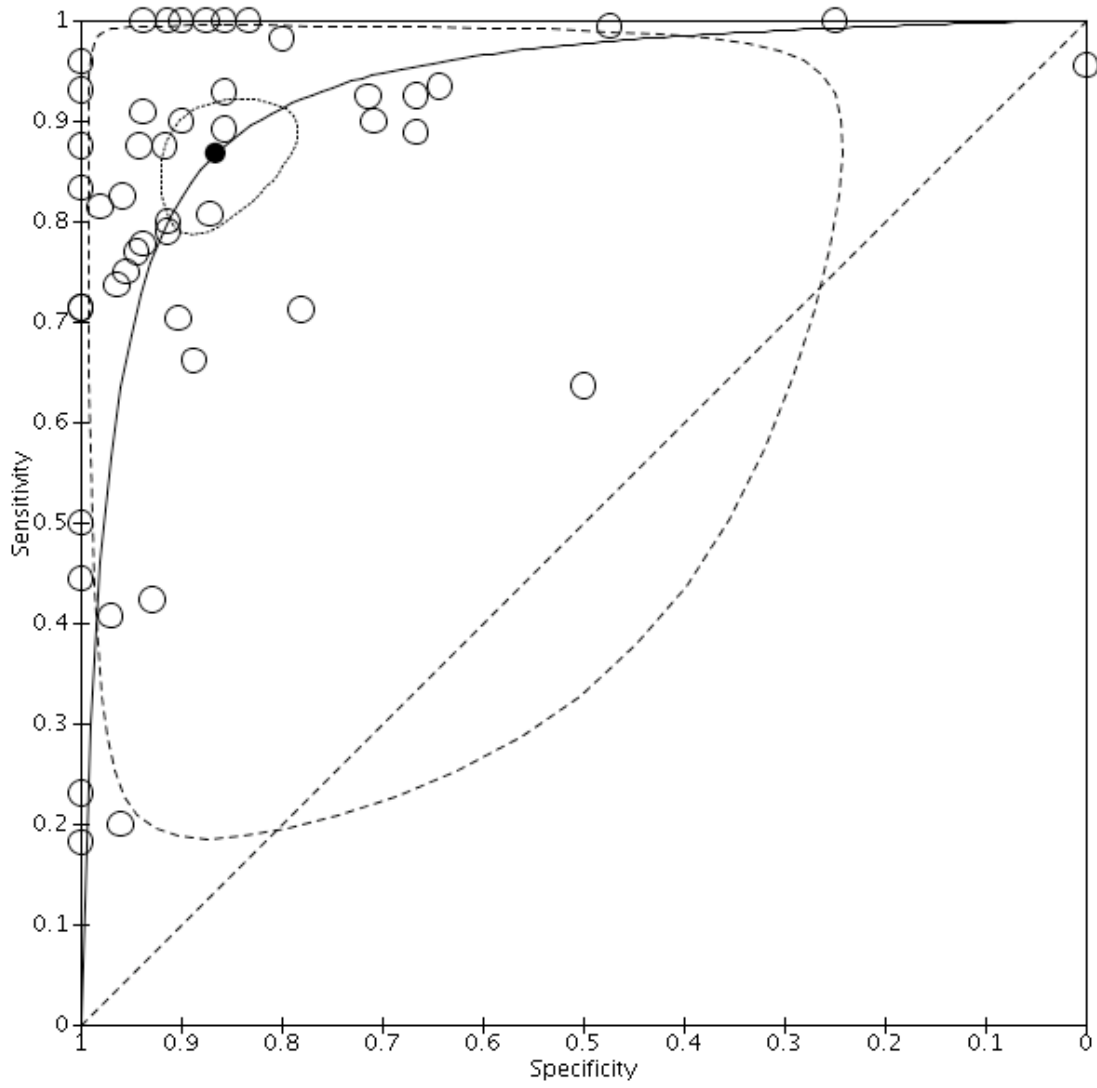
**Figure 3: ROC curve for endoscopic ultrasound to distinguish superficial (T1-2) from deeper (T3-4) stage cancer**



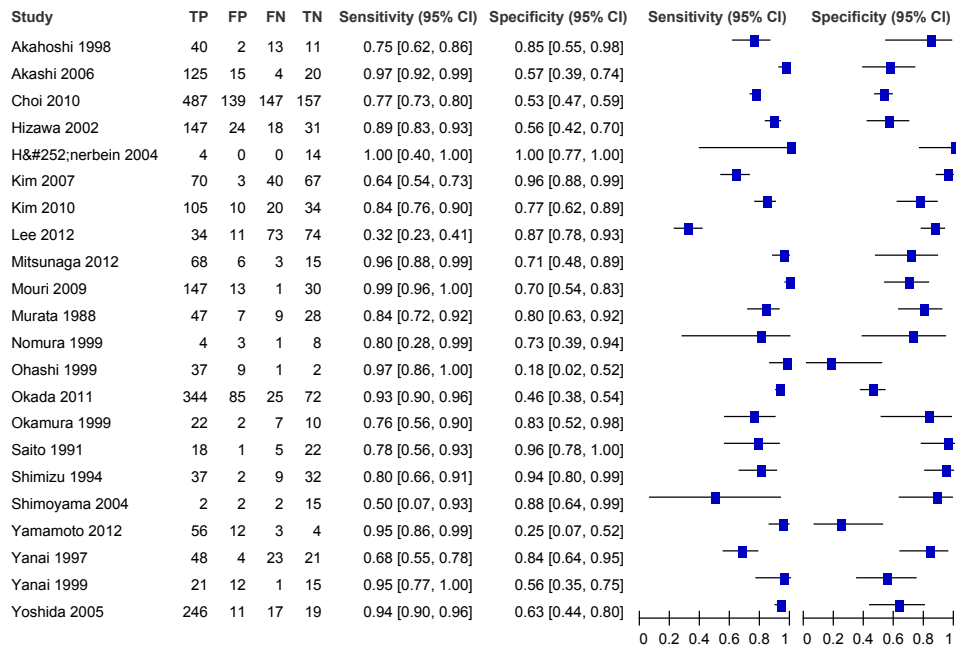
**Figure 4: Endoscopic ultrasound to distinguish T1 from T2 gastric cancer**



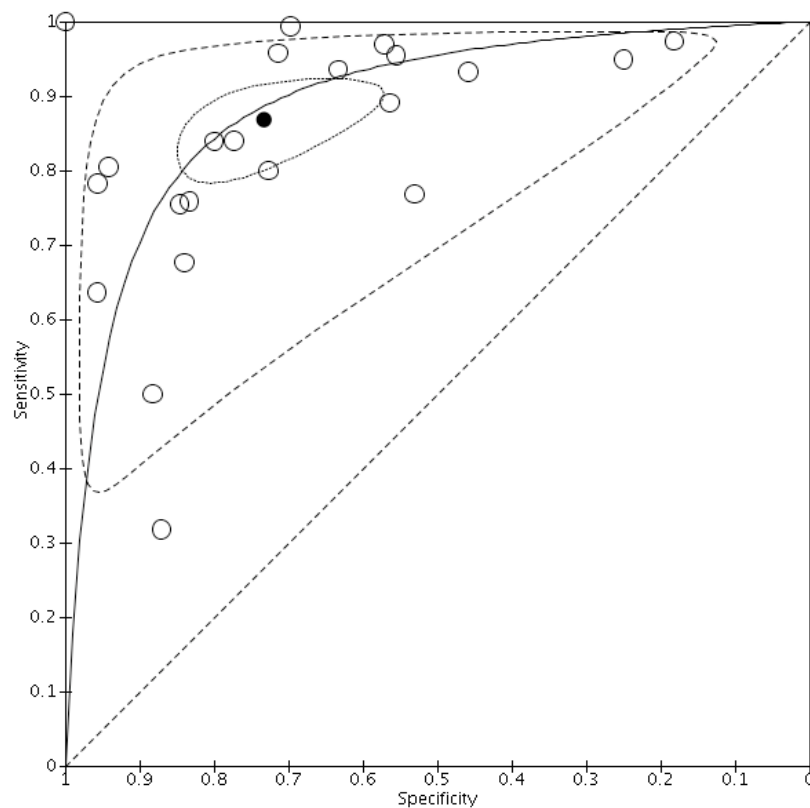
**Figure 5: ROC curve of endoscopic ultrasound to distinguish between T1 and T2 stage gastric cancer**



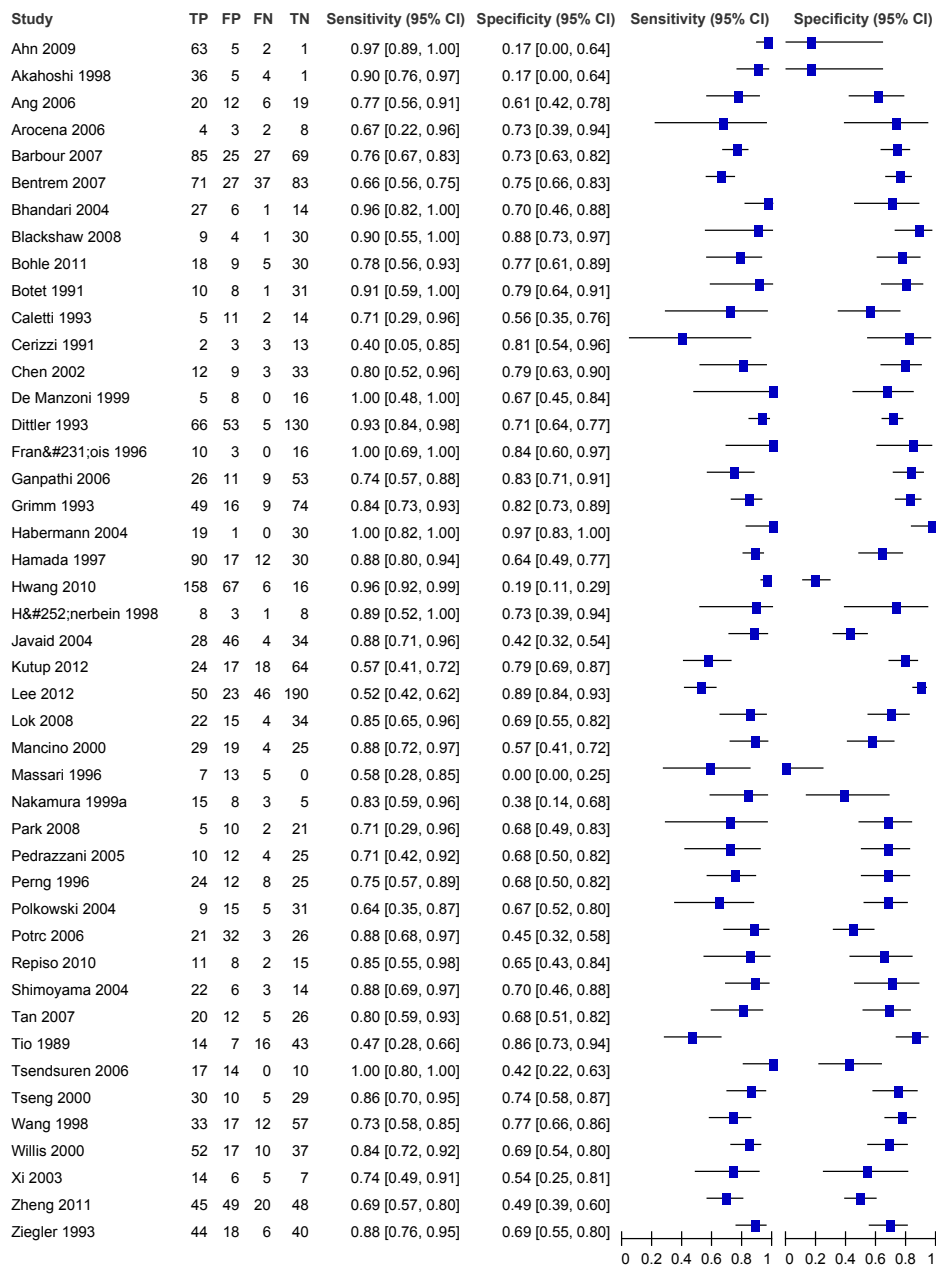
**Figure 6: Endoscopic ultrasound to distinguish T1a from T1b stage gastric cancer**



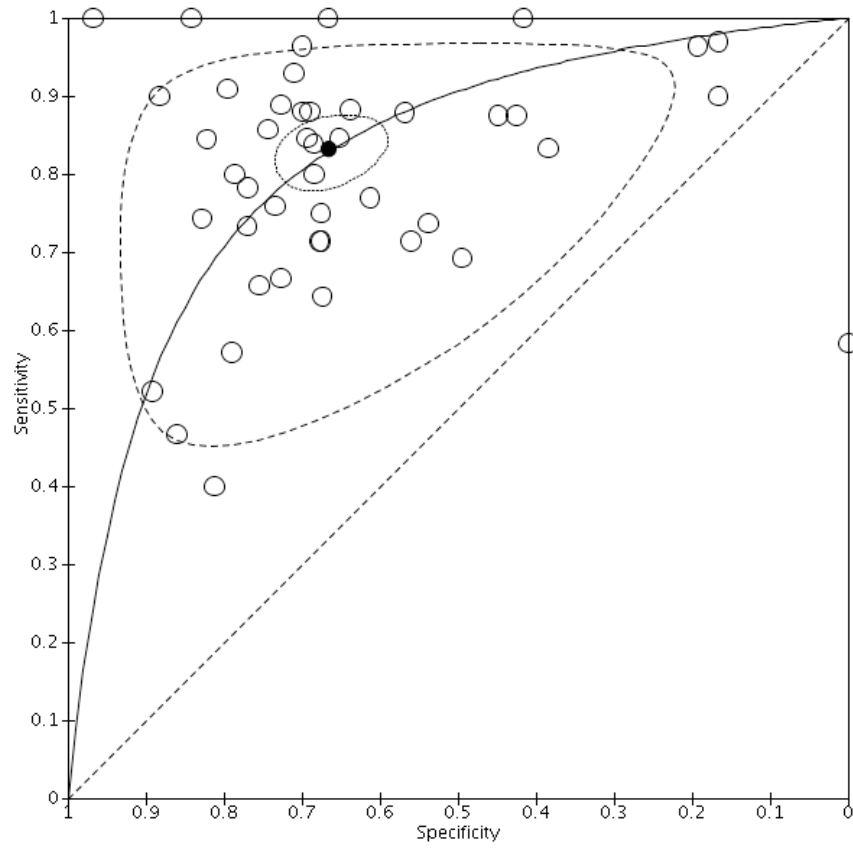
**Figure 7: ROC curve of endoscopic ultrasound to distinguish between T1a and T1b stage gastric cancer**



**Figure 8: Endoscopic ultrasound to detect nodal metastasis of gastric cancer**

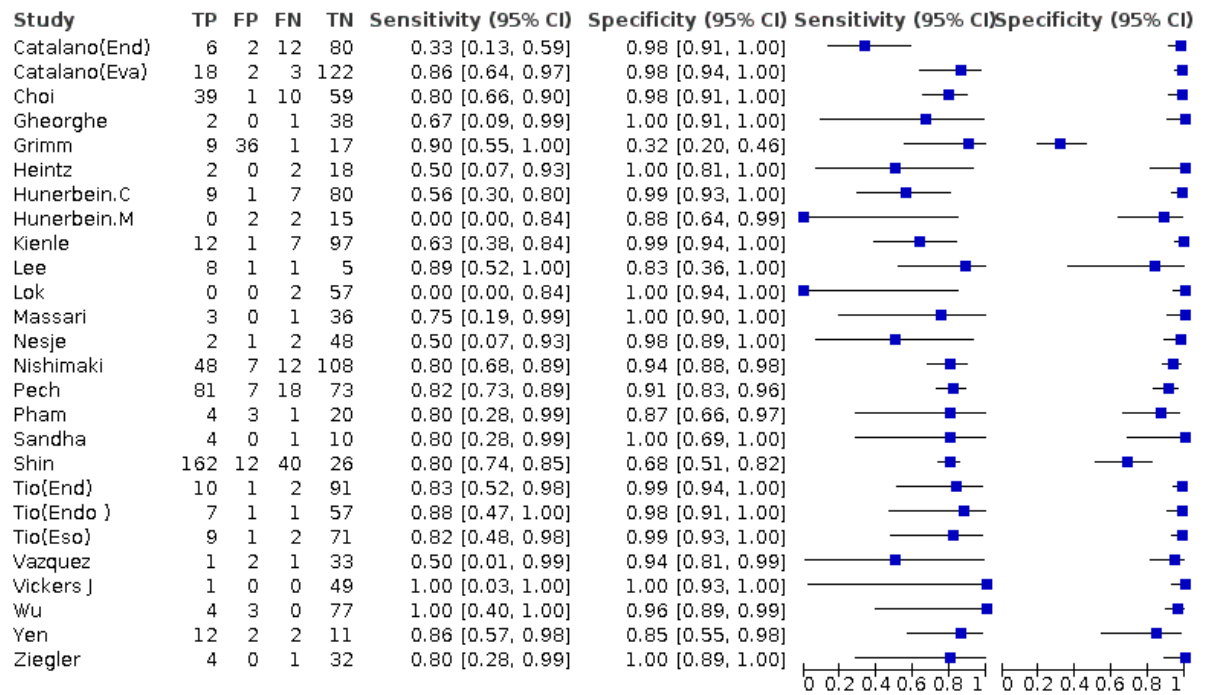


**Figure 9: ROC curve of endoscopic ultrasound for nodal staging of gastric cancers**



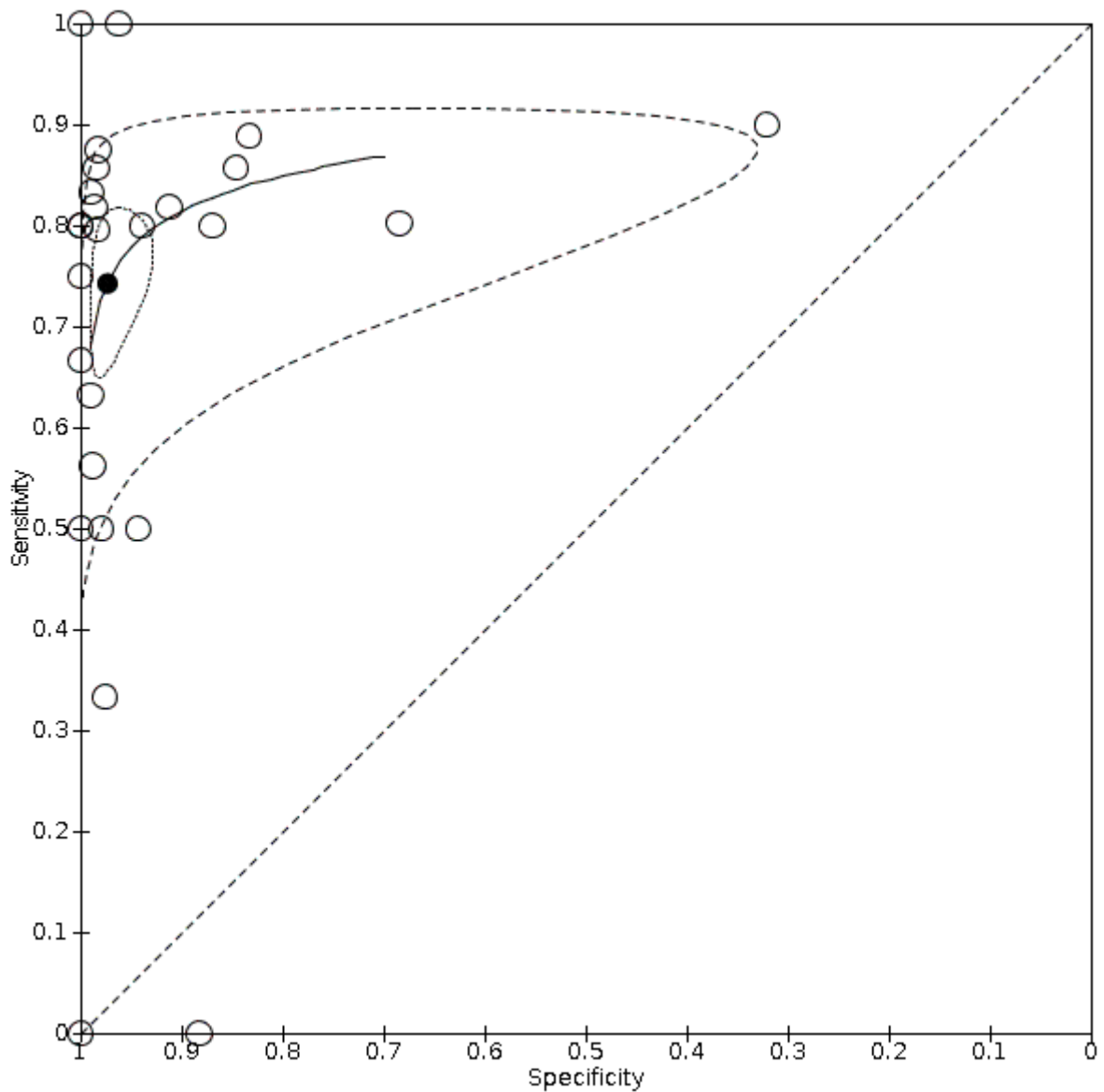
### H.5.2 Endoscopic ultrasound in oesophageal cancers

**Figure 10: Endoscopic ultrasound to detect T1 disease in oesophageal cancer**



**Figure 11: ROC curve of endoscopic ultrasound for detection of T1 disease in oesophageal cancer**

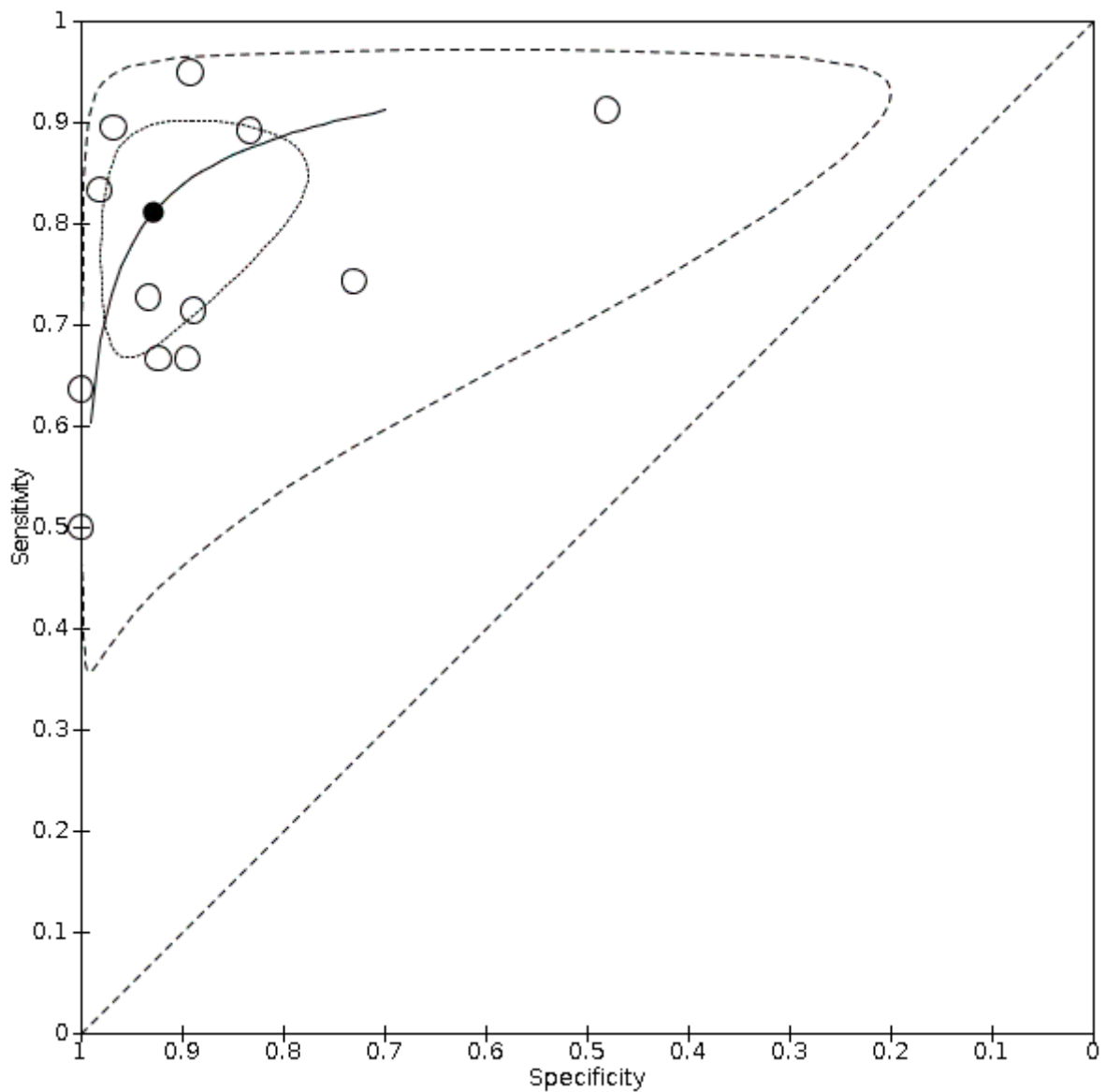




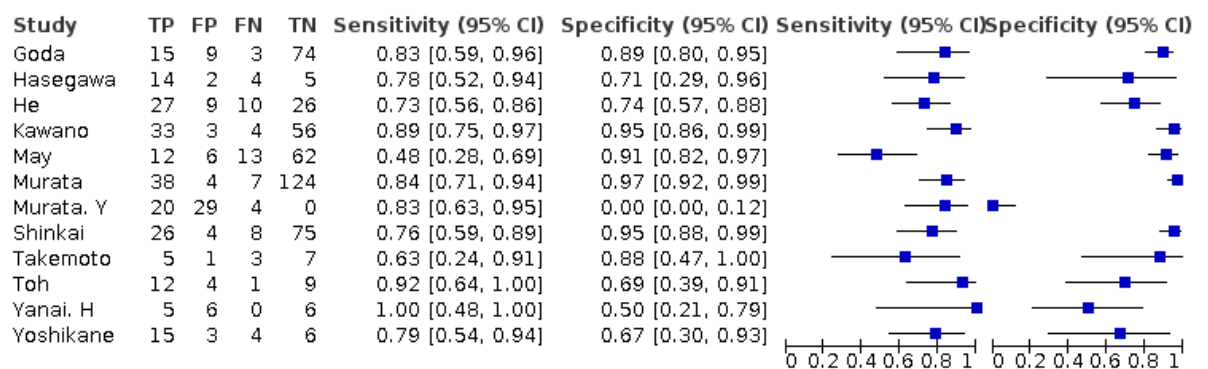
**Figure 12: Endoscopic ultrasound to detect T1a disease in oesophageal cancer**

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Goda	74	3	9	15	0.89 [0.80, 0.95]	0.83 [0.59, 0.96]		
Hasegawa	5	2	2	16	0.71 [0.29, 0.96]	0.89 [0.65, 0.99]		
He	26	10	9	27	0.74 [0.57, 0.88]	0.73 [0.56, 0.86]		
Kawano	56	4	3	33	0.95 [0.86, 0.99]	0.89 [0.75, 0.97]		
May	62	13	6	12	0.91 [0.82, 0.97]	0.48 [0.28, 0.69]		
Murata	10	3	2	158	0.83 [0.52, 0.98]	0.98 [0.95, 1.00]		
Murata, Y	7	0	4	42	0.64 [0.31, 0.89]	1.00 [0.92, 1.00]		
Shinkai	17	3	2	91	0.89 [0.67, 0.99]	0.97 [0.91, 0.99]		
Takemoto	2	1	1	12	0.67 [0.09, 0.99]	0.92 [0.64, 1.00]		
Toh	8	1	3	14	0.73 [0.39, 0.94]	0.93 [0.68, 1.00]		
Yanai, H	6	0	6	5	0.50 [0.21, 0.79]	1.00 [0.48, 1.00]		
Yoshikane	6	2	3	17	0.67 [0.30, 0.93]	0.89 [0.67, 0.99]		

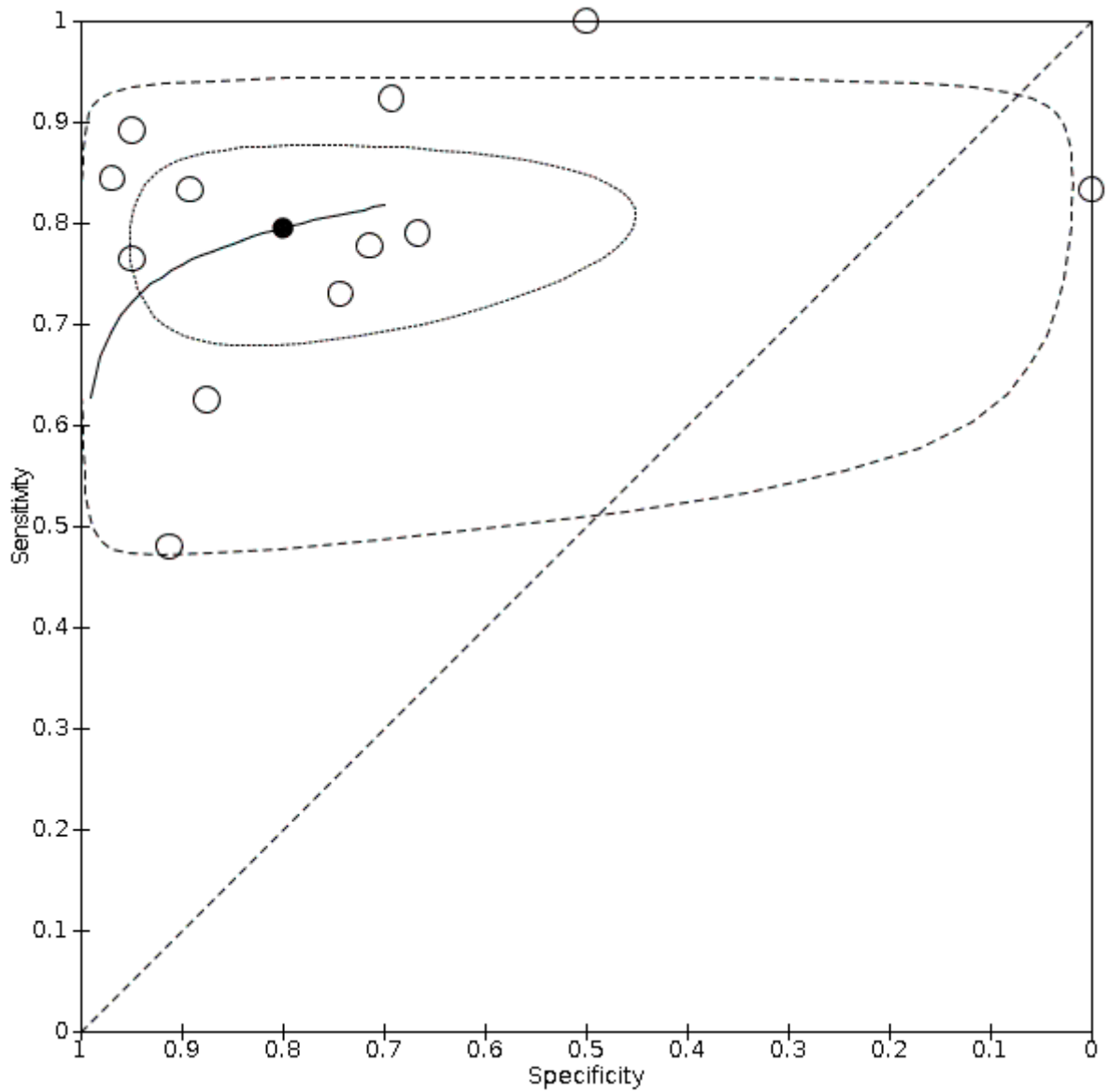
**Figure 13: ROC curve of endoscopic ultrasound for detection of T1a disease in oesophageal cancer**



**Figure 14: Endoscopic ultrasound to detect T1b disease in oesophageal cancer**

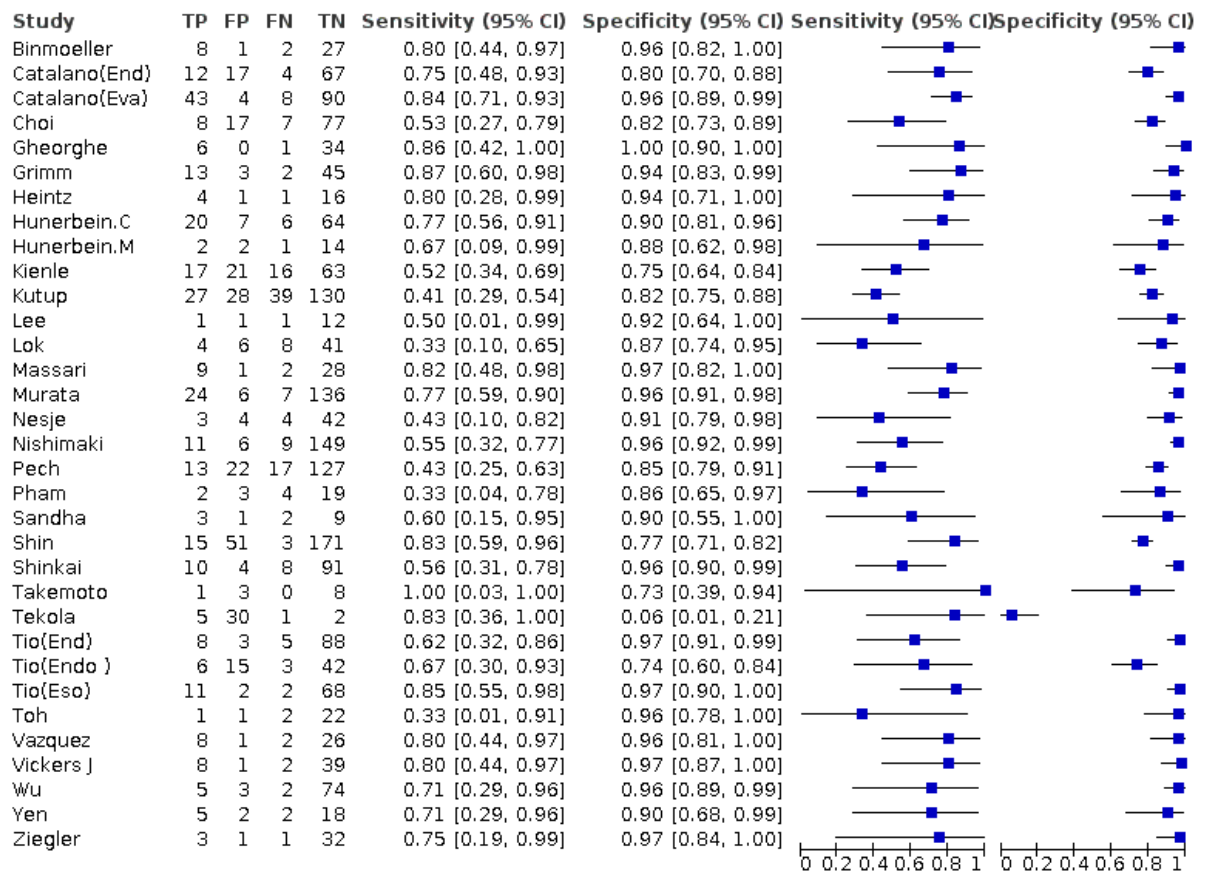


**Figure 15: ROC curve of endoscopic ultrasound for detection of T1b disease in oesophageal cancer**

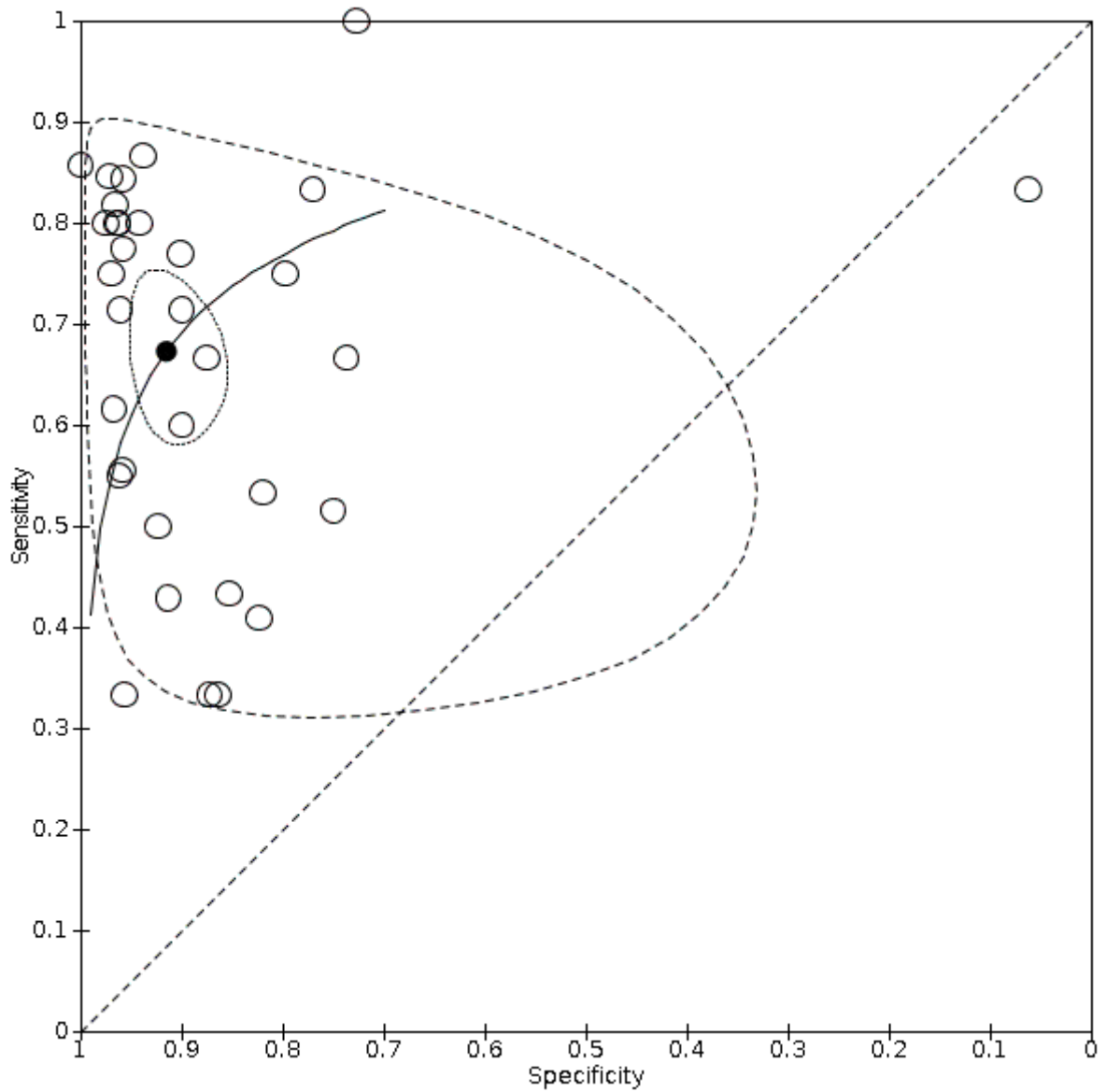


**Figure 16: Endoscopic ultrasound to detect T2 disease in oesophageal cancer**

Appendix H  
Forest Plots

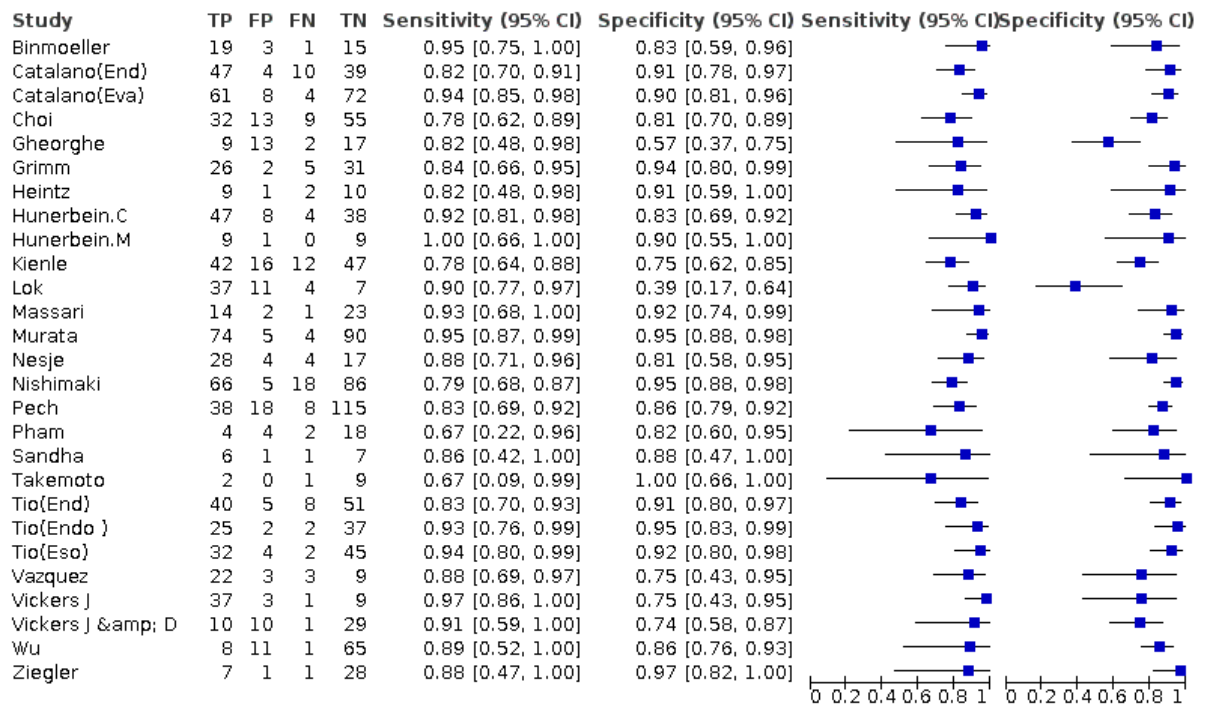


**Figure 17: ROC curve of endoscopic ultrasound for detection of T2 disease in oesophageal cancer**

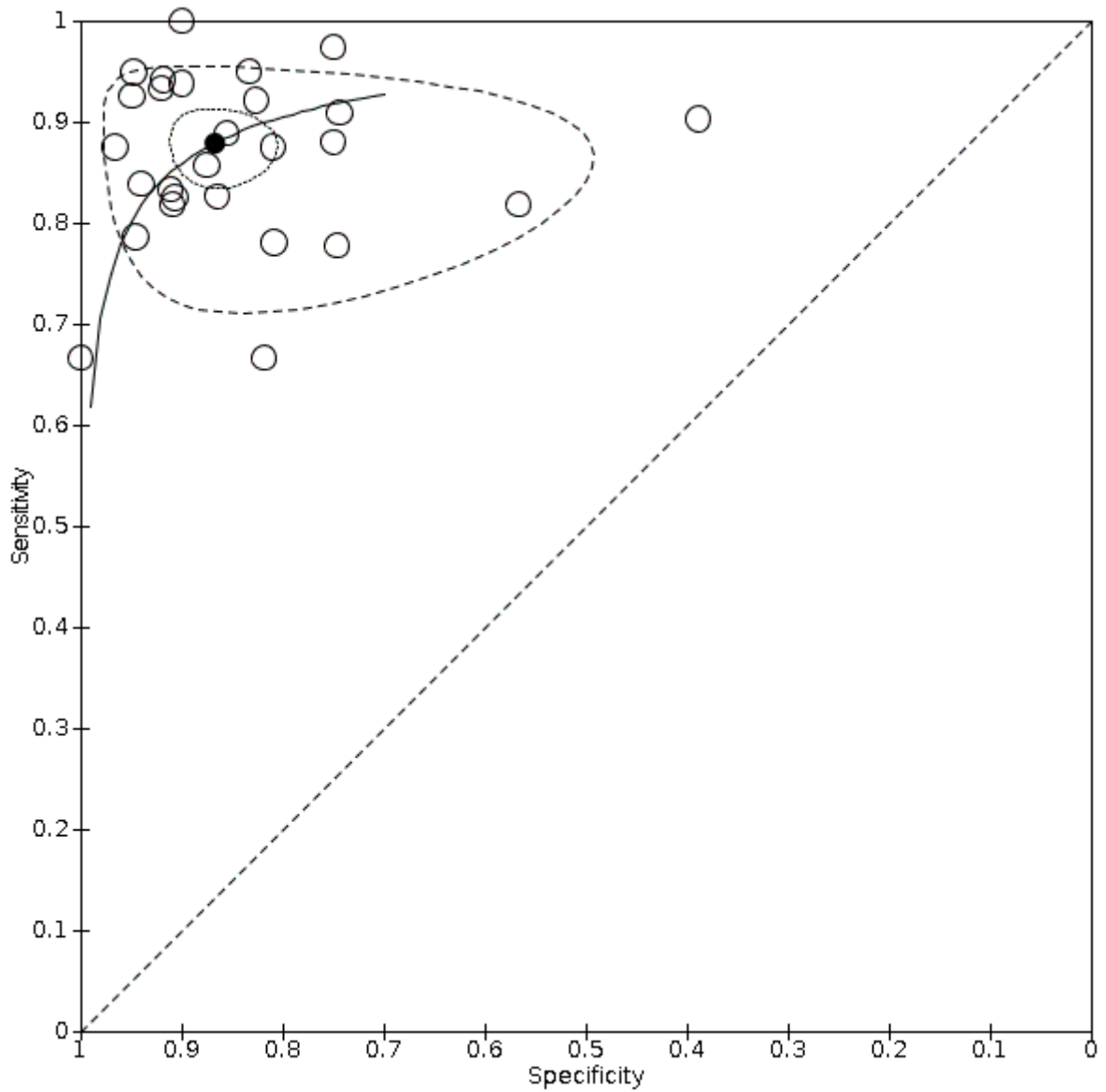


**Figure 18: Endoscopic ultrasound to detect T3 disease in oesophageal cancer**

Appendix H  
Forest Plots

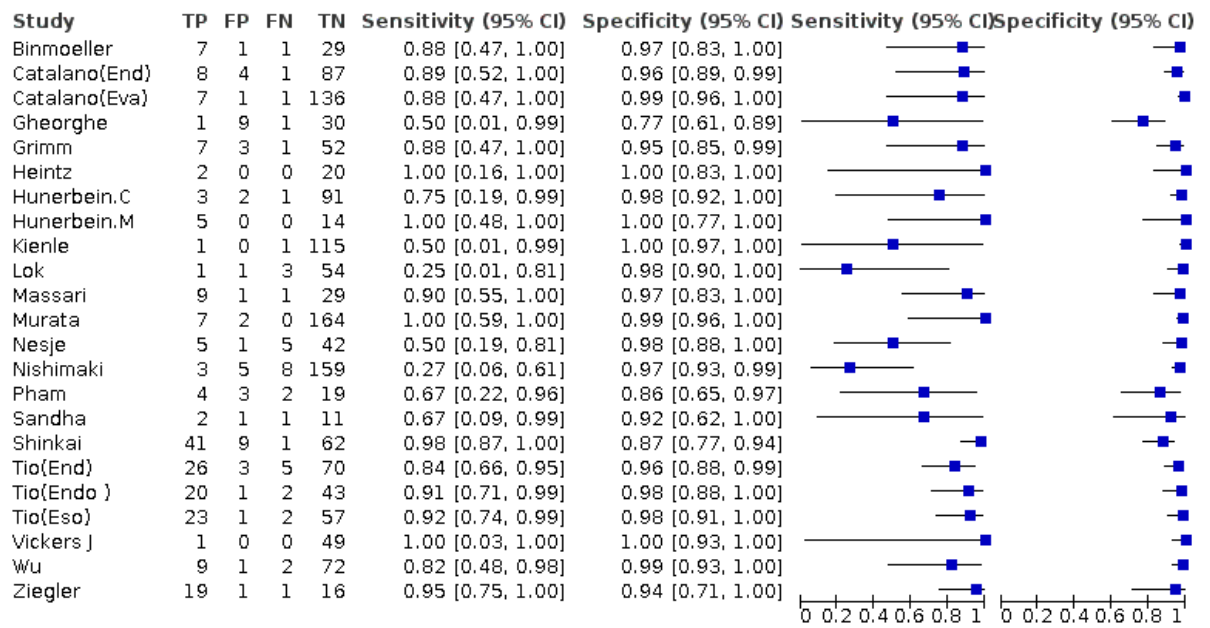


**Figure 19: ROC curve of endoscopic ultrasound for detection of T3 disease in oesophageal cancer**



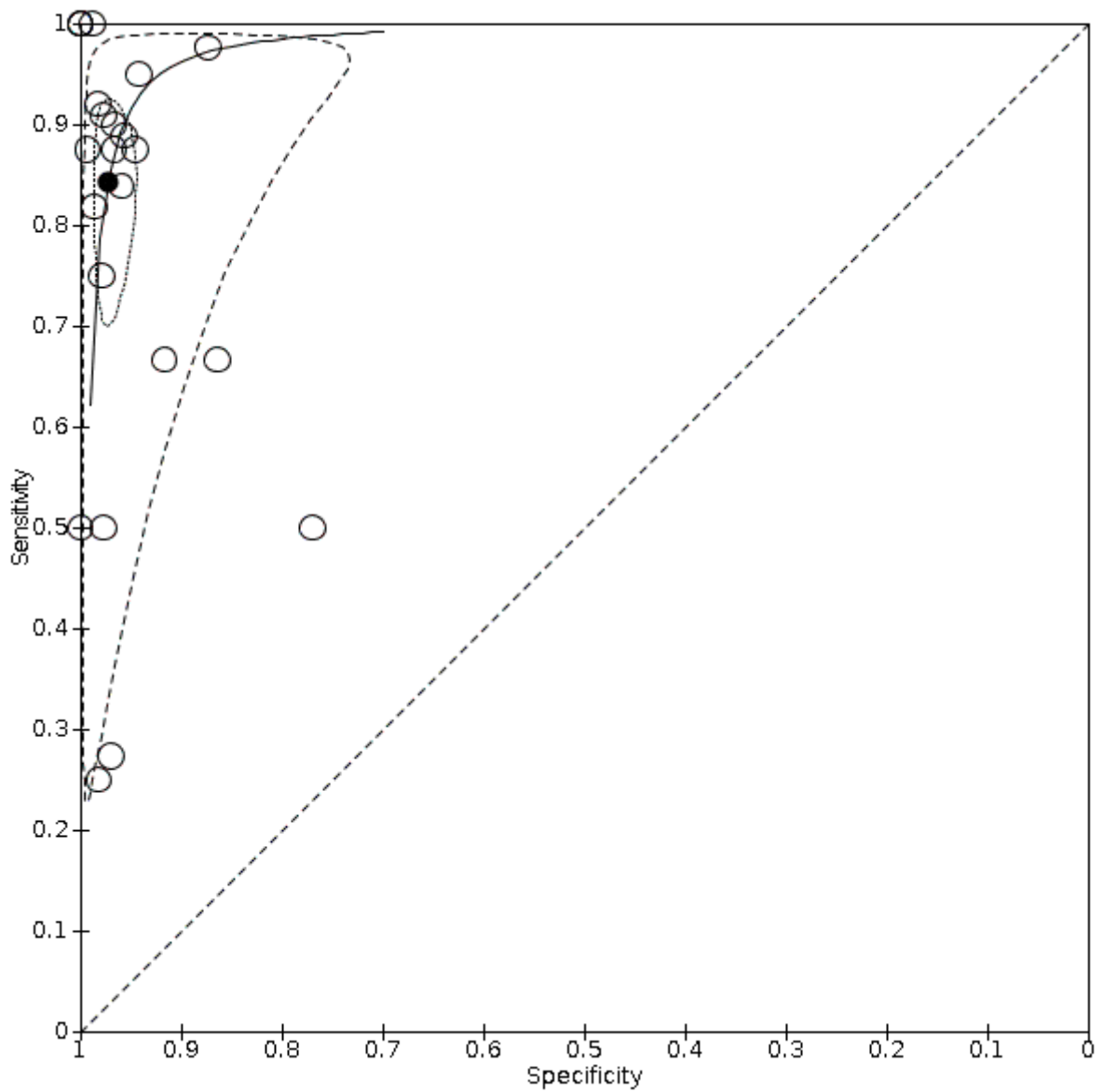
**Figure 20: Endoscopic ultrasound to detect T4 disease in oesophageal cancer**

Appendix H  
Forest Plots





**Figure 21: ROC curve of endoscopic ultrasound for detection of T4 disease in oesophageal cancer**



**Figure 22: Endoscopic ultrasound to detect N0 (absence of nodal metastasis) in oesophageal cancer**

Appendix H  
Forest Plots

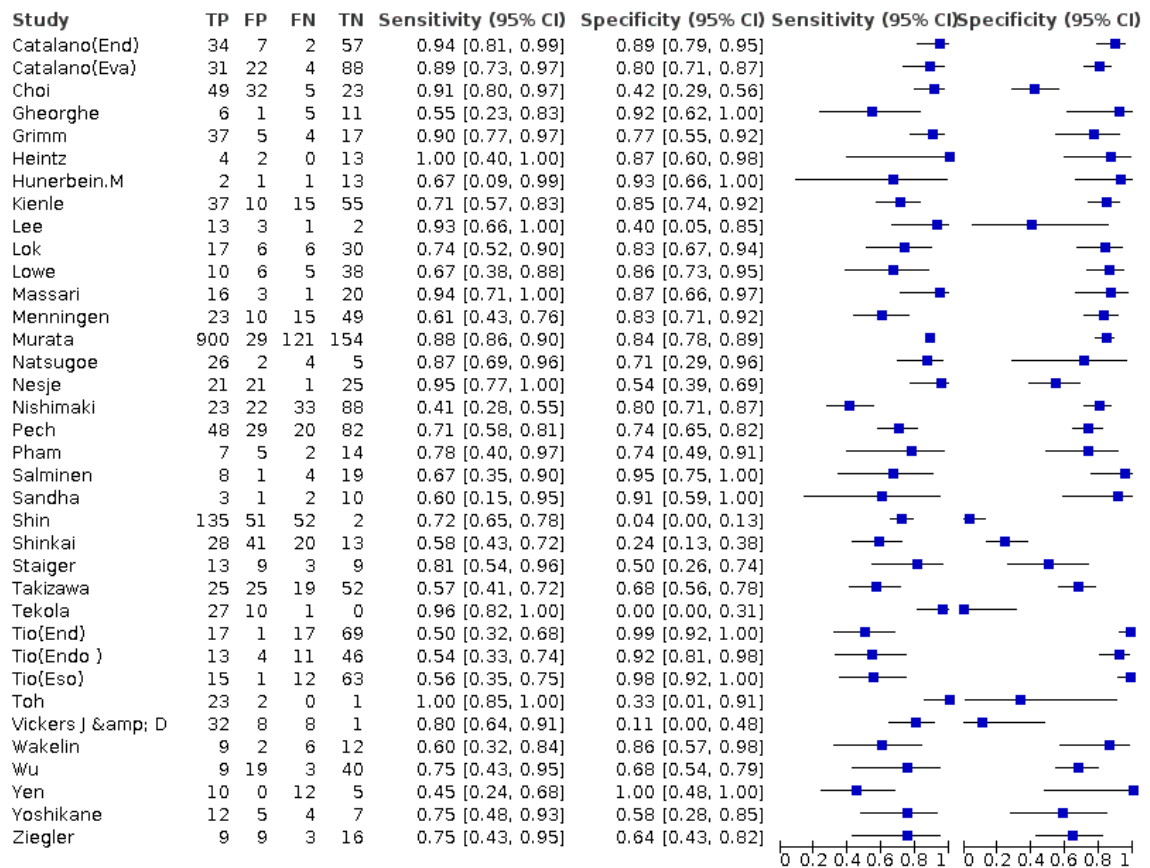
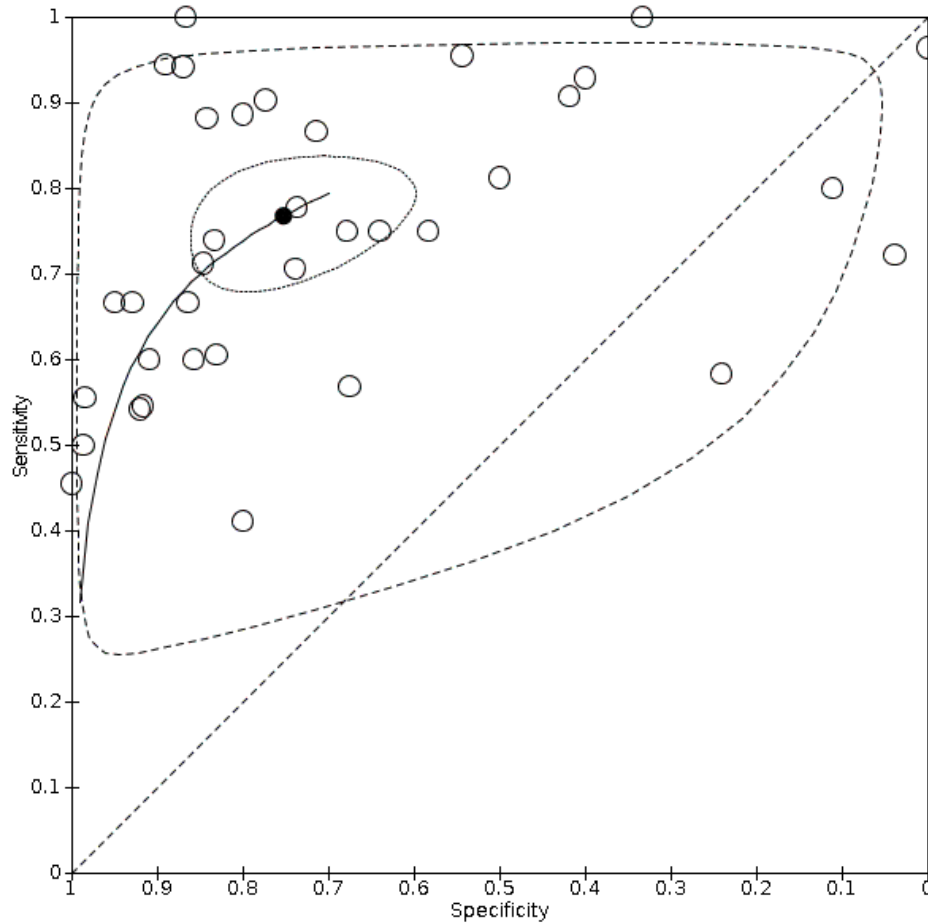
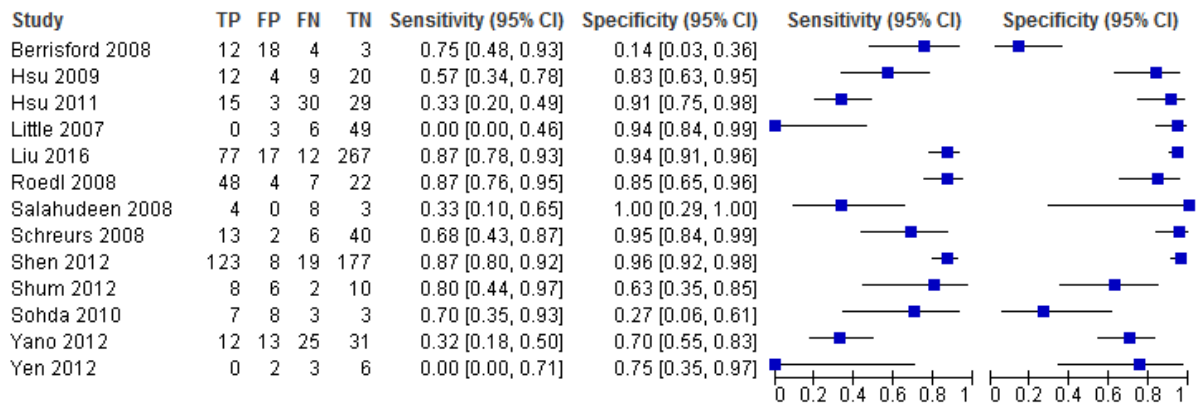


Figure 23: **ROC curve of endoscopic ultrasound to detect N0 (absence of nodal metastasis) in oesophageal cancer**

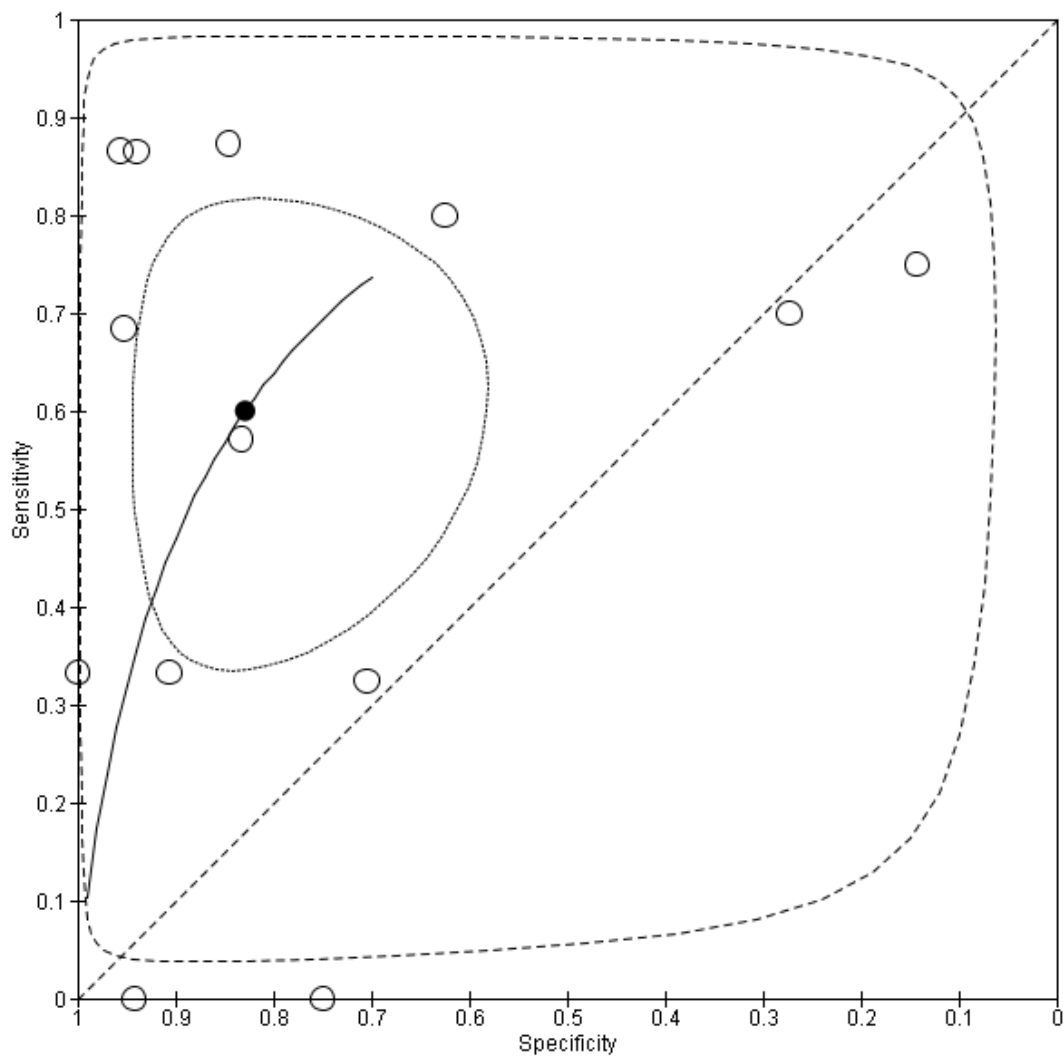


### H.5.3 PET-CT for oesophageal cancer

Figure 24: **PET-CT for detection of nodal metastasis of oesophageal cancer**



**Figure 25: ROC curve of PET-CT for detection of nodal metastasis of oesophageal cancer**

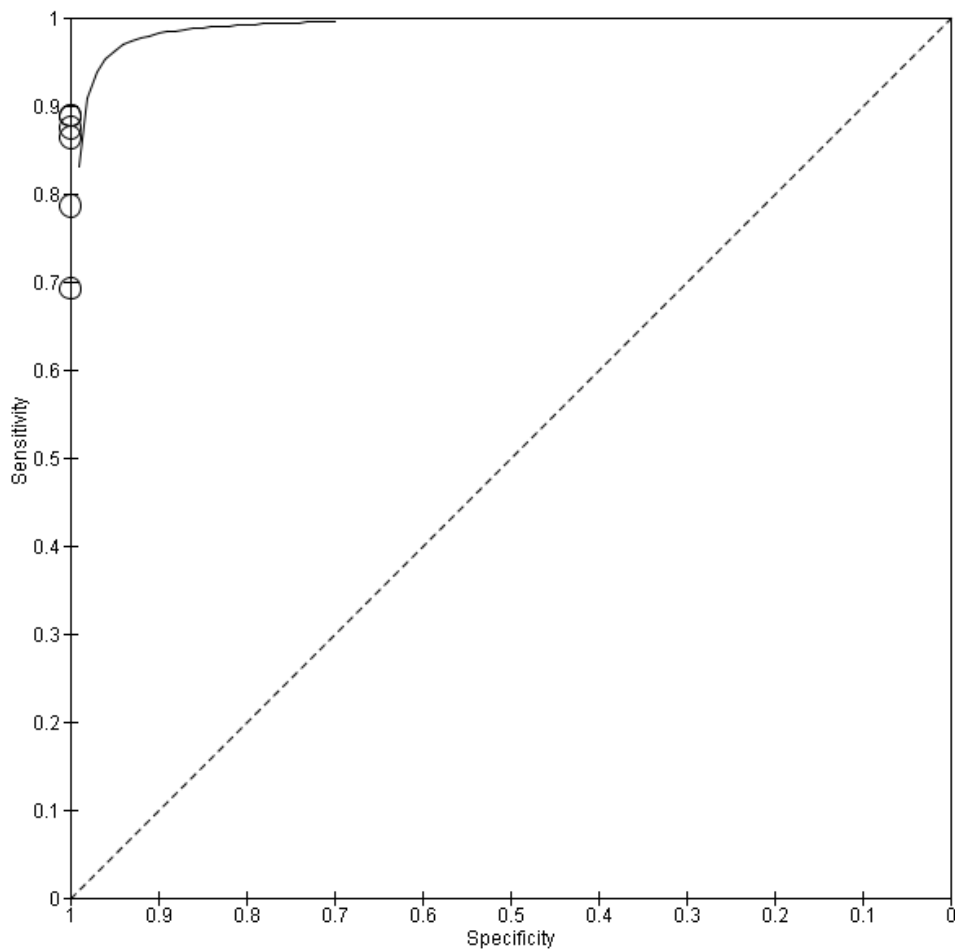


#### H.5.4 Laparoscopy for gastric cancer

**Figure 26: Laparoscopy for detection of peritoneal metastasis of gastric cancer**

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Asencio 1997	16	0	2	42	0.89 [0.65, 0.99]	1.00 [0.92, 1.00]		
Burke 1997	32	0	6	65	0.84 [0.69, 0.94]	1.00 [0.94, 1.00]		
Fujimura 2002	9	0	4	18	0.69 [0.39, 0.91]	1.00 [0.81, 1.00]		
Lavonius 2002	19	0	3	25	0.86 [0.65, 0.97]	1.00 [0.86, 1.00]		
Lowy 1996	16	0	3	38	0.84 [0.60, 0.97]	1.00 [0.91, 1.00]		
Muntean 2009	14	0	2	29	0.88 [0.62, 0.98]	1.00 [0.88, 1.00]		
Sarela 2006	151	0	41	360	0.79 [0.72, 0.84]	1.00 [0.99, 1.00]		
Stell 1996	9	0	4	52	0.69 [0.39, 0.91]	1.00 [0.93, 1.00]		
Tsuchida 2011	8	0	1	14	0.89 [0.52, 1.00]	1.00 [0.77, 1.00]		

**Figure 27: ROC curve of laparoscopy for detection of peritoneal metastasis of gastric cancer**



## H.6 Staging investigations

**What are the optimal staging investigations to determine suitability for curative treatment of gastric cancer after diagnosis with endoscopy and whole-body CT scan?**

See H.5

## H.7 Which people with adenocarcinoma of the stomach and oesophagus should have their tumours HER2 tested?

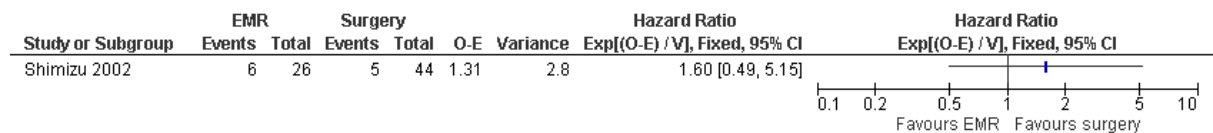
Not applicable to this review.

## H.8 T1N0 oesophageal cancer

What is the optimal management of T1N0 oesophageal cancer?

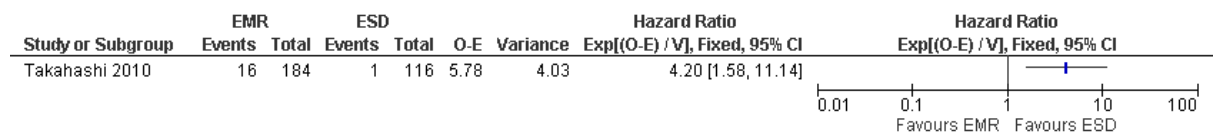
Extended endoscopic mucosal resection (EMR) versus (oesophagectomy)

**Figure 28: EMR versus oesophagectomy in patients with T1N0 squamous cell oesophageal cancer (median follow up 48 months). Overall survival**

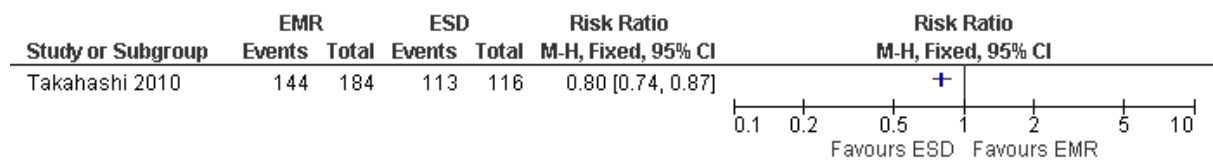


Extended endoscopic mucosal resection (EMR) versus endoscopic submucosal dissection (ESD)

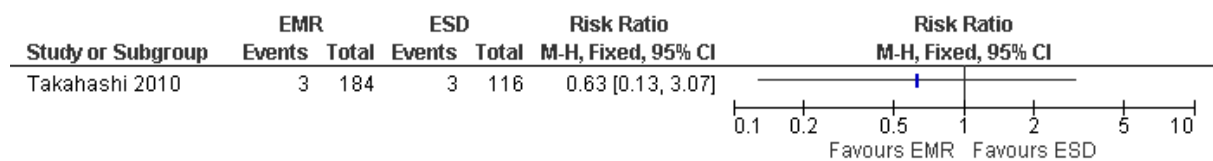
**Figure 29: EMR versus ESD in patients with T1N0 squamous cell oesophageal cancer (follow up 12 months). Disease free survival**



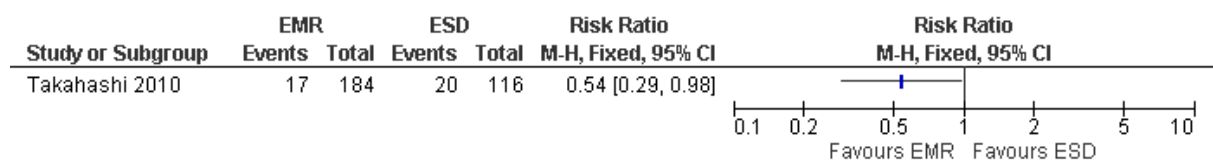
**Figure 30: EMR versus ESD in patients with T1N0 squamous cell oesophageal cancer. Pathological margins free of tumour (post-treatment)**



**Figure 31: EMR versus ESD in patients with T1N0 squamous cell oesophageal cancer. Perforation (post-treatment)**



**Figure 32: EMR versus ESD in patients with T1N0 squamous cell oesophageal cancer. Stenosis (post-treatment)**

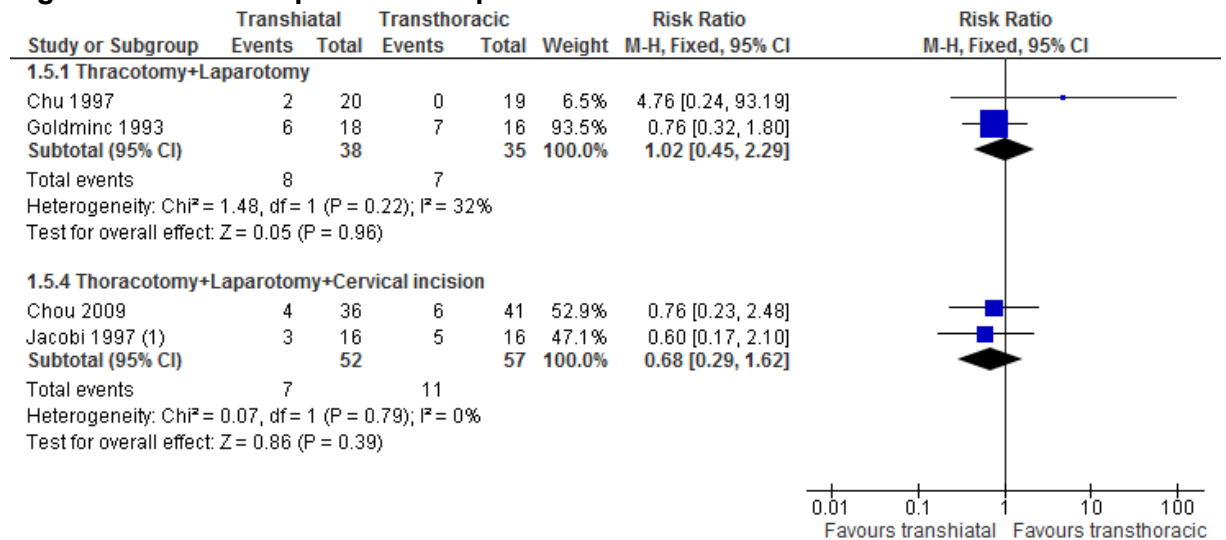


## H.9 Surgical treatment of oesophageal cancer

What is the most effective operative approach for the surgical treatment of oesophageal cancer?

### H.9.1 Tranhiatal versus transthoracic oesophagectomy in oesophageal cancer

**Figure 33: Post-operative complications: Anastomotic leak**



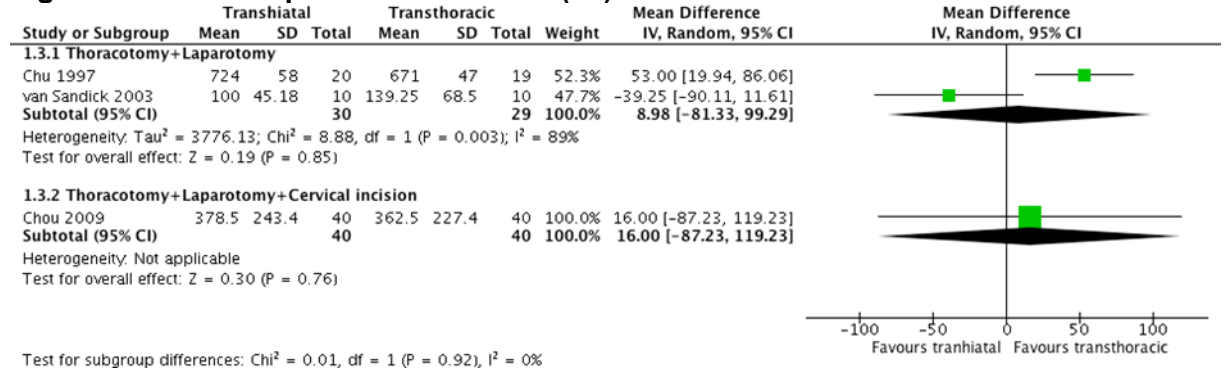
(1) Caution - double counted with pulmonary complications

**Figure 34: Post-operative complications: Pneumonia**

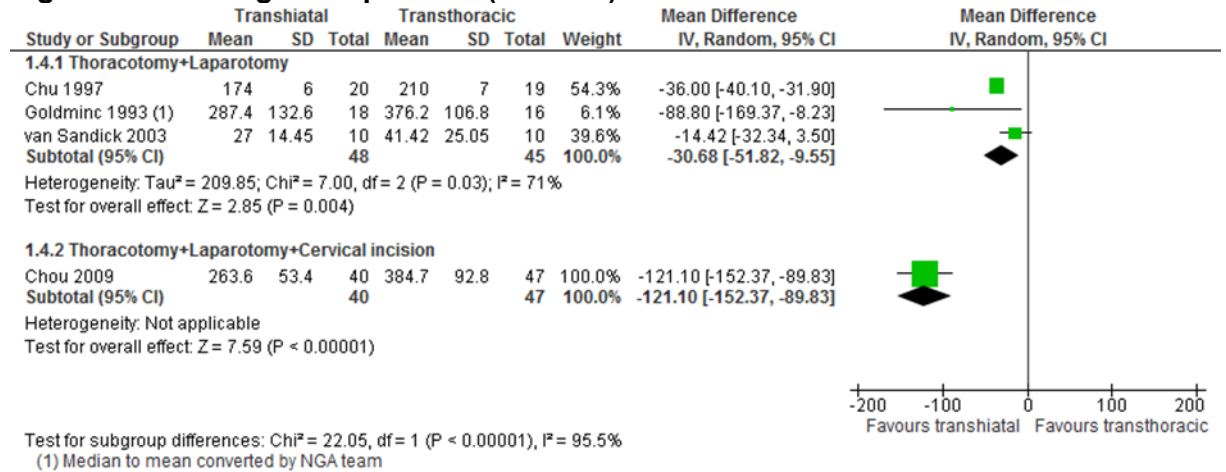


(1) Caution - double counted with pulmonary complications

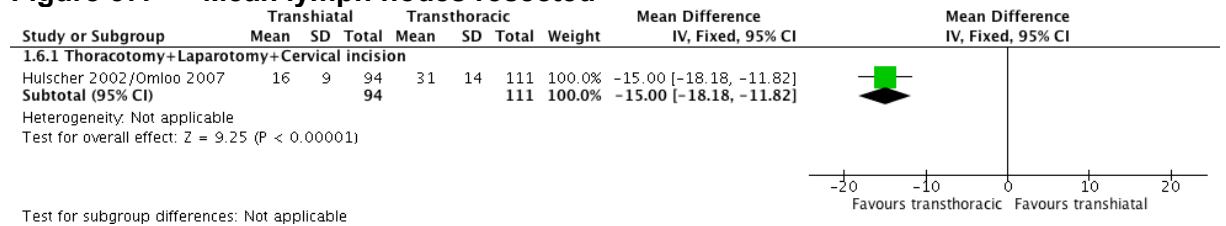
**Figure 35: Intraoperative blood loss (ml)**



**Figure 36: Length of operation (minutes)**

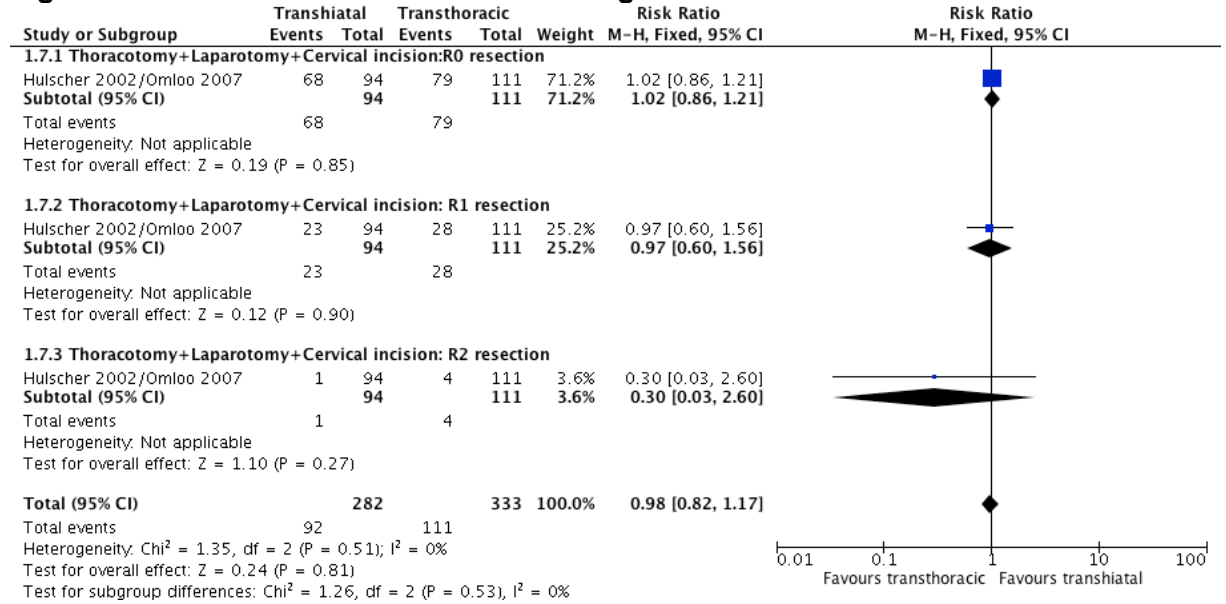


**Figure 37: Mean lymph nodes resected**

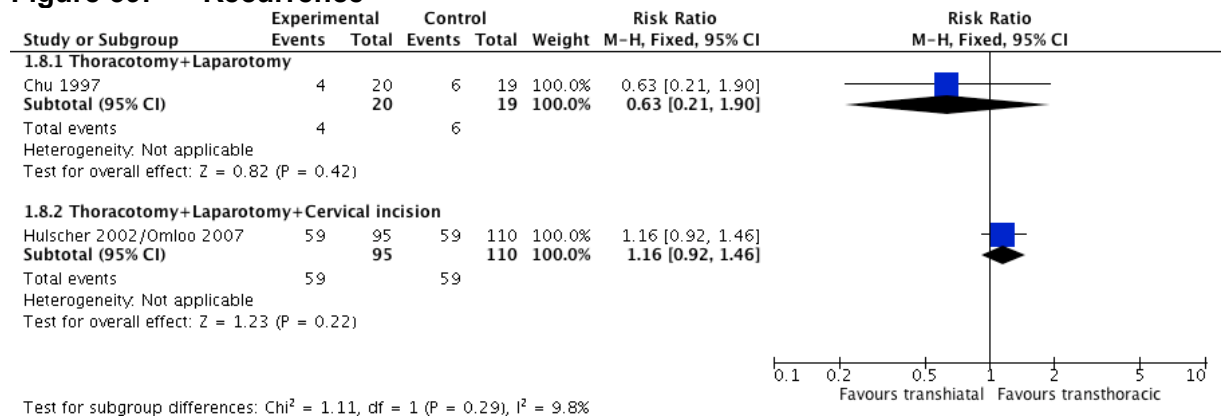




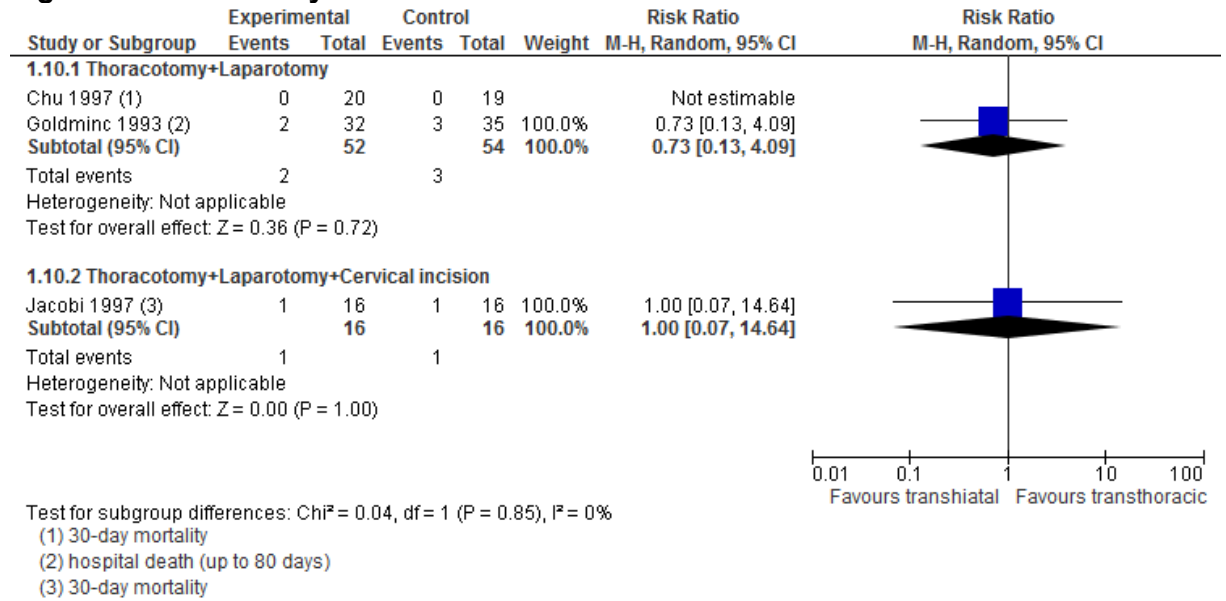
**Figure 38: Resection of tumour with marginal clearance**



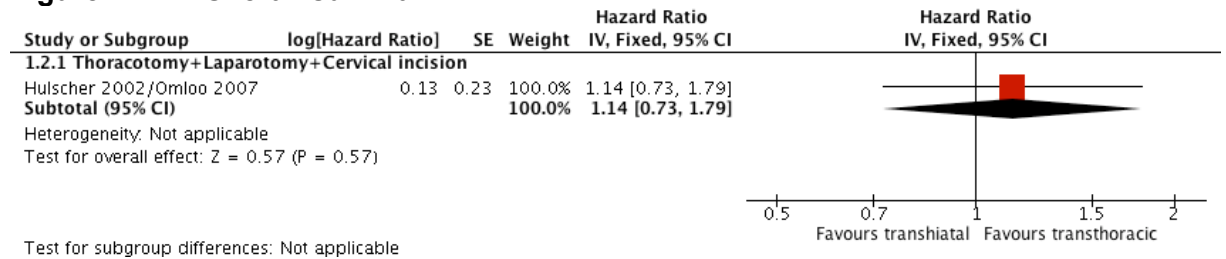
**Figure 39: Recurrence**



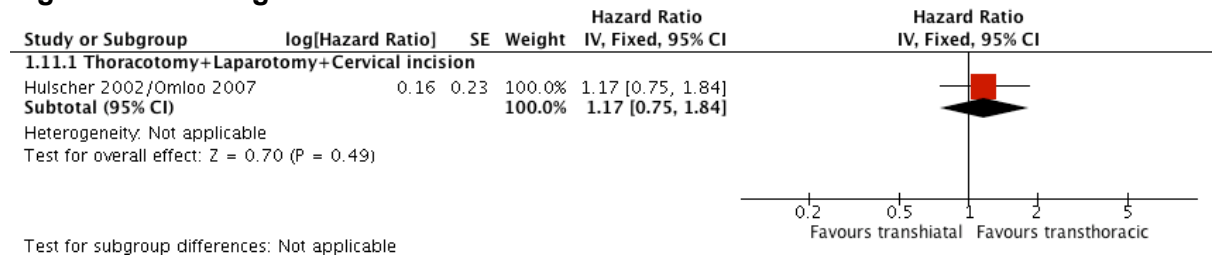
**Figure 40: Mortality**



**Figure 41: Overall survival**

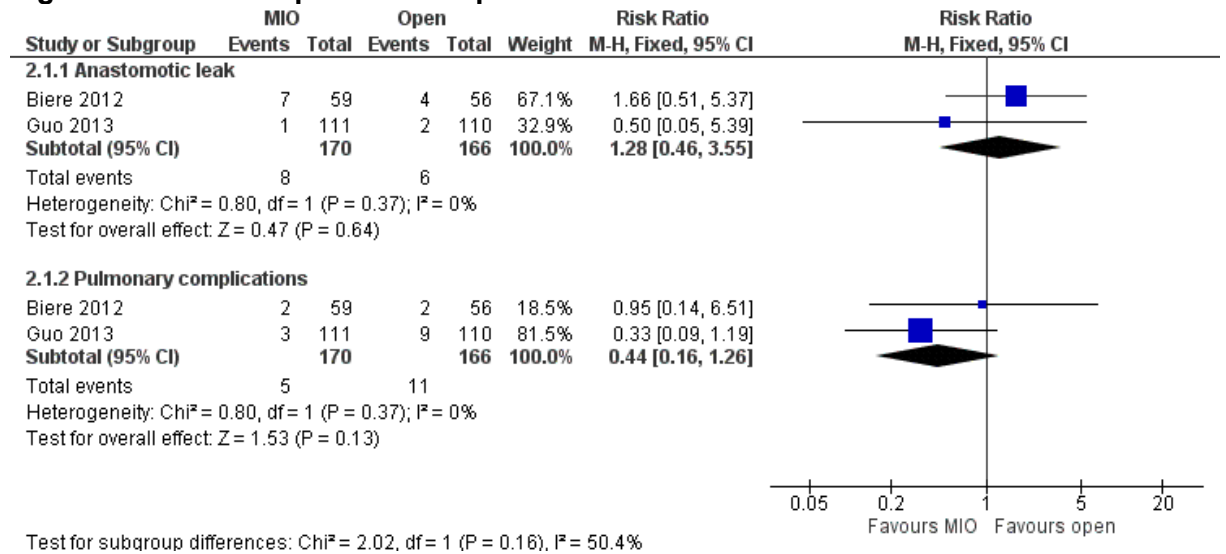


**Figure 42: Progression-free survival**

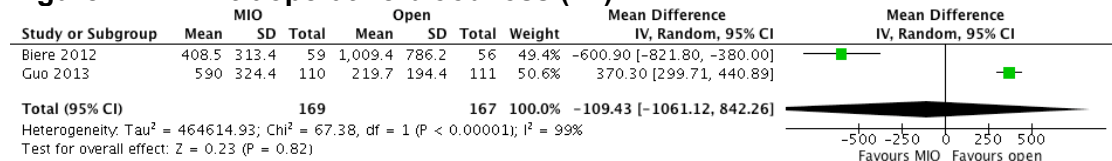


## H.9.2 Totally minimally invasive versus any open oesophagectomy

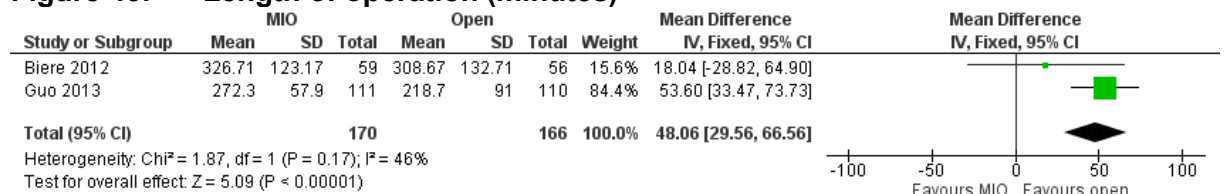
**Figure 43: Post-operative complications**



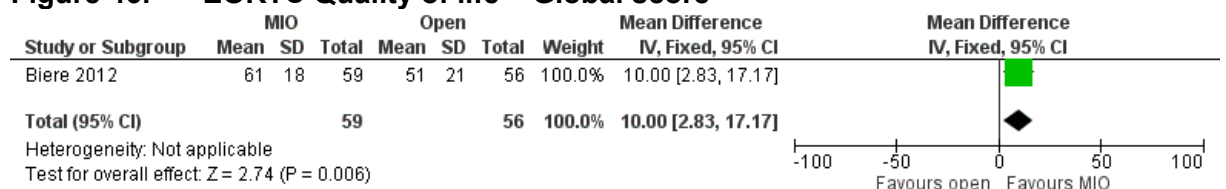
**Figure 44: Intraoperative blood loss (ml)**



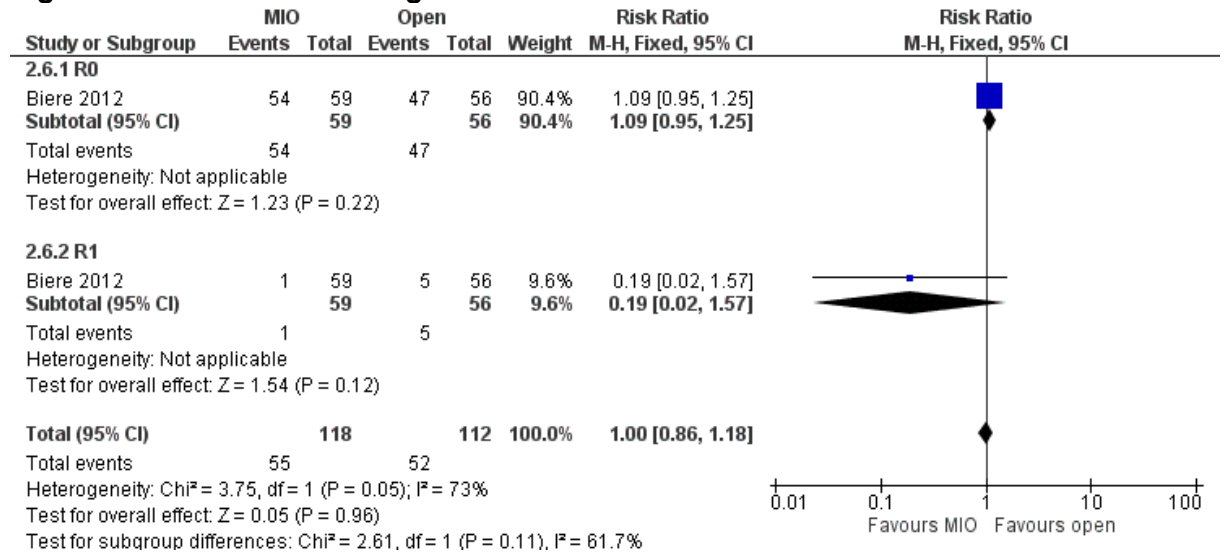
**Figure 45: Length of operation (minutes)**



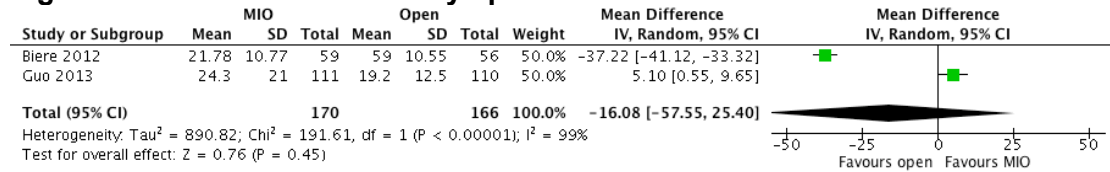
**Figure 46: EORTC Quality of life – Global score**



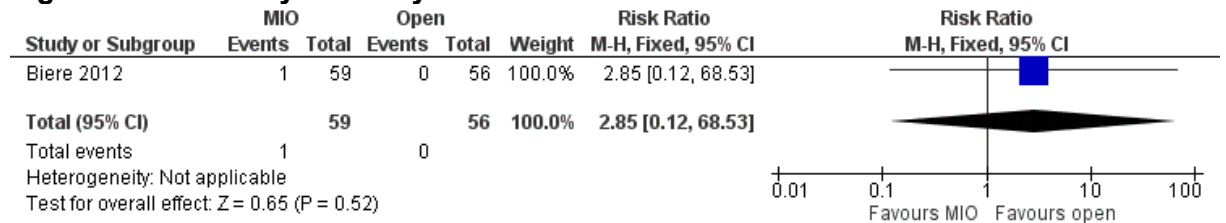
**Figure 47: Resection margin**



**Figure 48: Mean number of lymph nodes resected**

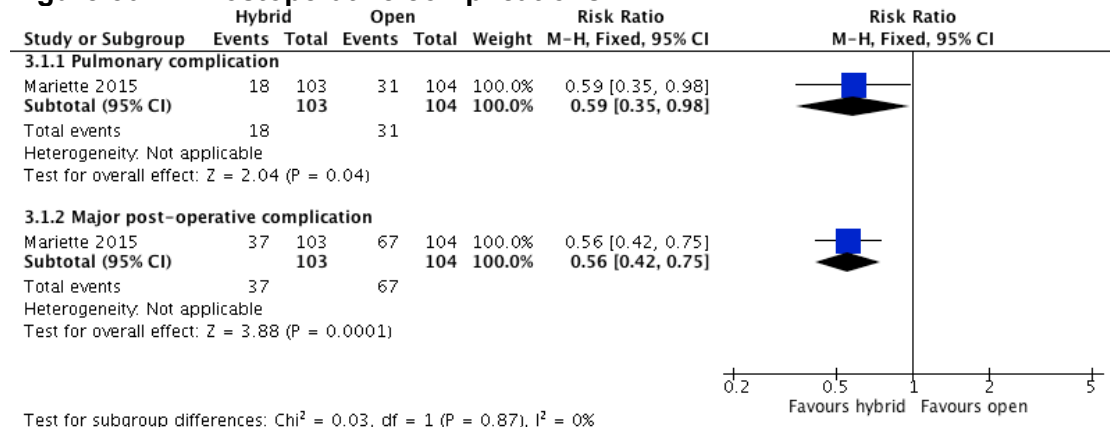


**Figure 49: 30-day mortality**

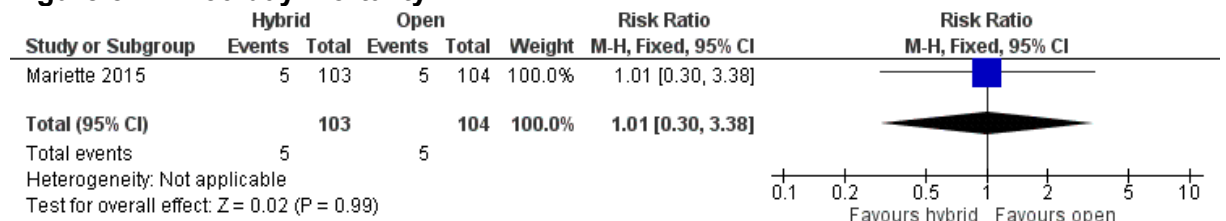


### H.9.3 Hybrid minimally invasive versus open oesophagectomy

**Figure 50: Postoperative complications**



**Figure 51: 30-day mortality**

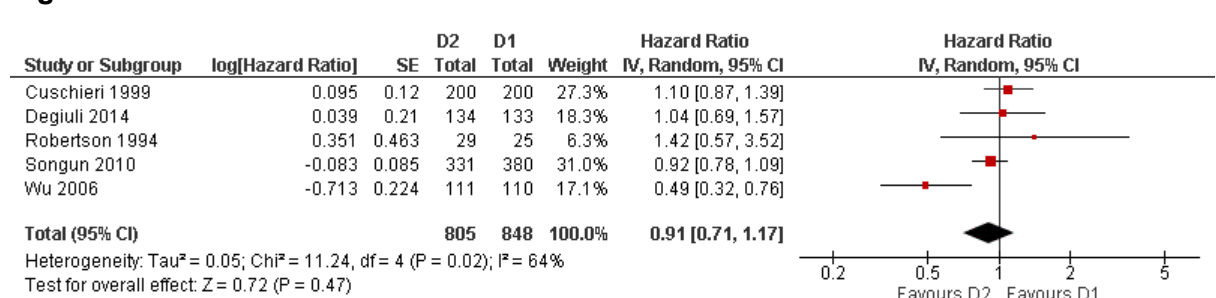


## H.10 Lymph node dissection in oesophageal and gastric cancer

Does the extent of lymph node dissection influence outcomes in adults with oesophageal and gastric cancer?

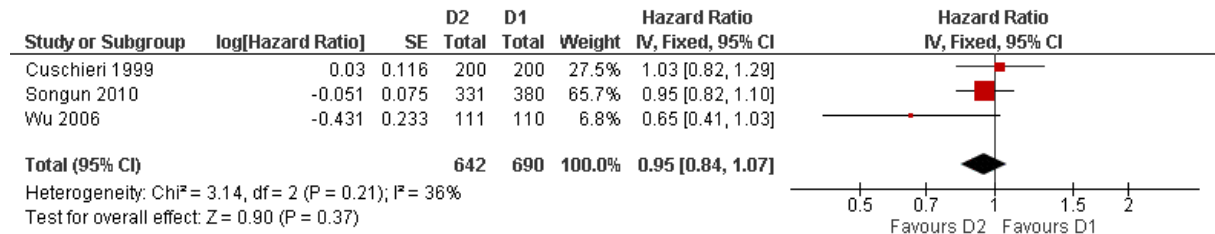
### H.10.1 Overall survival following D2 versus D1 lymphadenectomy in patients with gastric cancer.

**Figure 52: Overall survival**



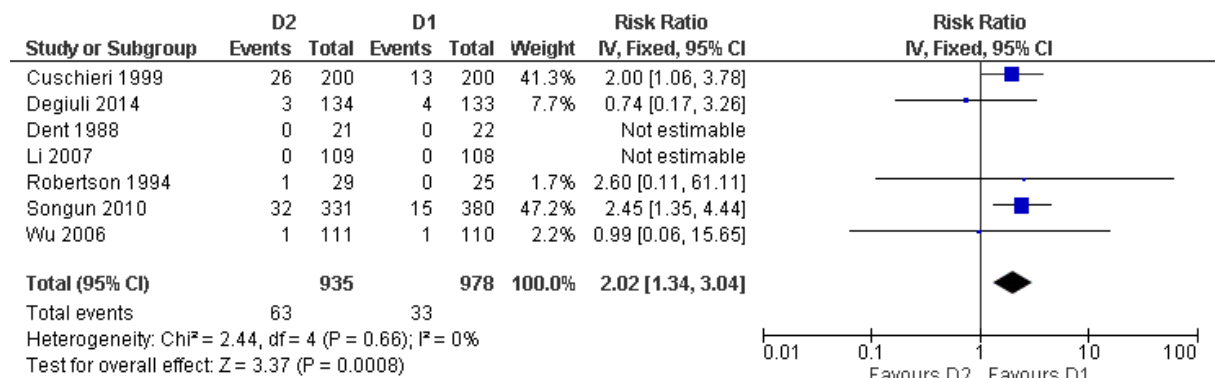
### H.10.2 Disease free survival following D2 versus D1 lymphadenectomy in patients with gastric cancer.

**Figure 53: Disease-free survival**



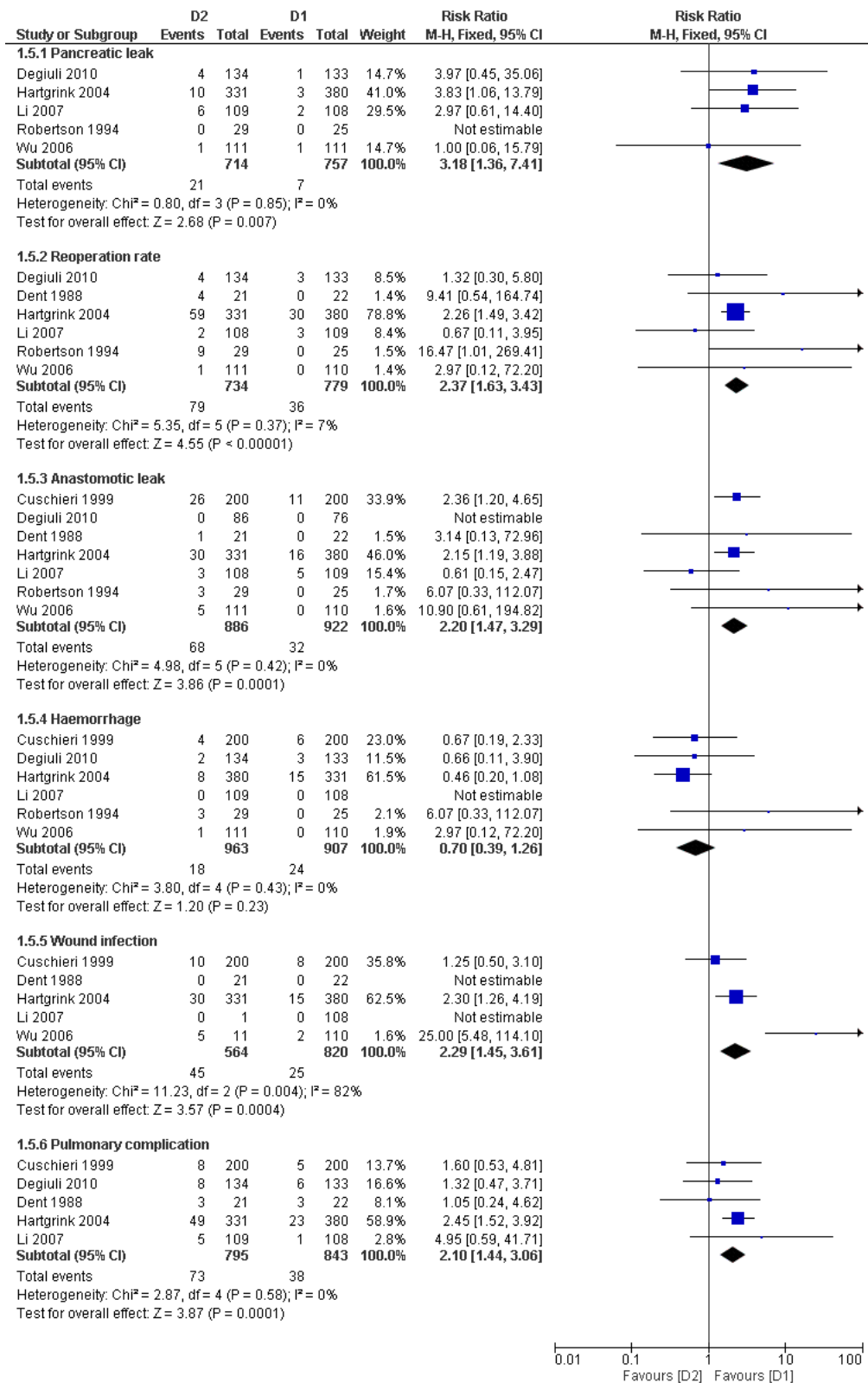
### H.10.3 Post-operative mortality following D2 versus D1 lymphadenectomy in patients with gastric cancer.

**Figure 54: Post-operative mortality**



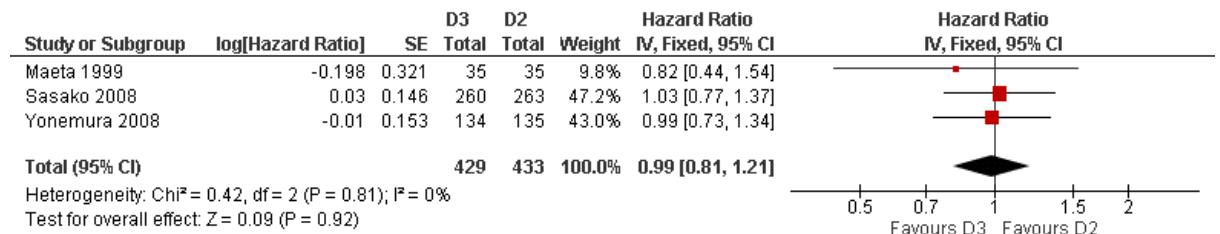
### H.10.4 Adverse events following D2 versus D1 lymphadenectomy in patients with gastric cancer.

**Figure 55: Adverse events**



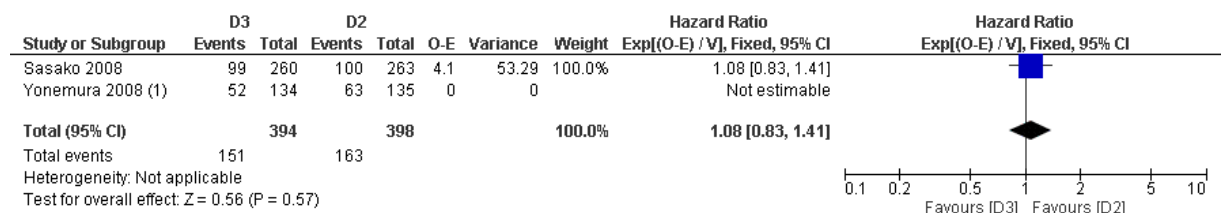
### H.10.5 Overall survival following D3 versus D2 lymphadenectomy in patients with gastric cancer.

Figure 56: Overall survival



### H.10.6 Disease (recurrence) free survival following D3 versus D2 lymphadenectomy in patients with gastric cancer.

Figure 57: Disease-free survival

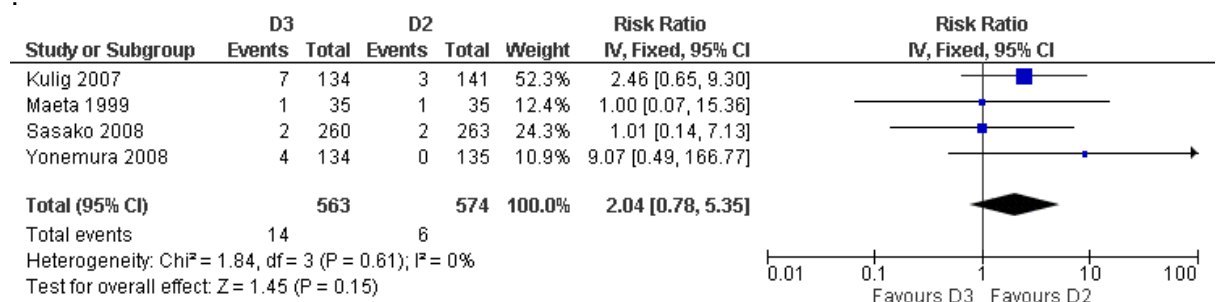


Footnotes

(1) Cannot calculate O-E and variance

### H.10.7 Post-operative mortality following D3 versus D2 lymphadenectomy in patients with gastric cancer

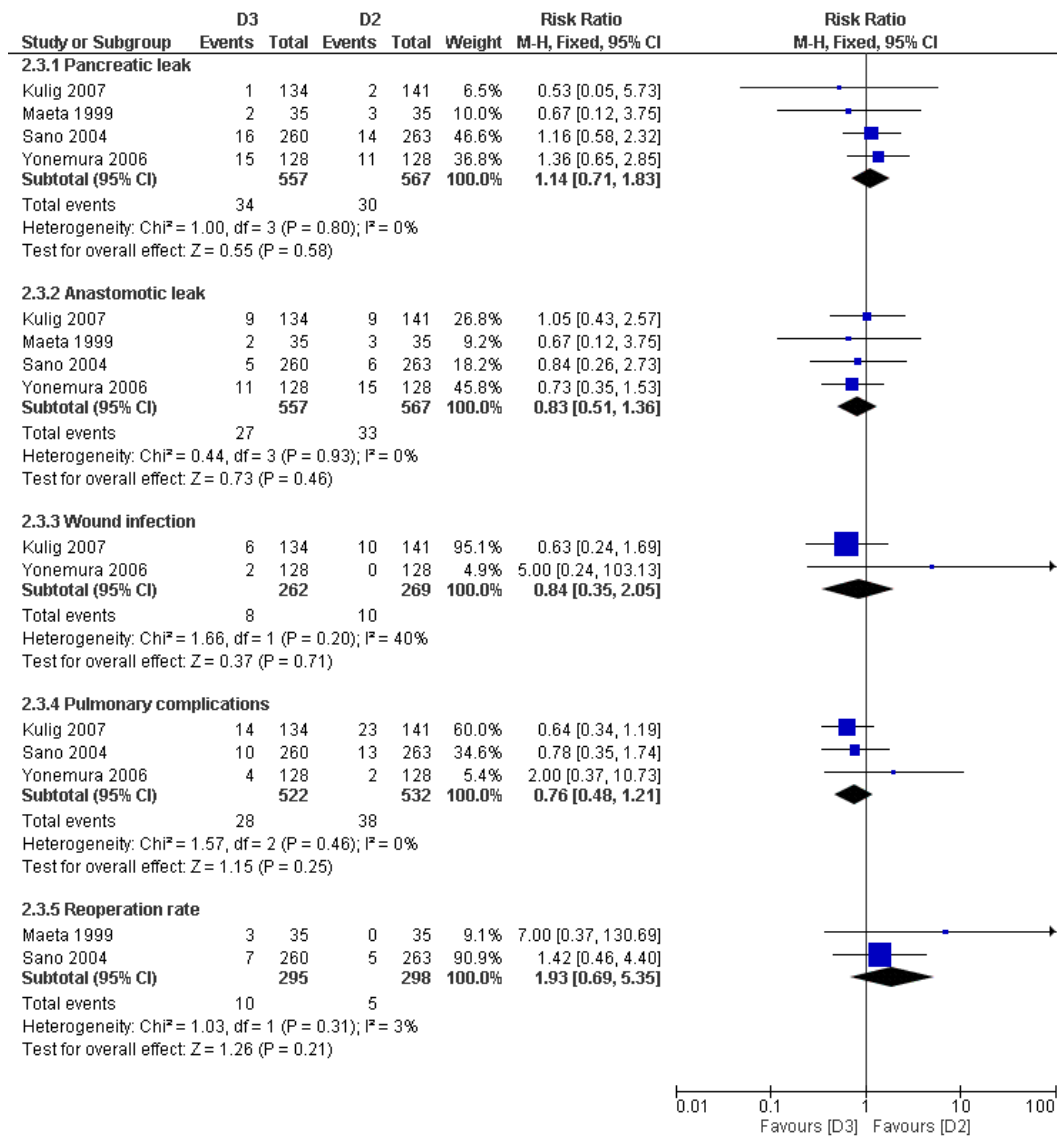
Figure 58: Post-operative mortality





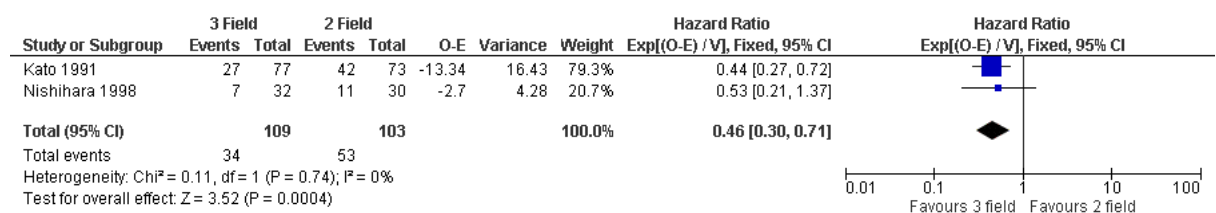
### H.10.8 Adverse events following D3 versus D2 lymphadenectomy in patients with gastric cancer.

**Figure 59: Adverse events**



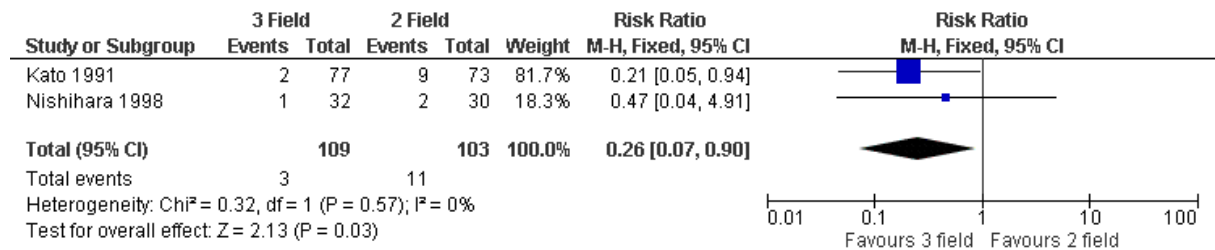
### H.10.9 Overall survival following 3-field versus 2-field lymphadenectomy in patients with oesophageal cancer.

**Figure 60: Overall survival**



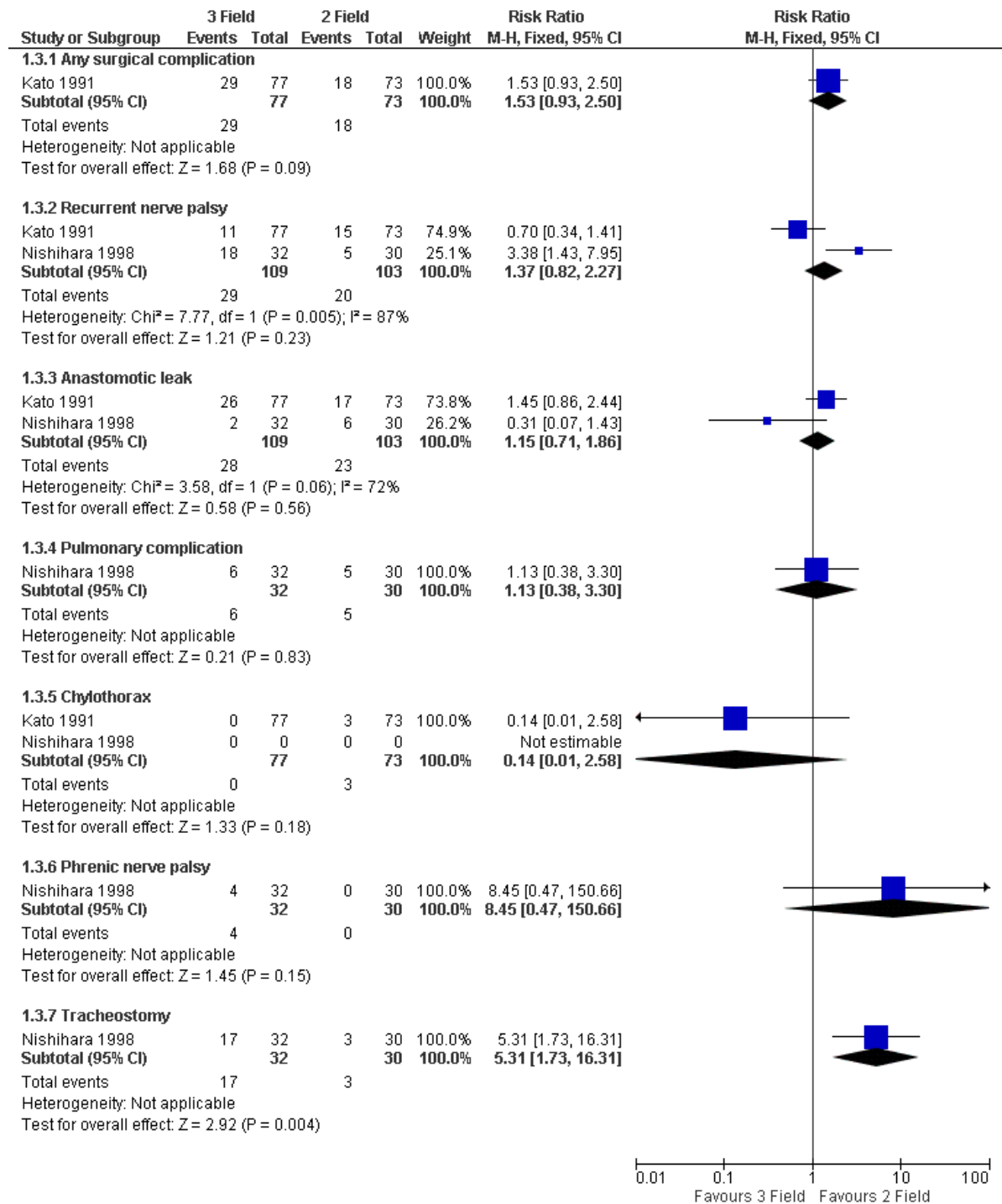
### H.10.10 Post-operative mortality following 3-field versus 2-field lymphadenectomy in patients with oesophageal cancer.

Figure 61: Post-operative mortality



### H.10.11 Adverse events following 3-field versus 2-field lymphadenectomy in patients with oesophageal cancer

Figure 62: Adverse events

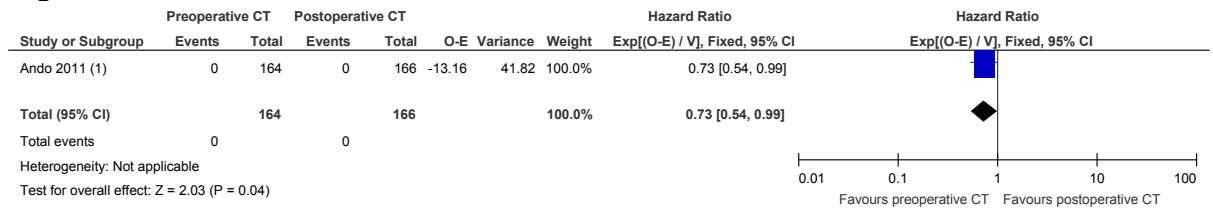


## H.11 Localised oesophageal and gastro-oesophageal junctional adenocarcinoma

**What is the optimal choice of chemotherapy or chemoradiotherapy in relation to surgical treatment for people with localised oesophageal and gastro-oesophageal junctional cancer?**

### H.11.1 Comparison 1: Preoperative chemotherapy versus postoperative chemotherapy

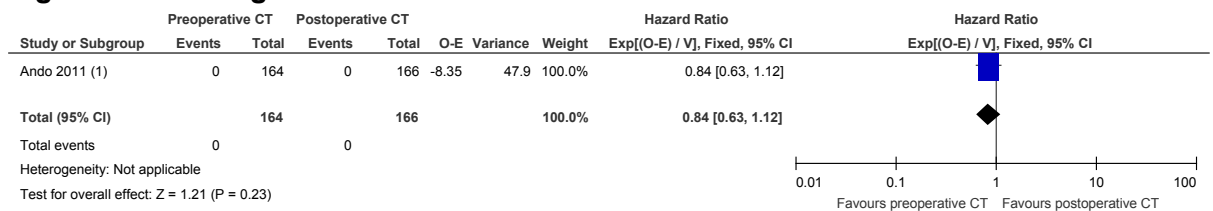
**Figure 63: Overall survival**



Footnotes

(1) number of event not reported

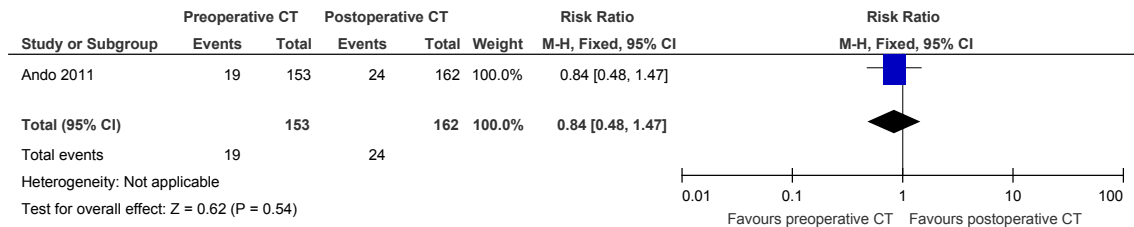
**Figure 64: Progression free survival**



Footnotes

(1) number of events not reported

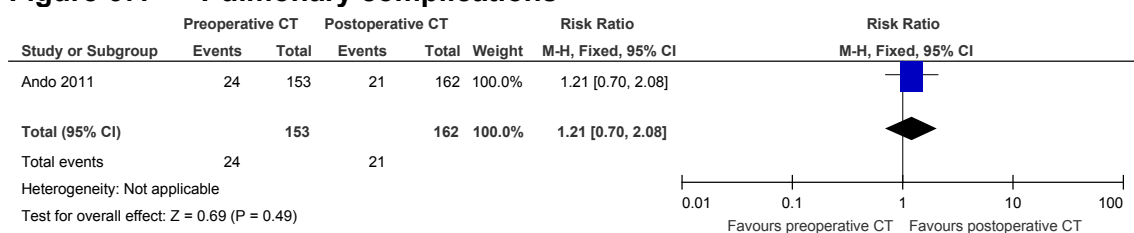
**Figure 65: Anastomotic leakage**



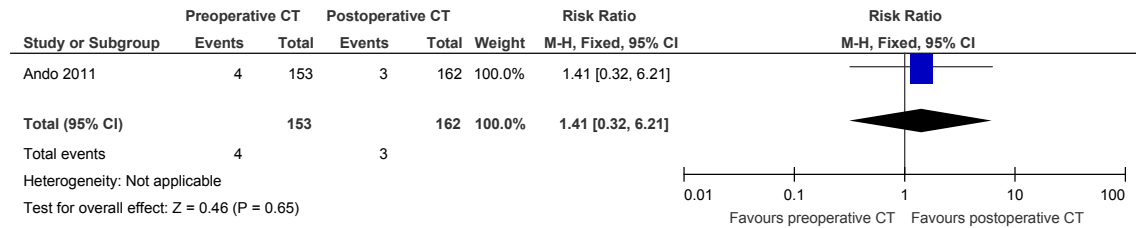
**Figure 66: Wound infection**



**Figure 67: Pulmonary complications**



**Figure 68: Cardiovascular complications**

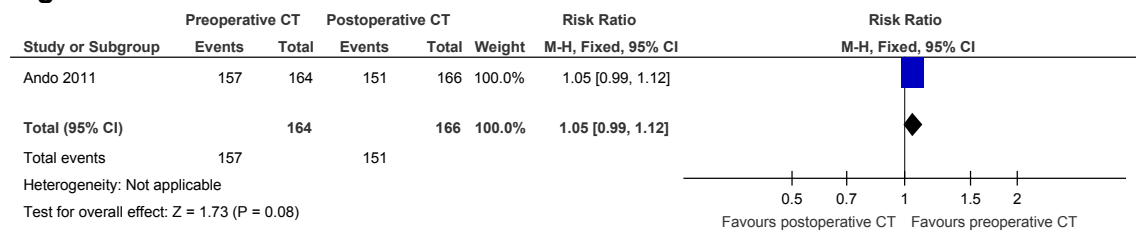


**Figure 69: Treatment-related mortality**



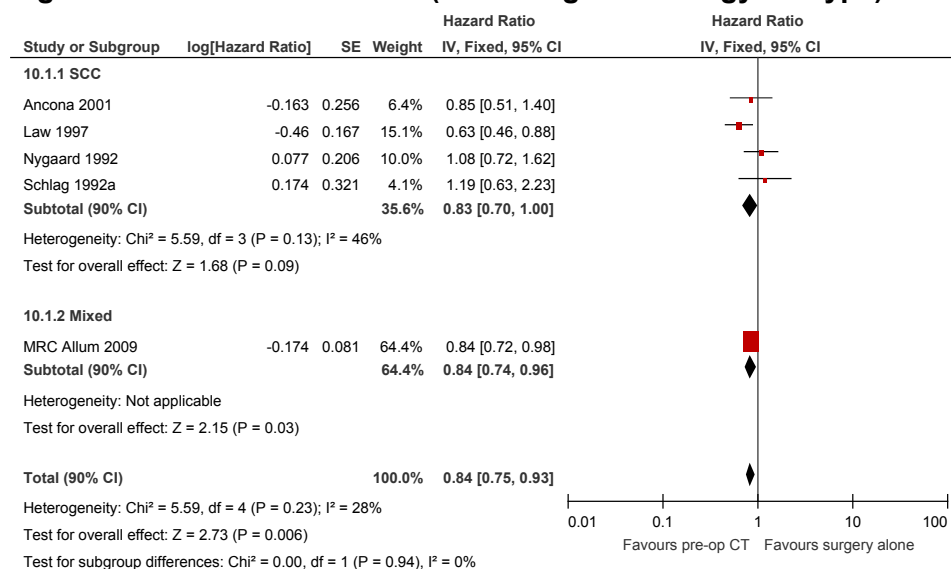
<Insert Note here>

**Figure 70: R0 tumour resection rate**



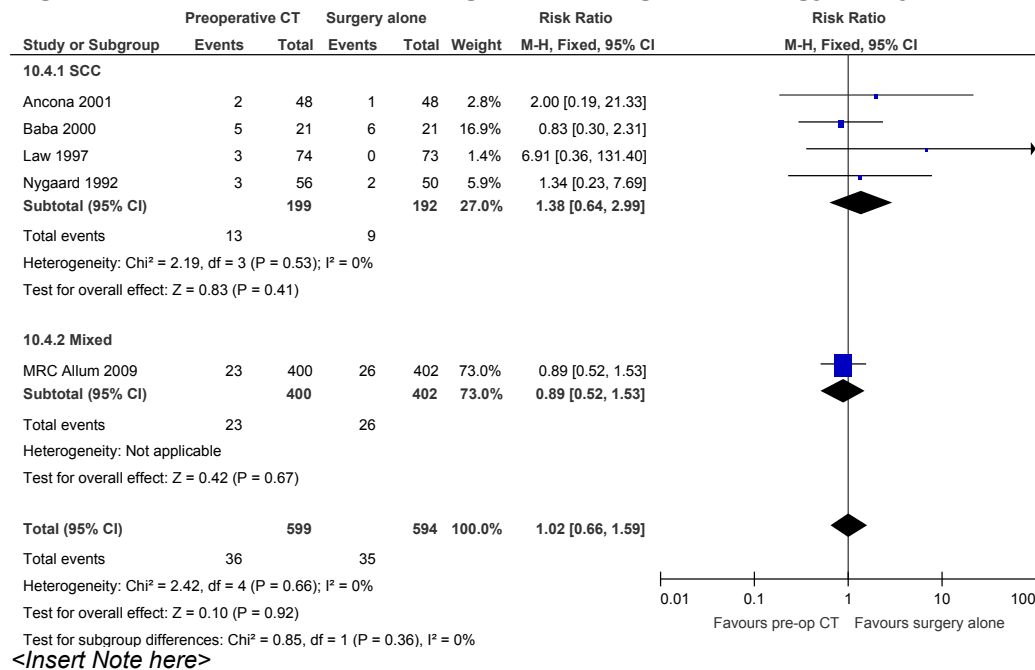
## H.11.2 Comparison 2: Preoperative chemotherapy versus surgery alone

**Figure 71: Overall survival (according to histology subtype)**

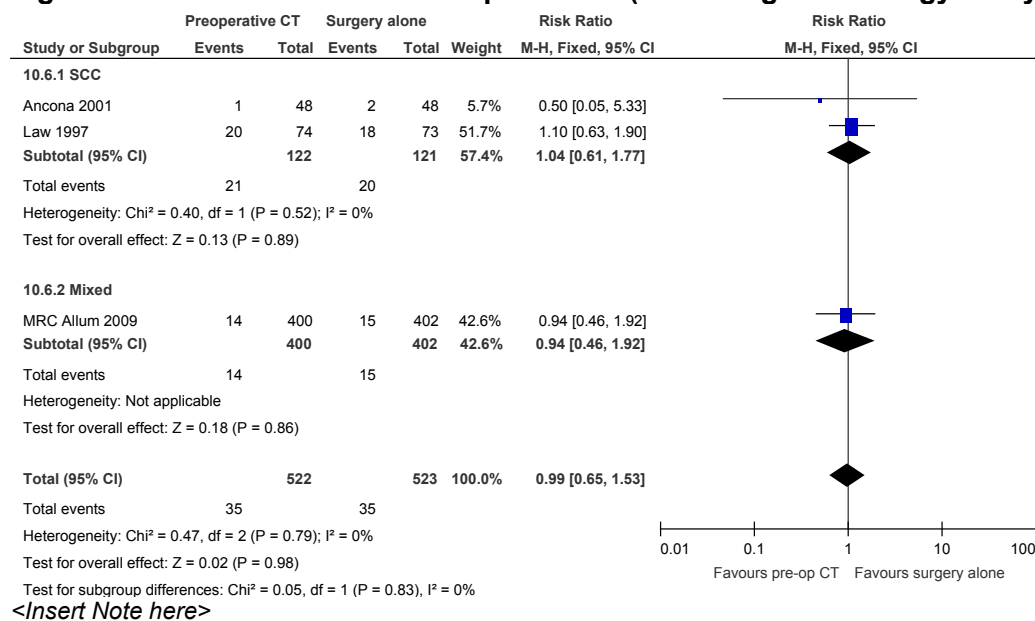


<Insert Note here>

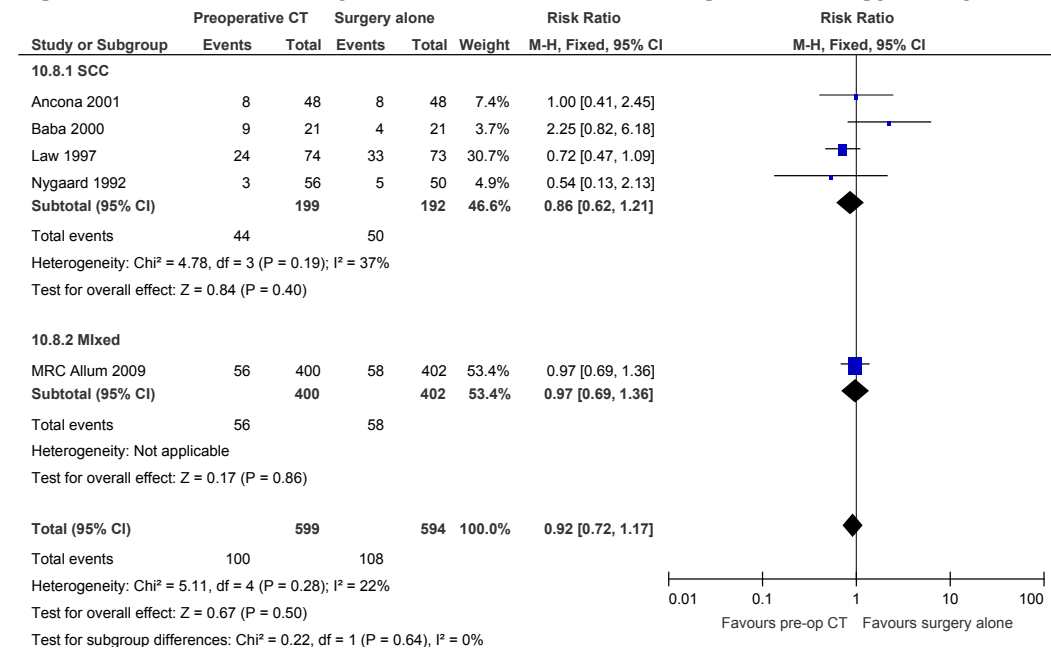
**Figure 72: Anastomotic leakage (according to histology subtype)**



**Figure 73: Cardiovascular complications (according to histology subtype)**

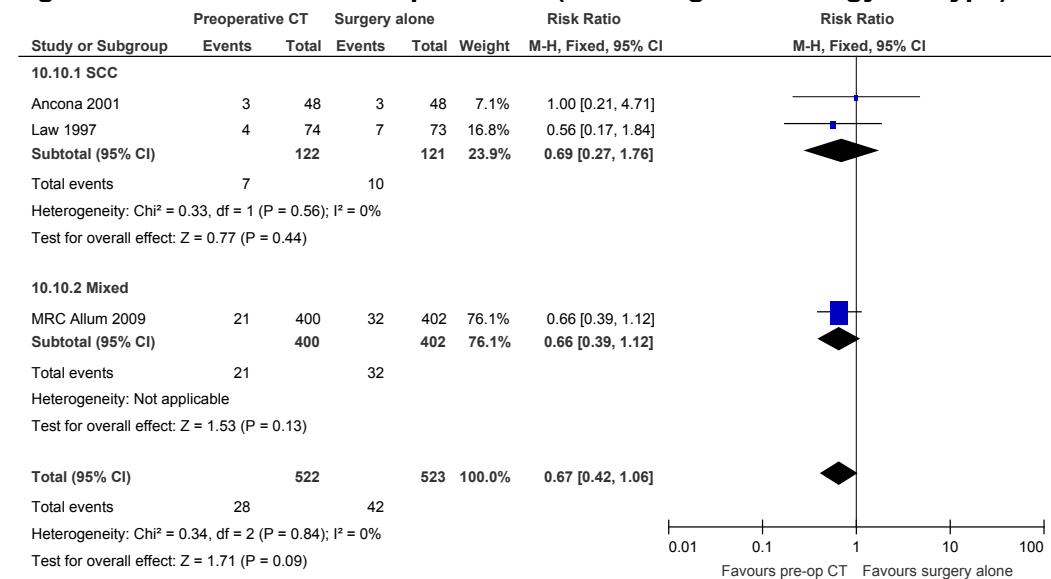


**Figure 74: Pulmonary complications (according to histology subtype)**



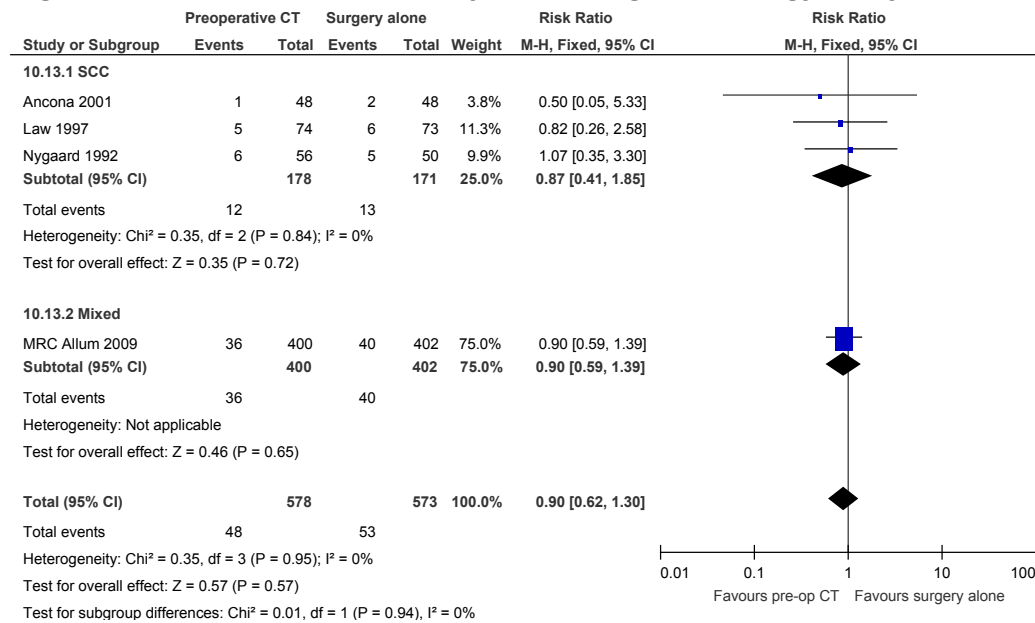
<Insert Note here>

**Figure 75: Infectious complications (according to histology subtype)**



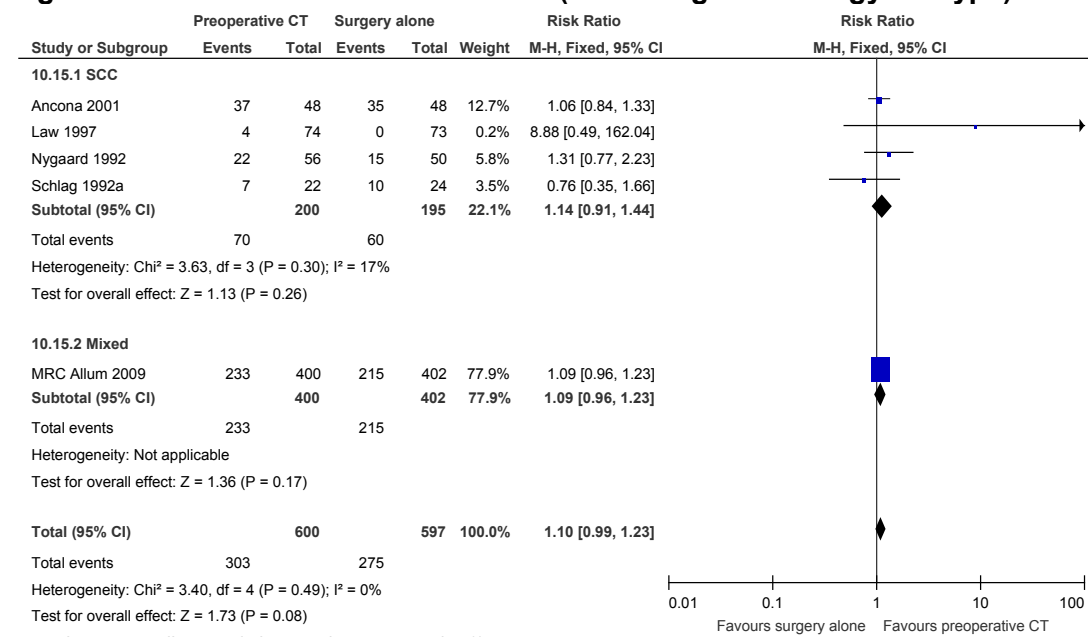
<Insert Note here>

**Figure 76: Postoperative mortality (according to histology subtype)**



<Insert Note here>

**Figure 77: R0 tumour resection rate (according to histology subtype)**

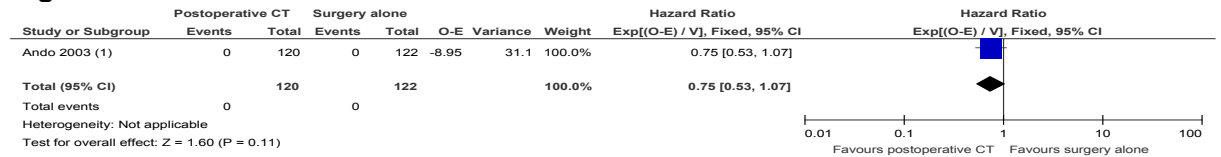


<Insert Note here>



### H.11.3 Comparison 3: Postoperative chemotherapy versus surgery alone

**Figure 78: Disease free survival**

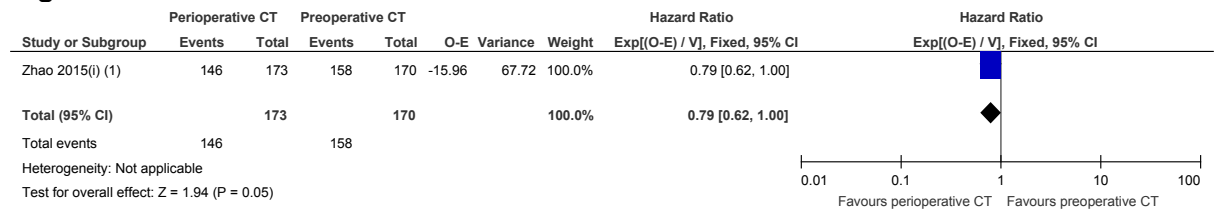


Footnotes

(1) number of event not reported. Hazard ratio adjusted for age, sex, performance status, tumour location, pathologic T-stage, intramural metastasis, pathologic N-stage, pathologic...

### H.11.4 Comparison 4: Perioperative chemotherapy versus preoperative chemotherapy

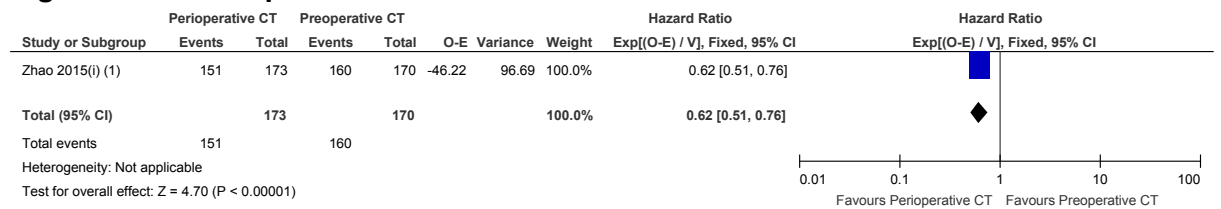
**Figure 79: Overall survival**



Footnotes

(1) number of death=number entered - number survived at 5 years

**Figure 80: Relapse free survival**

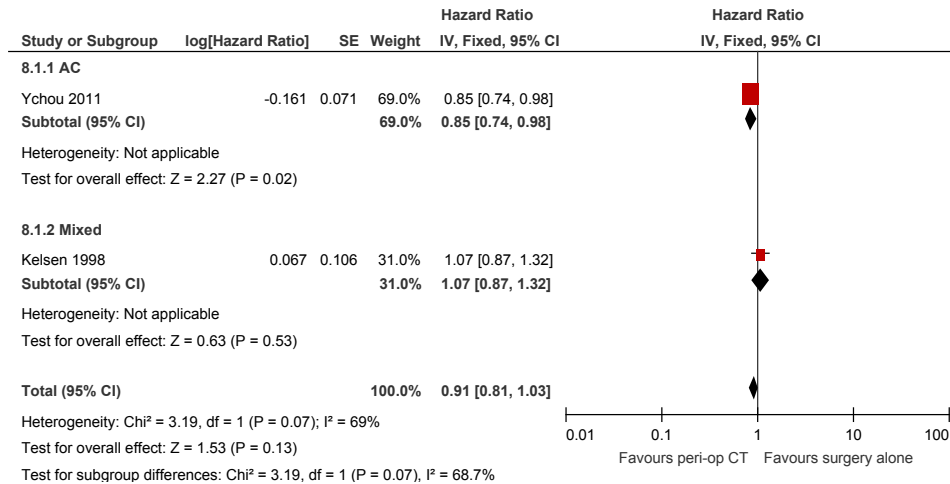


Footnotes

(1) number of patients free from relapse = number entered - number of patients with relapse

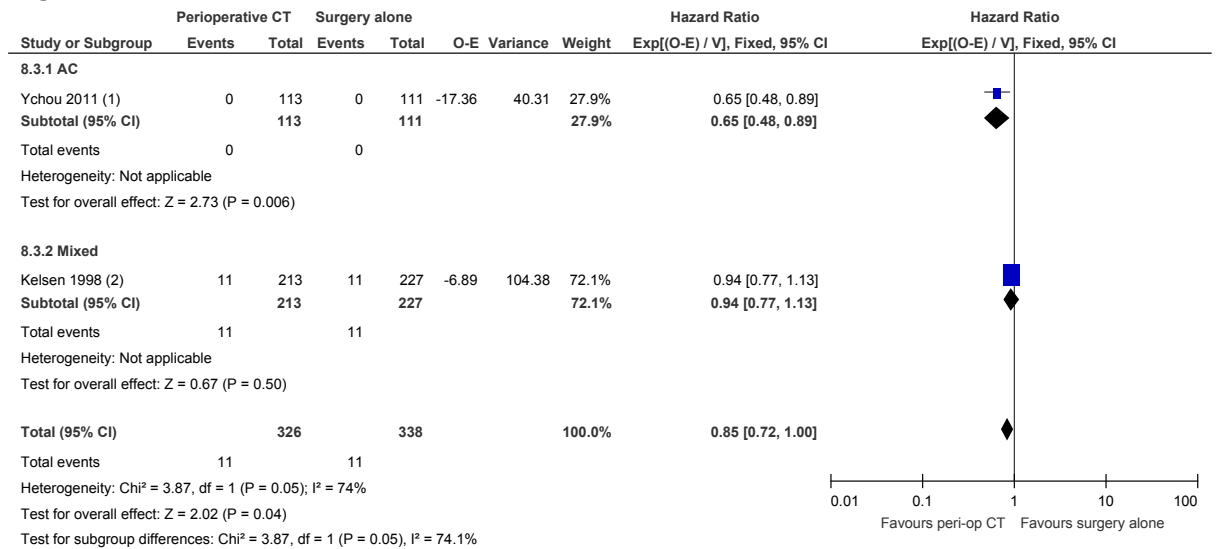
## H.11.5 Comparison 5: Perioperative chemotherapy versus surgery alone

**Figure 81: Overall survival**



<Insert Note here>

**Figure 82: Disease free survival**



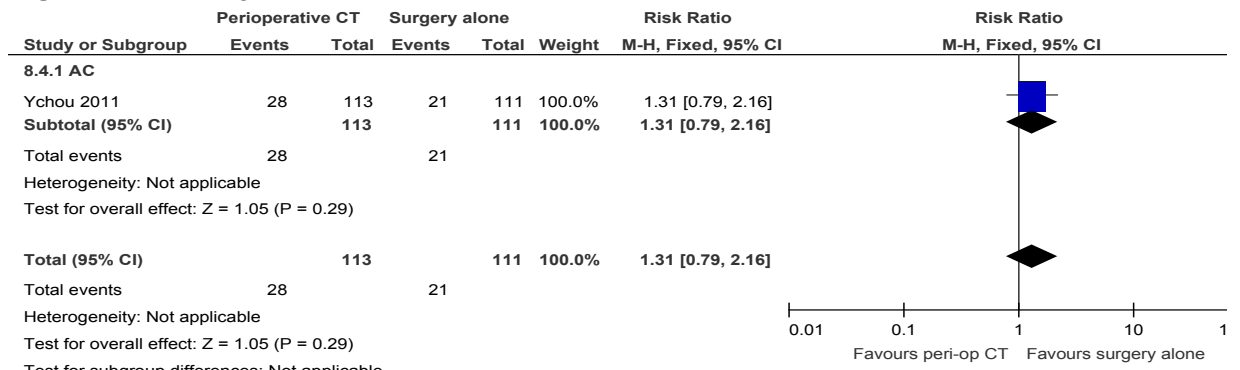
**Footnotes**

(1) number of disease free patients not reported

(2) number of patients with disease free after 5 years

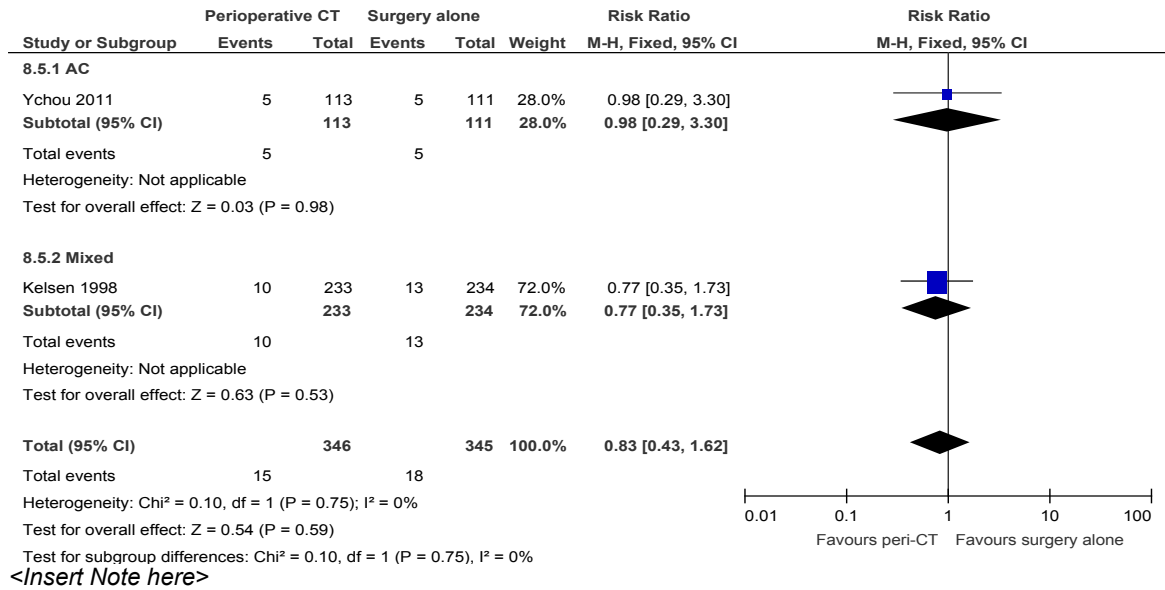
<Insert Note here>

**Figure 83: Any treatment-related complications**

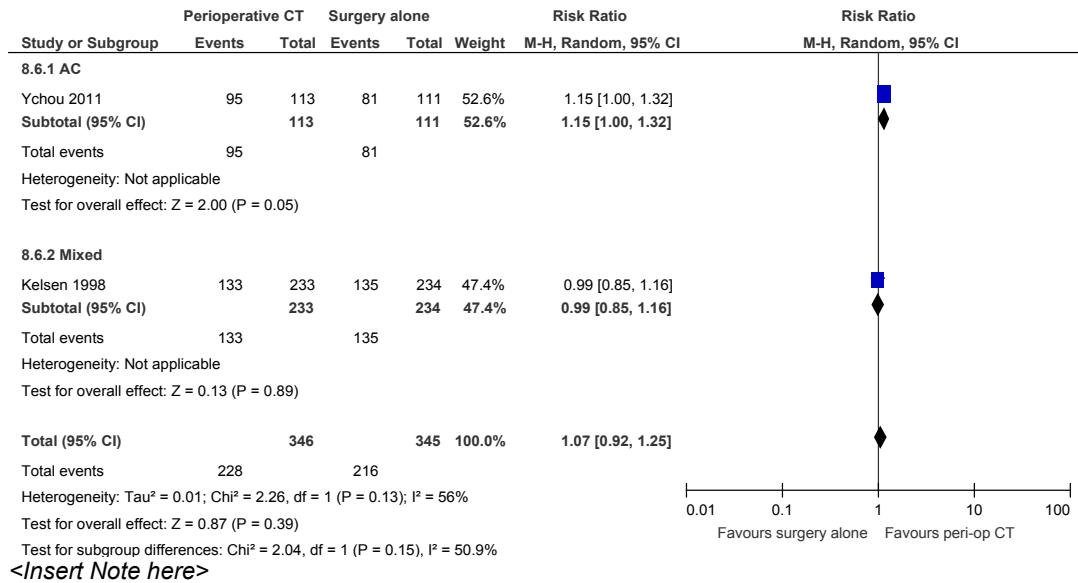


<Insert Note here>

**Figure 84: Treatment-related mortality**

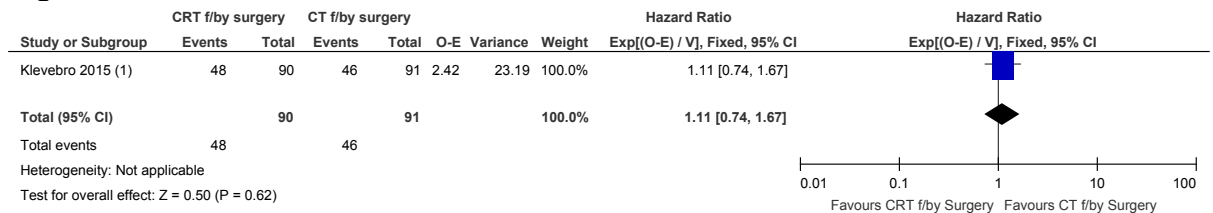


**Figure 85: R0 tumour resection rate**



### H.11.6 Comparison 6: Preoperative chemoradiotherapy versus preoperative chemotherapy

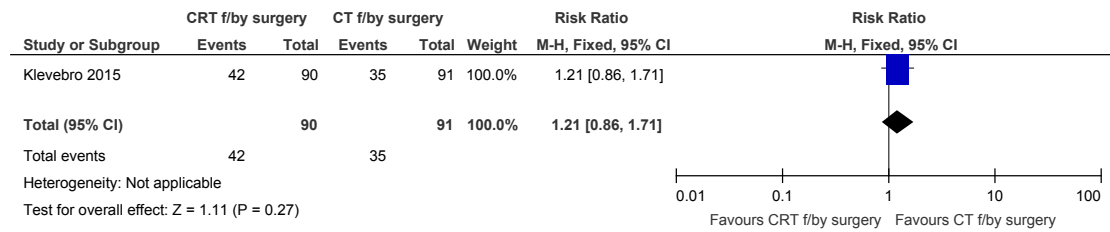
**Figure 86: Overall survival**



Footnotes

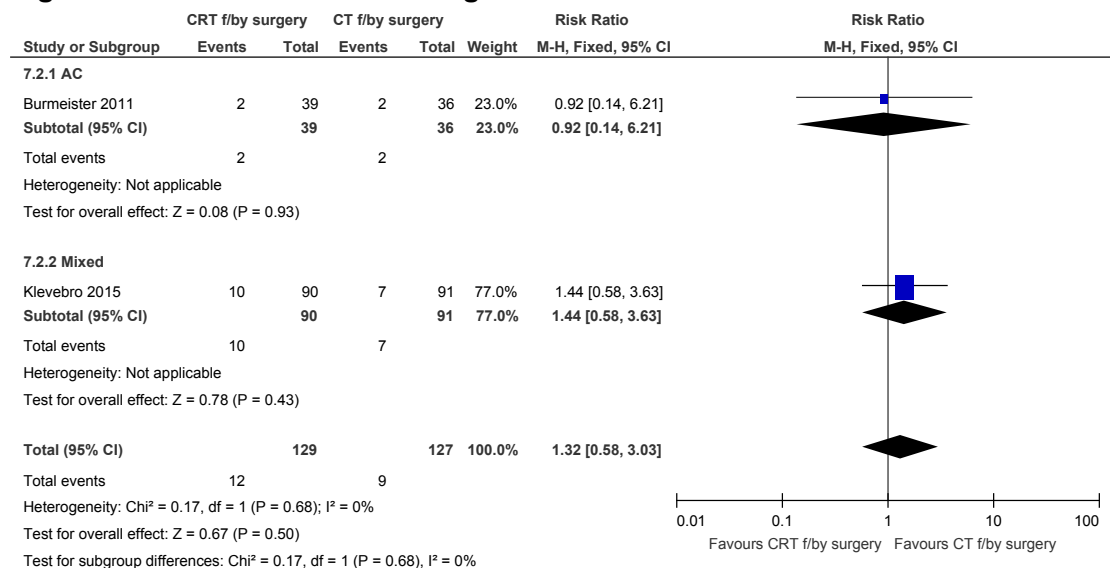
(1) number of death at 3 year = number entered - number of overall survival at 3 years; OS from HR analysis

**Figure 87: Any treatment-related complication**



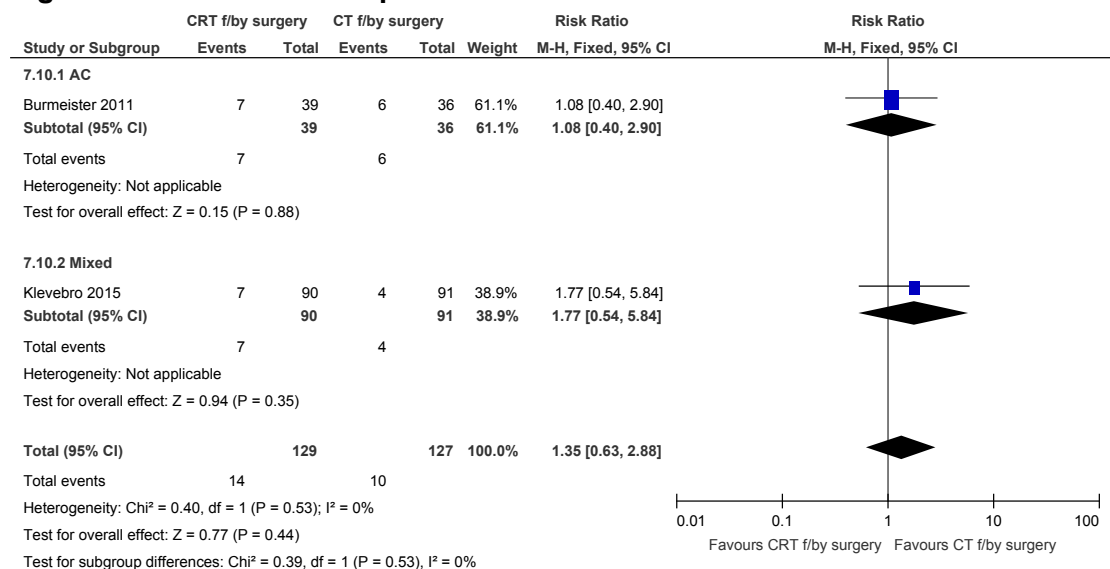
<Insert Note here>

**Figure 88: Anastomotic leakage**



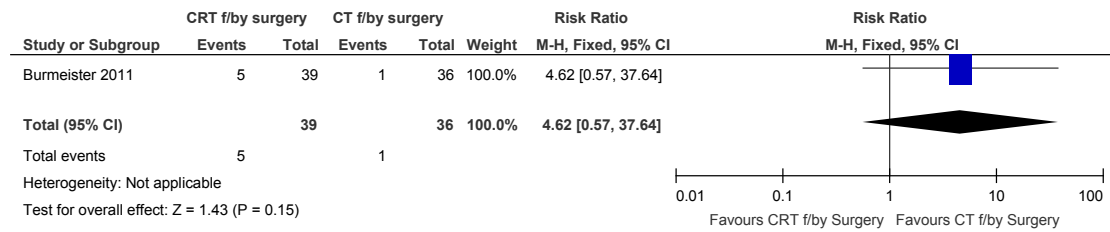
<Insert Note here>

**Figure 89: Cardiac complications**



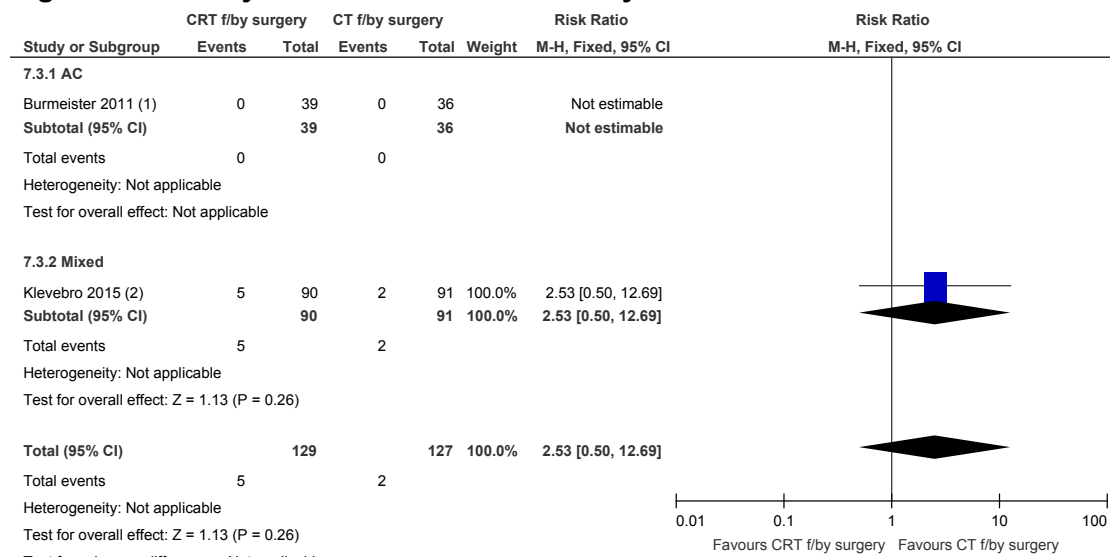
<Insert Note here>

**Figure 90: Wound infections**



<Insert Note here>

**Figure 91: Any treatment-related mortality**

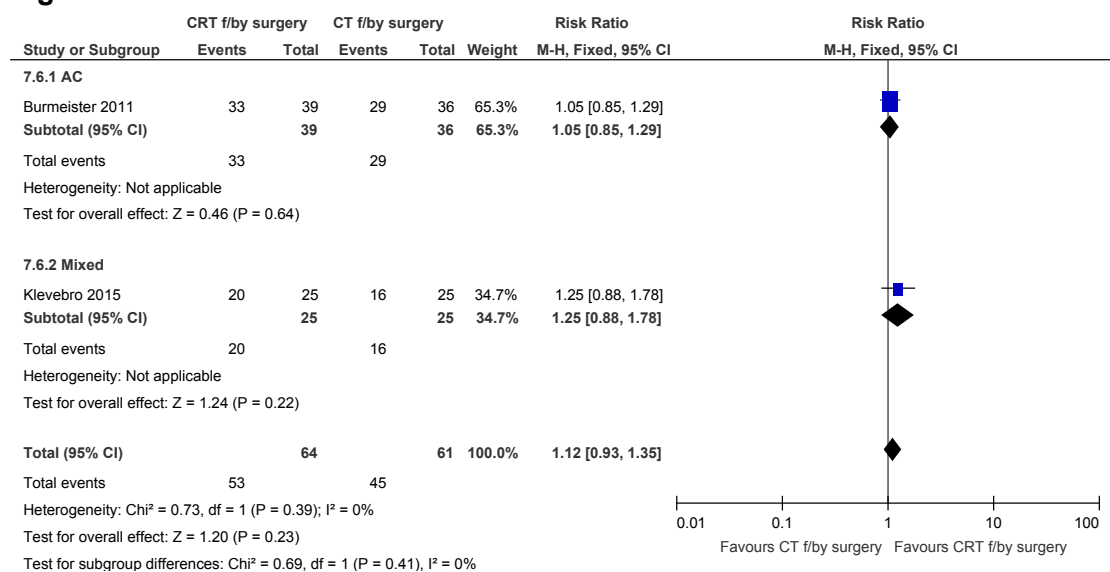


Footnotes

- (1) 30-days postoperative mortality
- (2) 90-day mortality

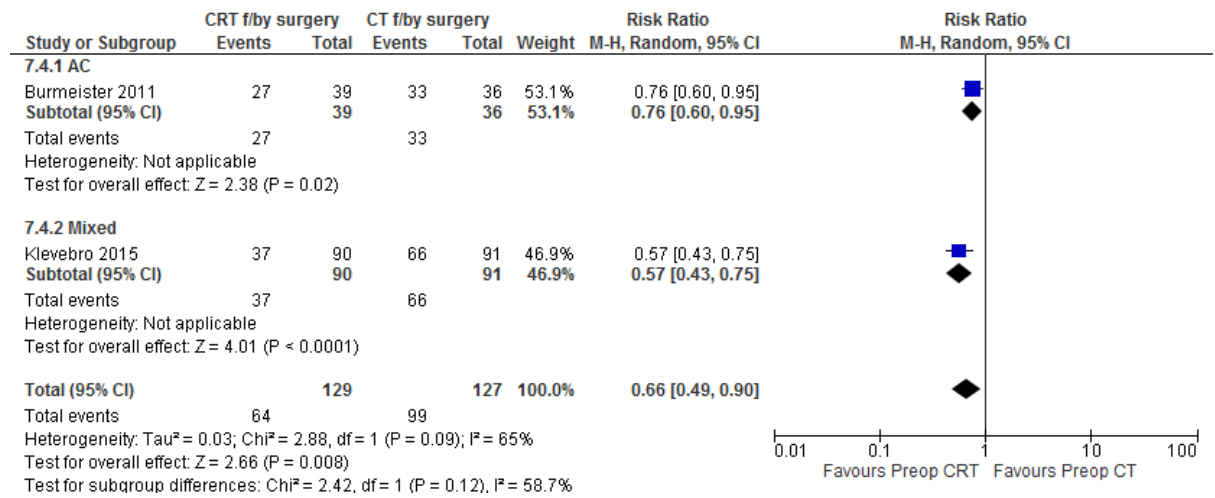
<Insert Note here>

**Figure 92: R0 tumour resection rate**



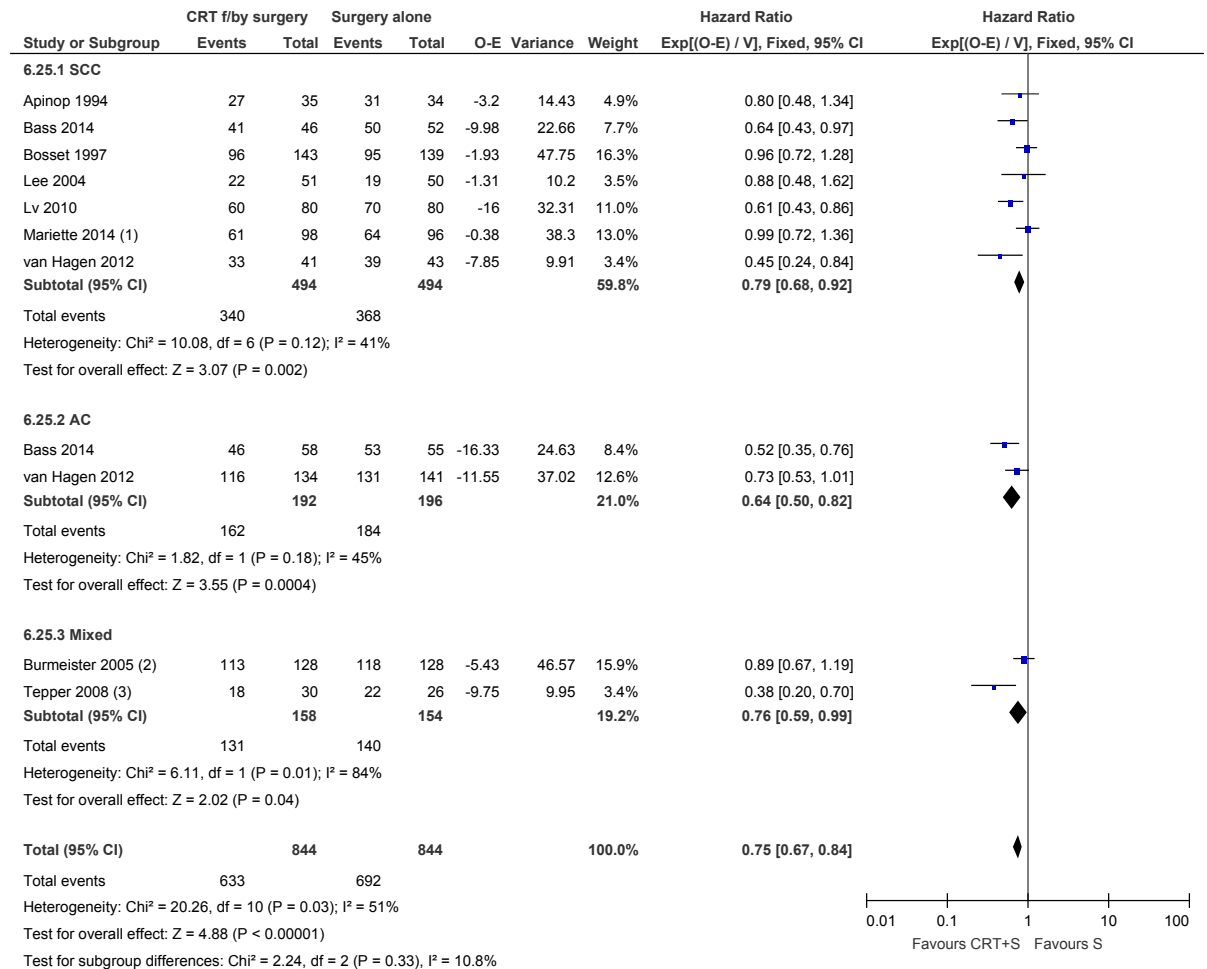
<Insert Note here>

**Figure 93: Poor Tumour Regression Grade (TRG >2)**



### H.11.7 Comparison 7: Preoperative chemoradiotherapy versus surgery alone

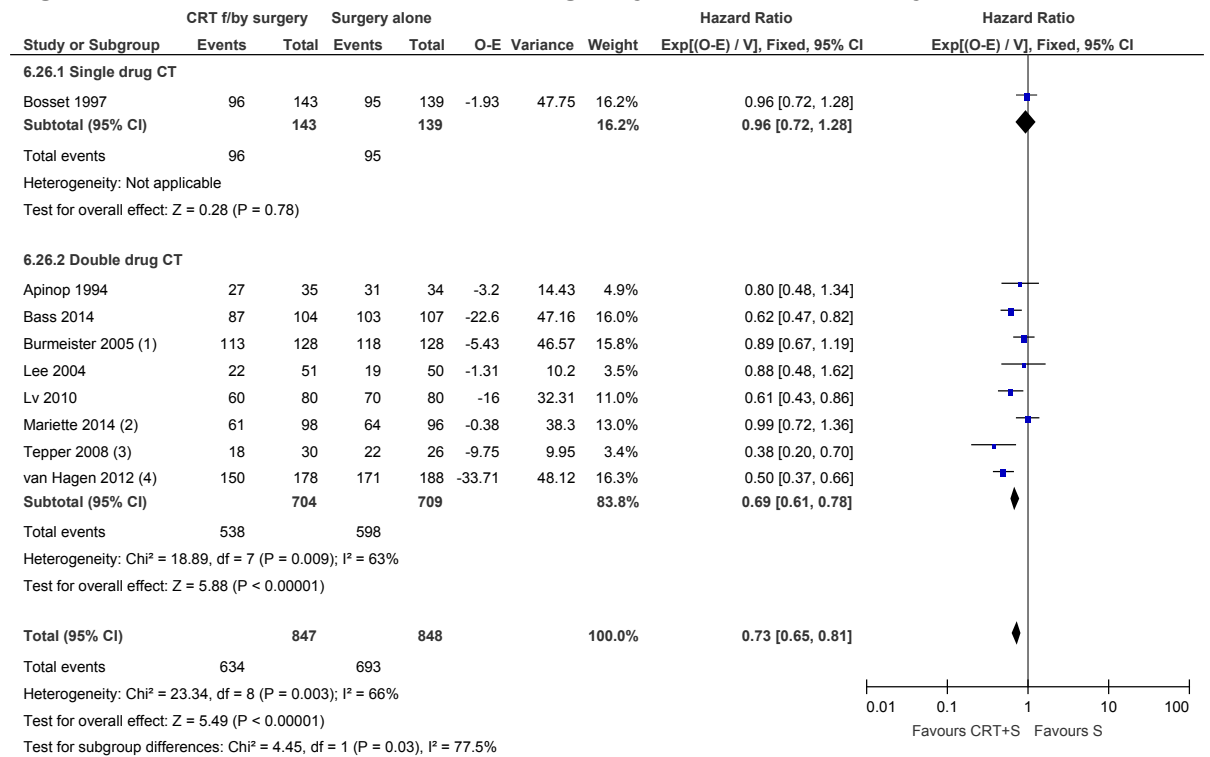
**Figure 94: Overall survival (according to histology subtype)**



Footnotes

- (1) number of death not reported; calculated from survival rate; OS calculated from HR for death
- (2) number of death calculated from overall survival rate
- (3) number of death calculated from overall survival rate

**Figure 95: Overall survival (according to type of chemotherapy)**

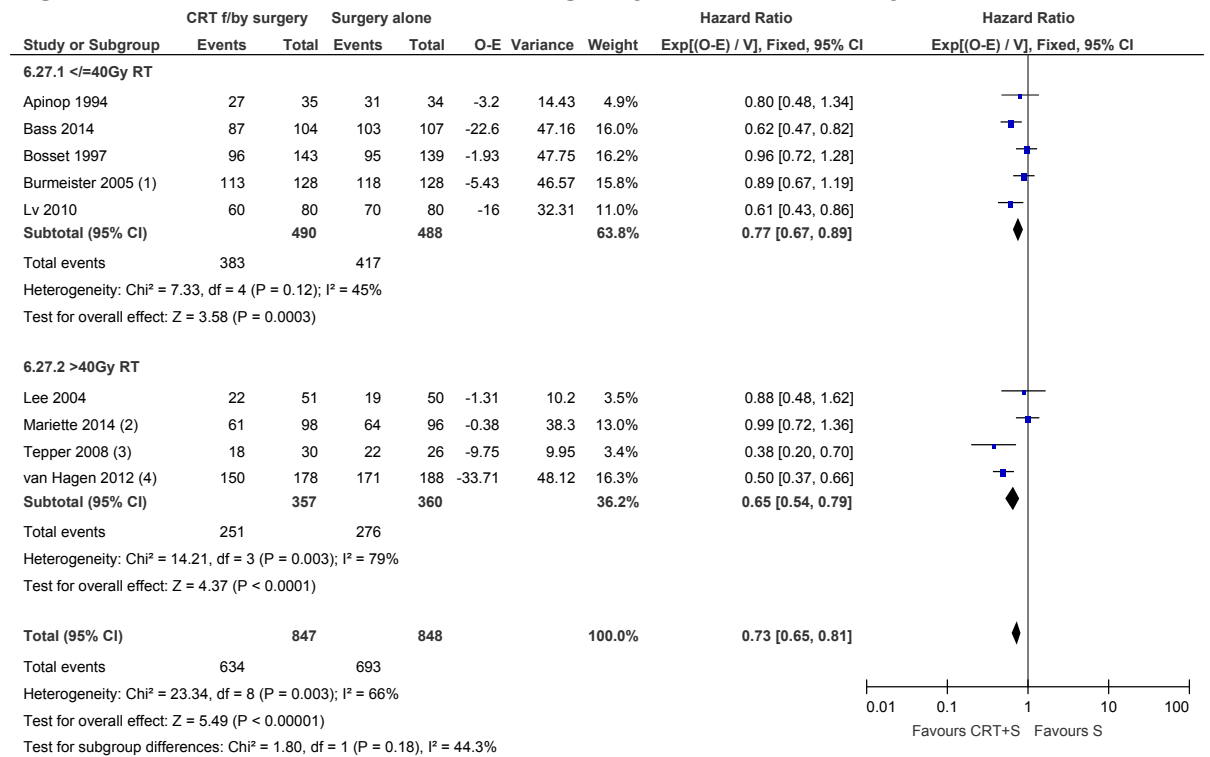


**Footnotes**

- (1) number of death calculated from overall survival rate
- (2) number of death not reported; calculated from survival rate; OS calculated from HR for death
- (3) number of death calculated from overall survival rate
- (4) calculated number of death



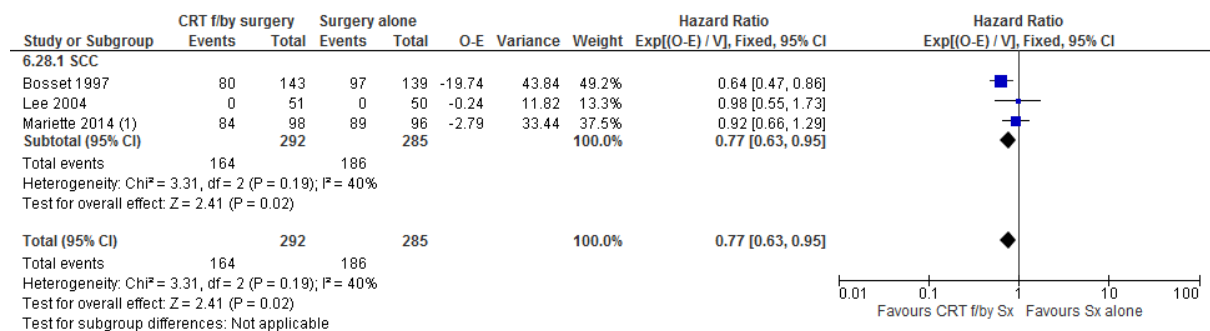
**Figure 96: Overall survival (according to type of radiotherapy)**



**Footnotes**

- (1) number of death calculated from overall survival rate
- (2) number of death not reported; calculated from survival rate; OS calculated from HR for death
- (3) number of death calculated from overall survival rate
- (4) calculated number of death

**Figure 97: Disease free survival (according to type of histology)**

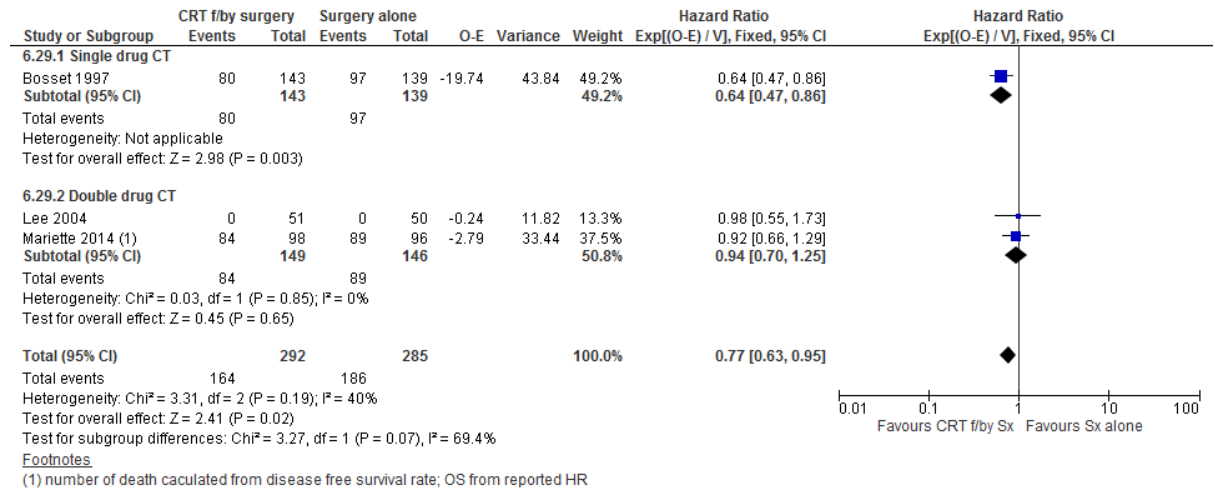


**Footnotes**

- (1) number of death calculated from disease free survival rate; OS from reported HR

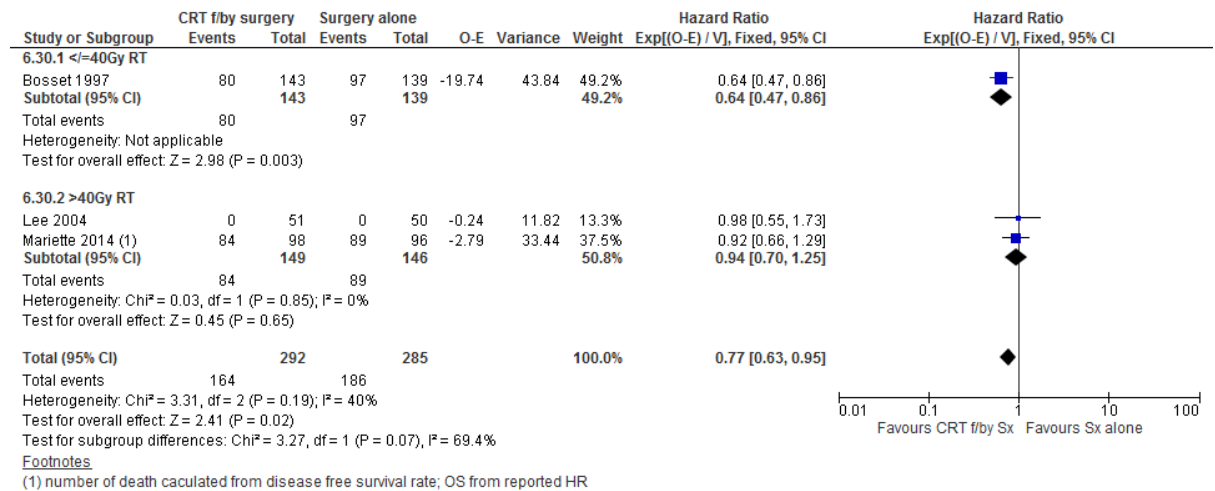
<Insert Note here>

**Figure 98: Disease free survival (according to type of chemotherapy)**



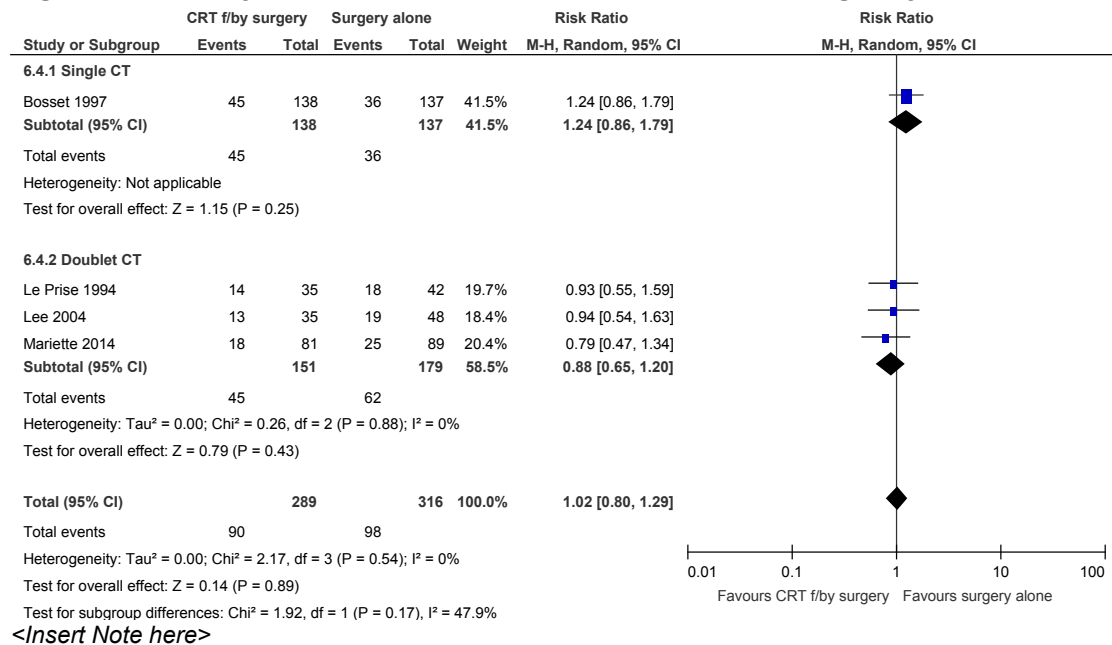
<Insert Note here>

**Figure 99: Disease free survival (according to type of radiotherapy)**

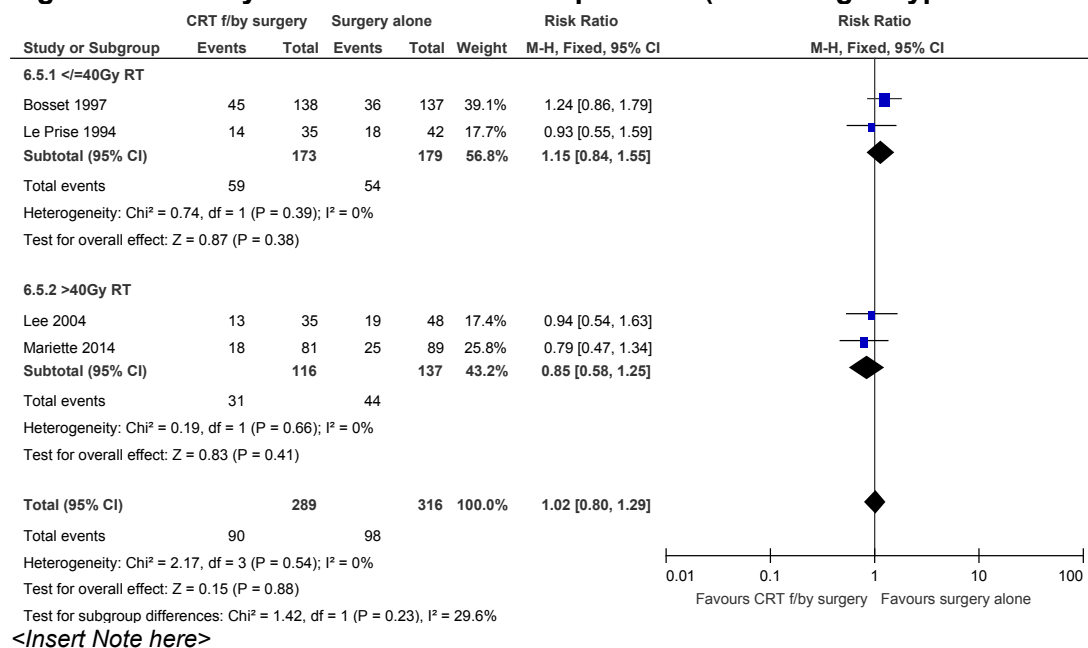


<Insert Note here>

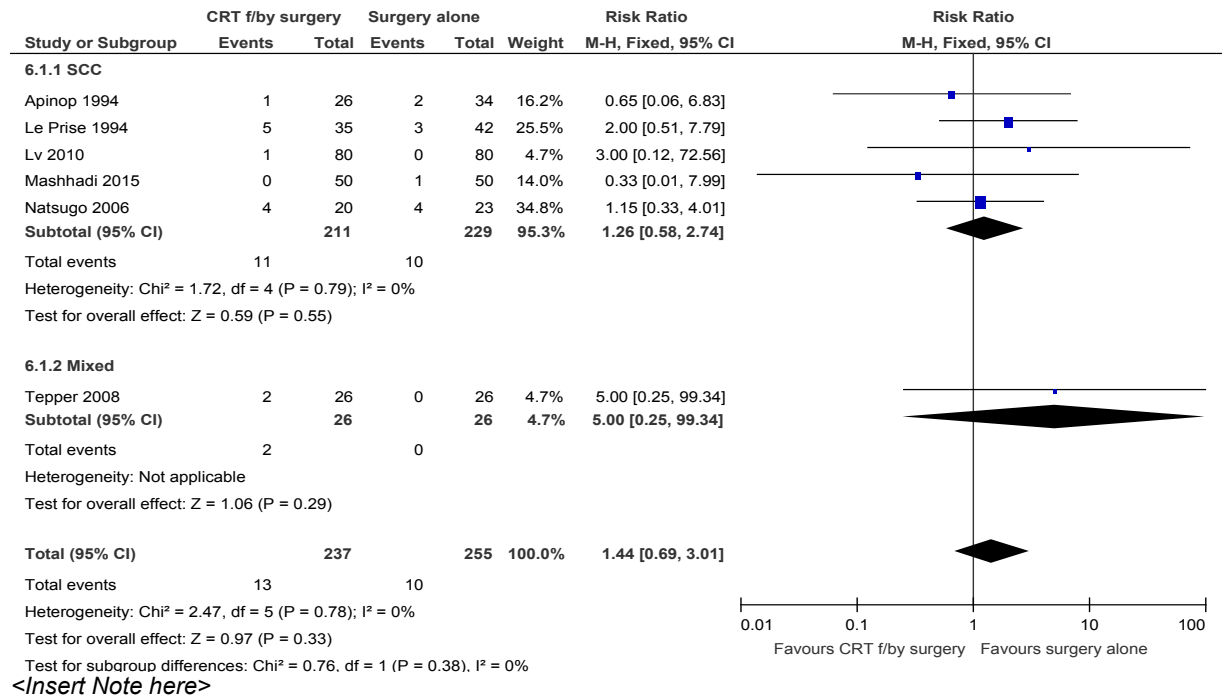
**Figure 100: Any treatment-related complication (according to type of chemotherapy)**



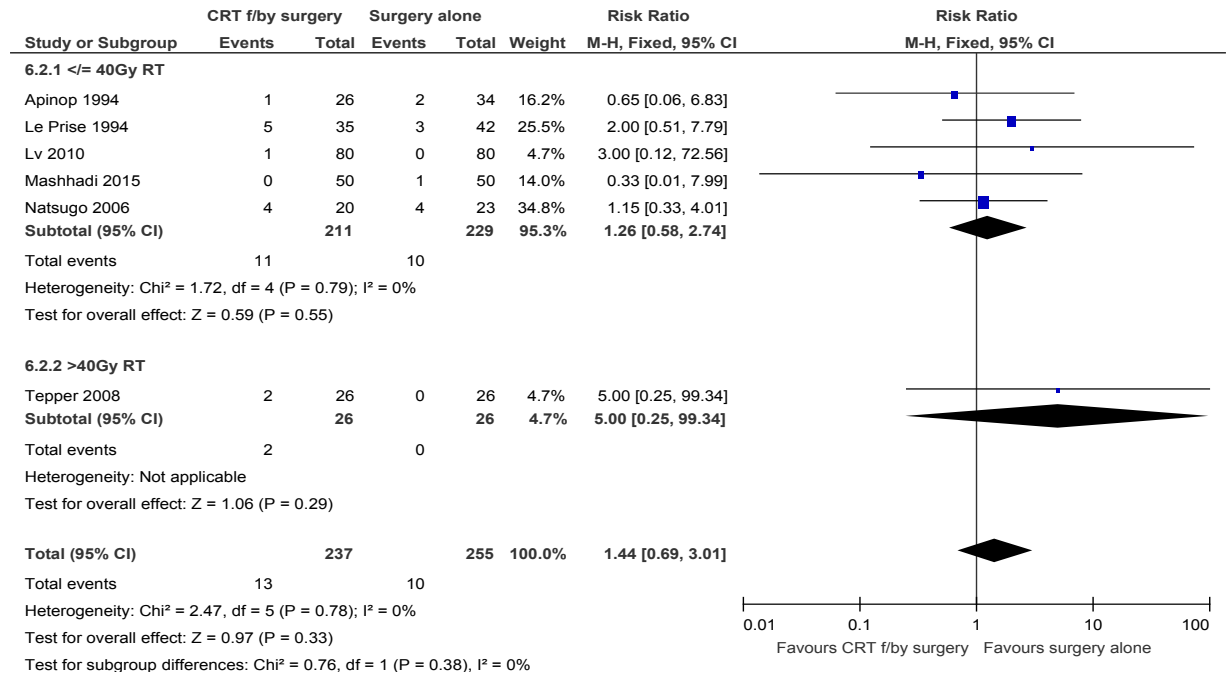
**Figure 101: Any treatment-related complication (according to type of radiotherapy)**



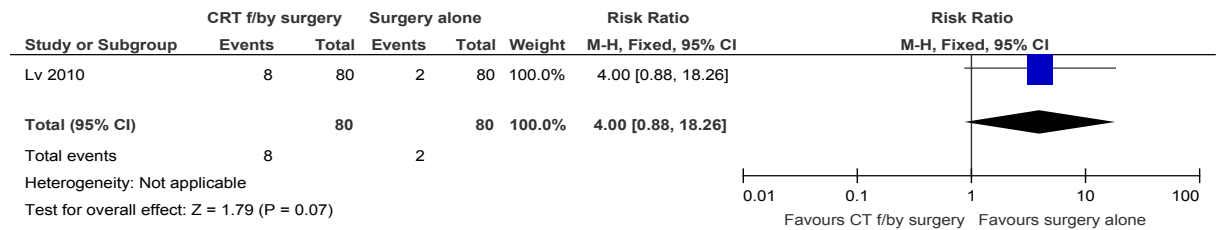
**Figure 102: Treatment-related morbidity: Anastomotic leakage (according to type of histology)**



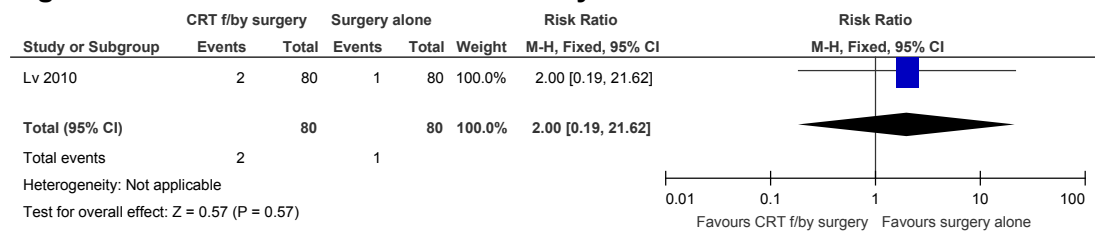
**Figure 103: Treatment-related morbidity: Anastomotic leakage (according to type of radiotherapy)**



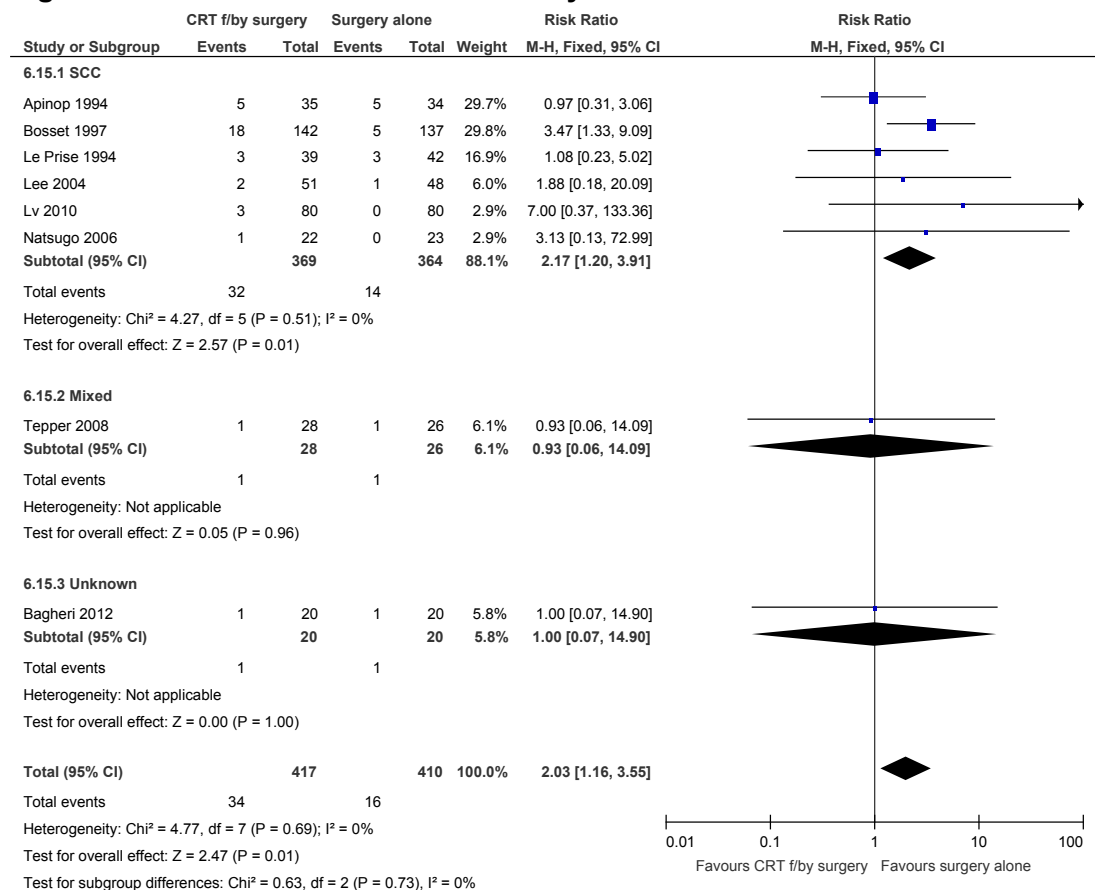
**Figure 104: Treatment-related morbidity: Haemorrhage (>300 ml)**



**Figure 105: Treatment-related morbidity: Stenosis**

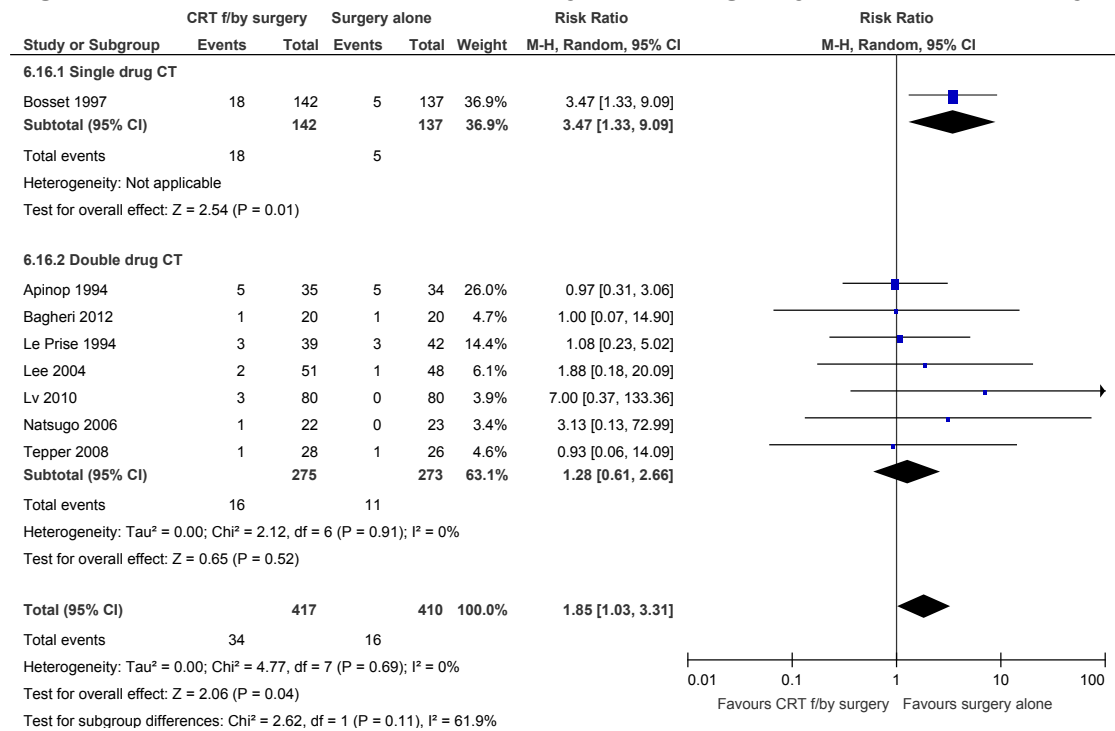


**Figure 106: Treatment-related mortality**



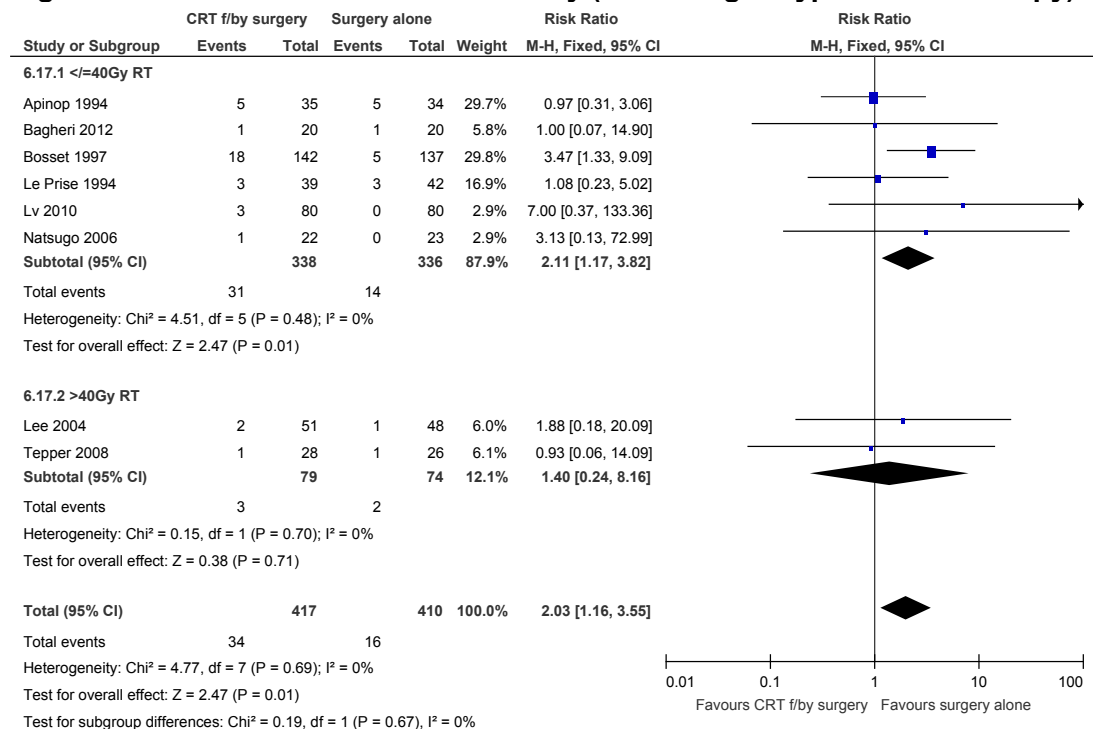
<Insert Note here>

**Figure 107: Treatment-related mortality (according to type of chemotherapy)**



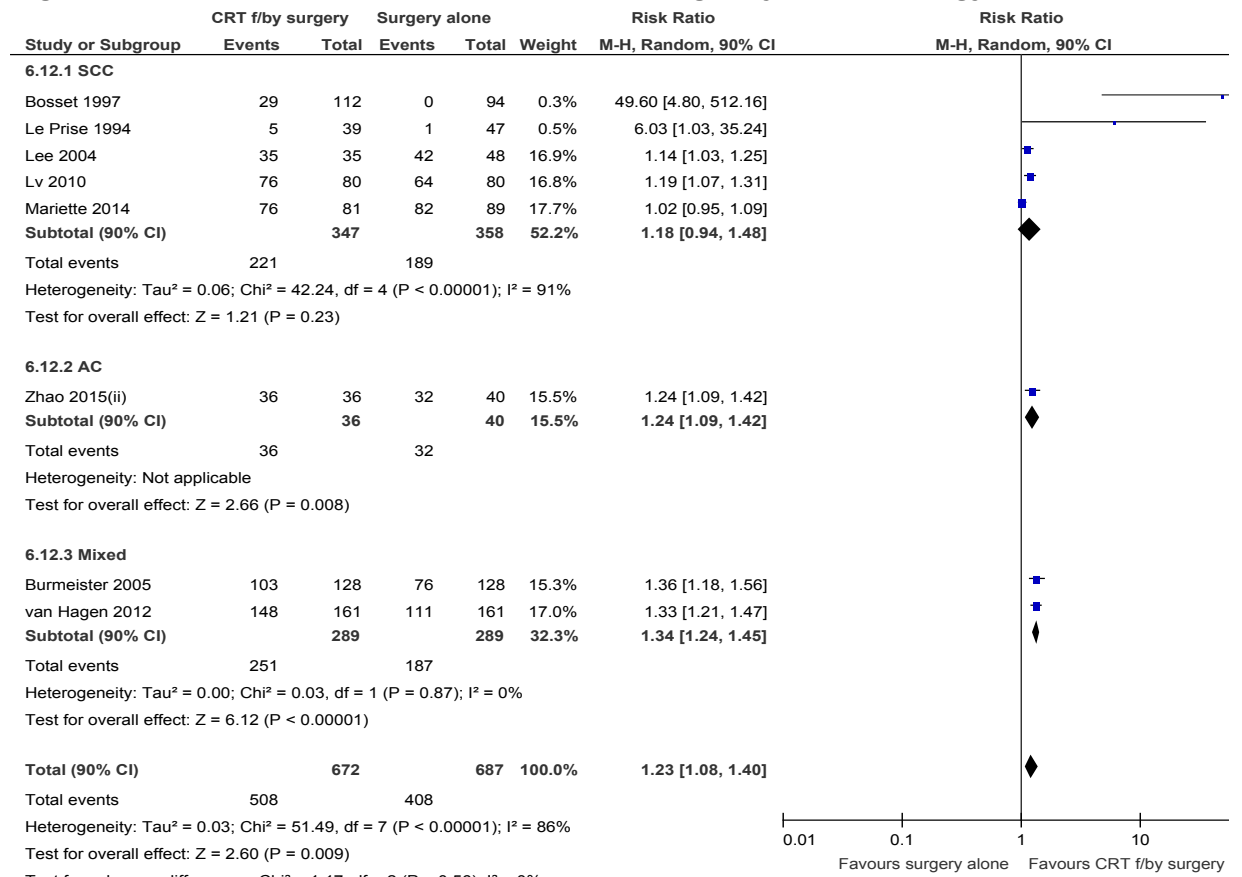
<Insert Note here>

**Figure 108: Treatment-related mortality (according to type of radiotherapy)**



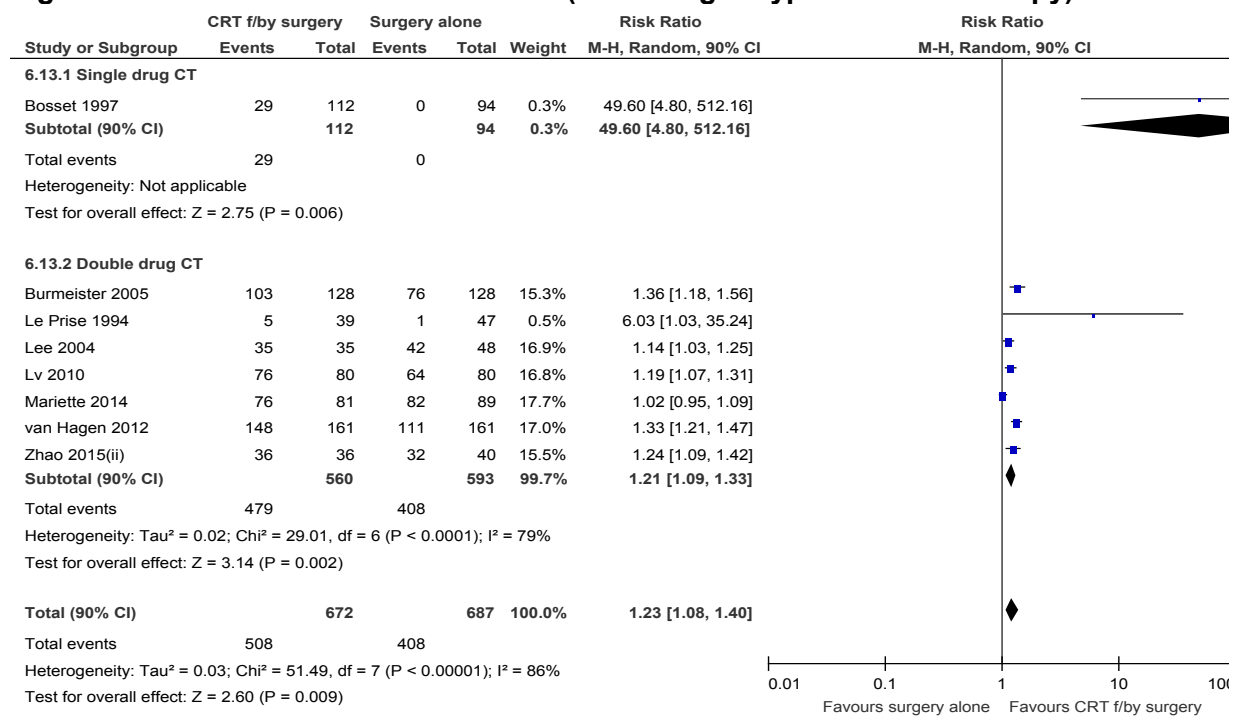
<Insert Note here>

**Figure 109: R0 tumour resection rate (according to type of histology)**



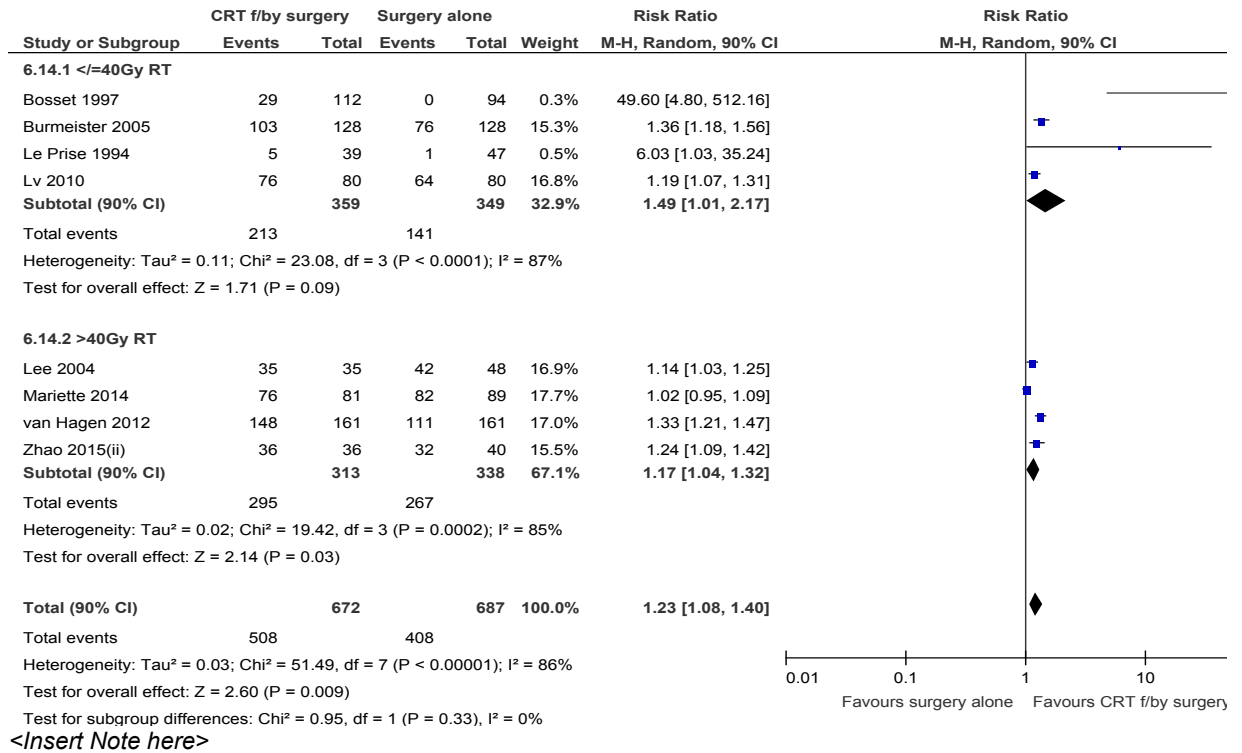
<Insert Note here>

**Figure 110: R0 tumour resection rate (according to type of chemotherapy)**



<Insert Note here>

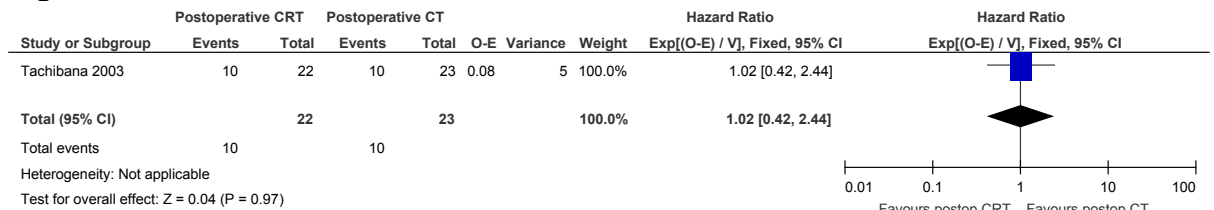
**Figure 111: R0 resection rate (according to type of radiotherapy)**



<Insert Note here>

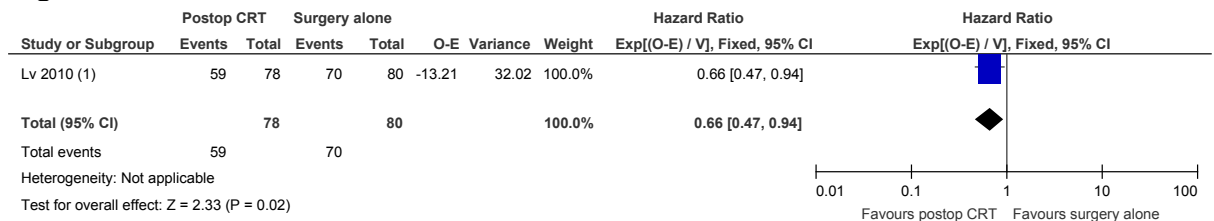
### H.11.8 Comparison 8: Postoperative chemoradiotherapy versus postoperative chemotherapy

**Figure 112: Overall survival**



### H.11.9 Comparison 9: Postoperative chemoradiotherapy versus surgery alone

**Figure 113: Overall survival**

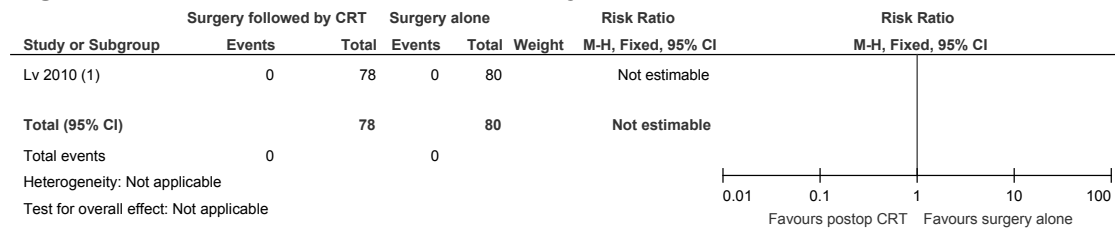


Footnotes

(1) number of death = number entered - number survived



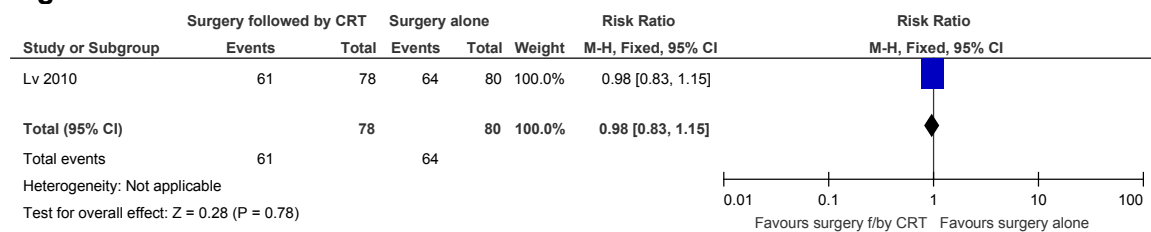
**Figure 114: Treatment-related mortality**



**Footnotes**

(1) no death in either arm

**Figure 115: Radical resection rate**

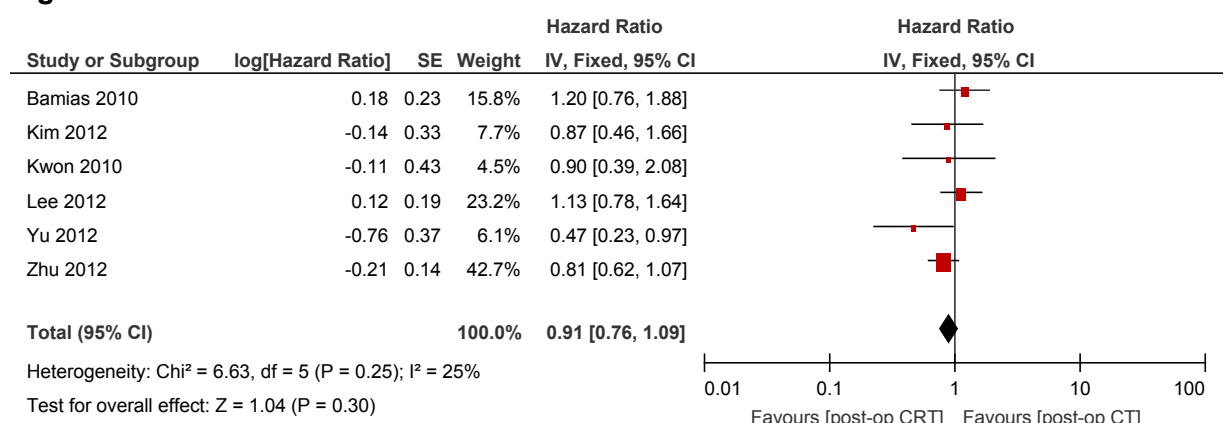


## H.12 Gastric Cancer

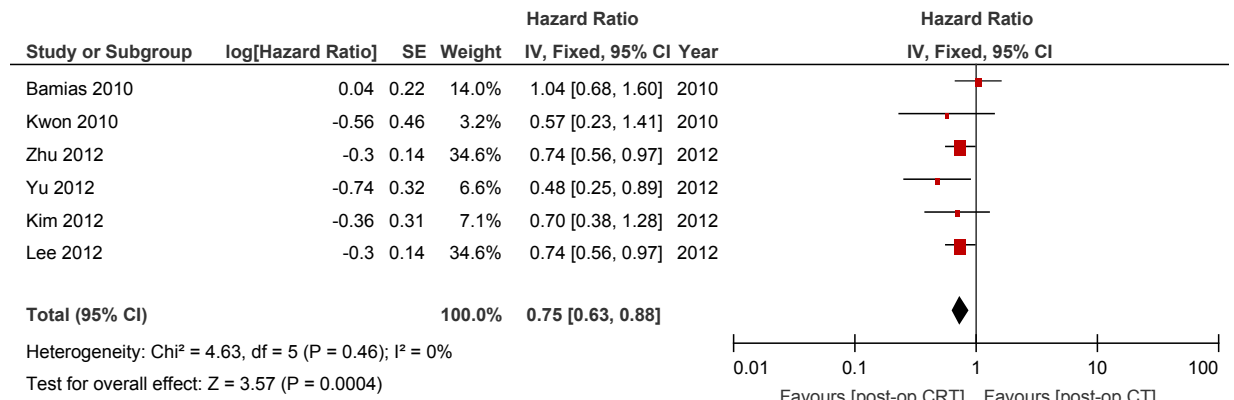
**What is the optimal choice of chemotherapy of chemoradiotherapy in relation to surgical treatment for gastric cancer?**

### H.12.1 Post-operative chemoradiotherapy versus post-operative chemotherapy

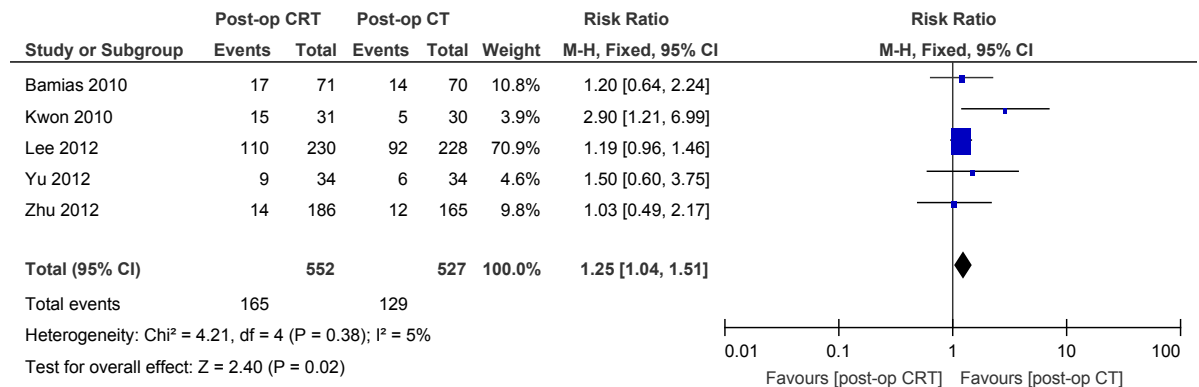
**Figure 116: Overall survival**



**Figure 117: Disease-free survival**

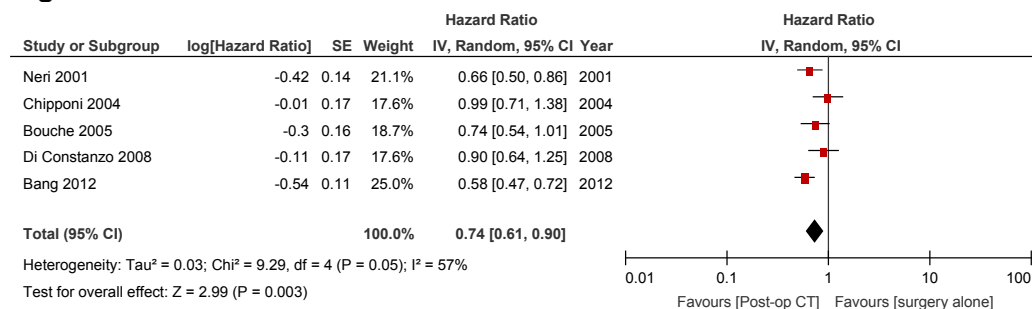


**Figure 118: Treatment-related morbidity: grade 3-4 neutropenia**



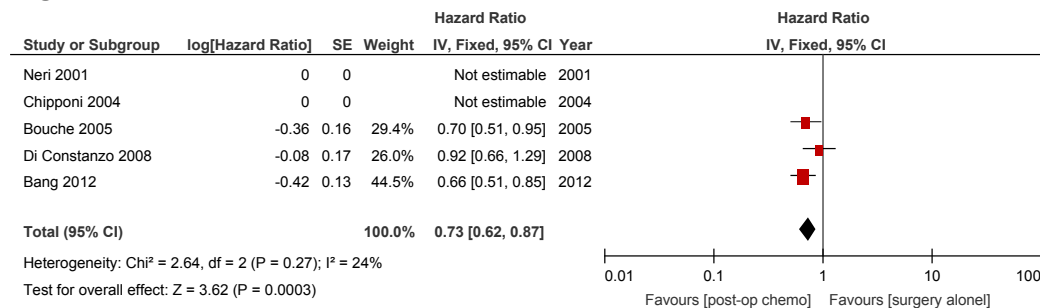
## H.12.2 Post-operative chemotherapy versus surgery alone

**Figure 119: Overall survival**

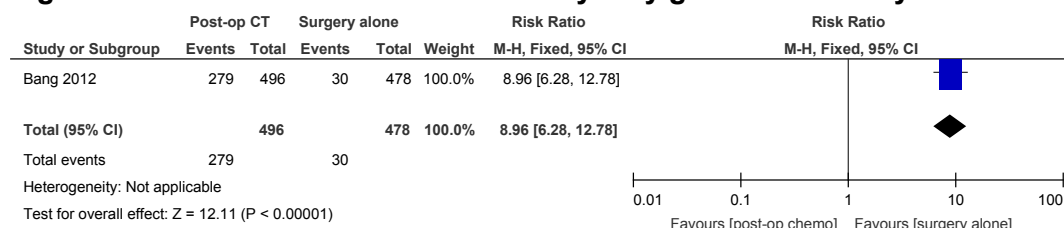


<Insert Note here>

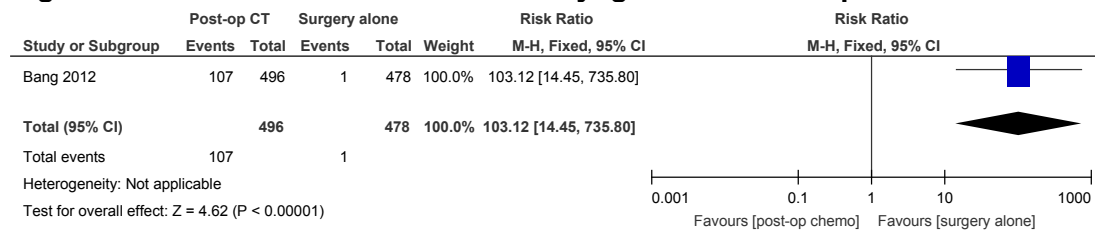
**Figure 120: Disease-free survival**



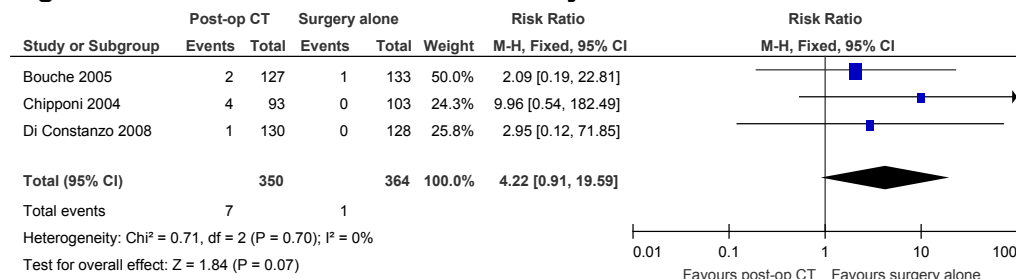
**Figure 121: Treatment-related morbidity: any grade 3-4 toxicity**



**Figure 122: Treatment-related morbidity: grade 3-4 neutropenia**

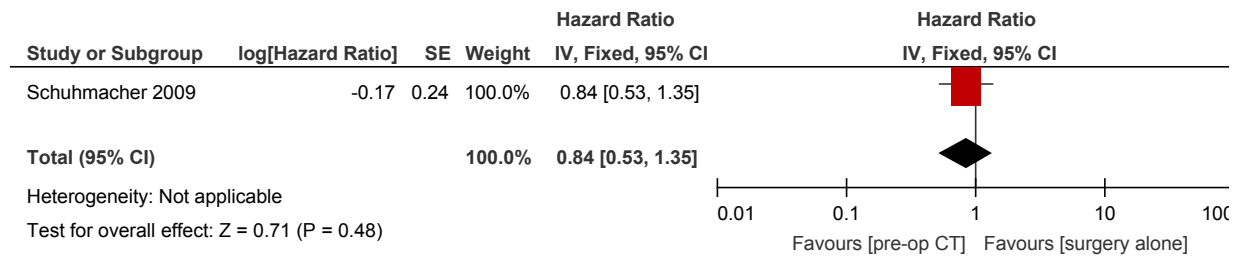


**Figure 123: Treatment-related mortality**

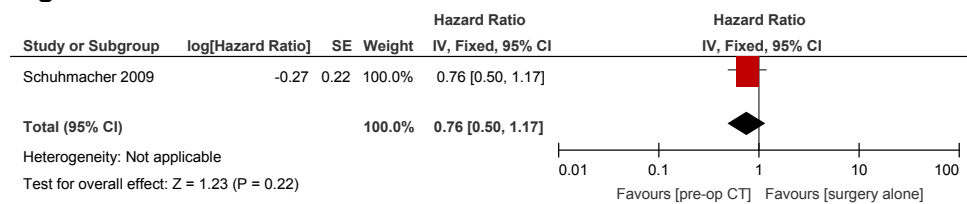


### H.12.3 Pre-operative chemotherapy versus surgery alone

**Figure 124: Overall survival**



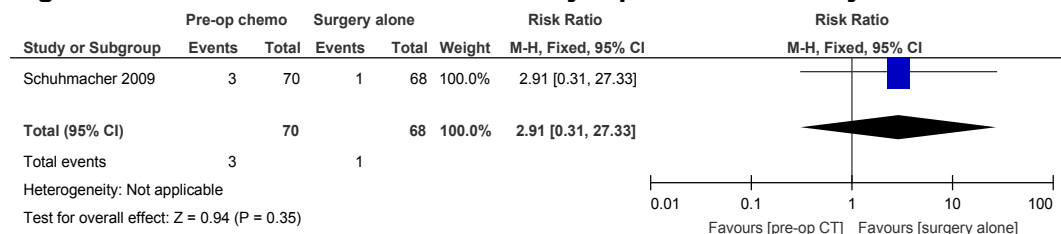
**Figure 125: Disease-free survival**



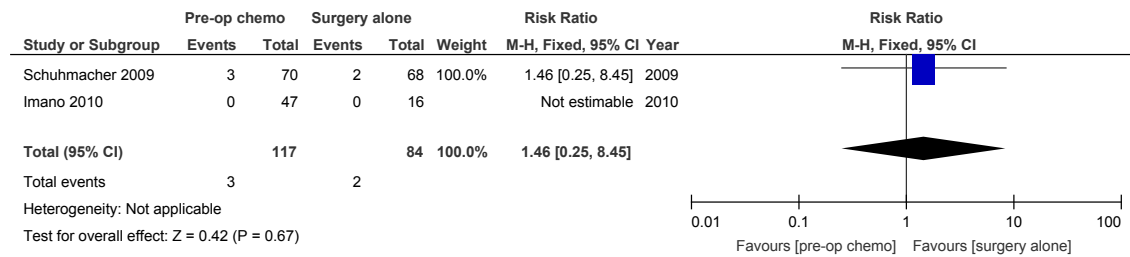
**Figure 126: Death at the end of follow-up**



**Figure 127: Treatment-related mortality: operative mortality**



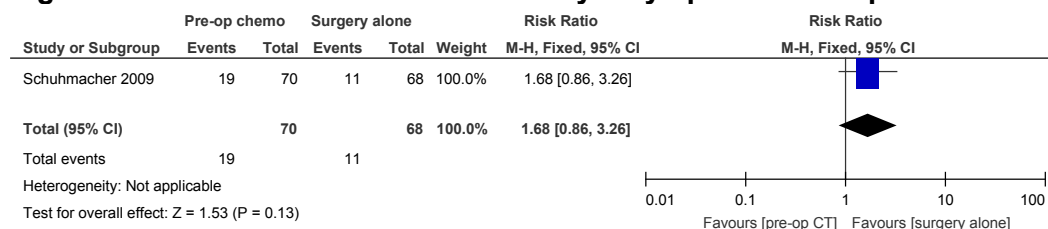
**Figure 128: Treatment-related morbidity: anastomotic leakage**



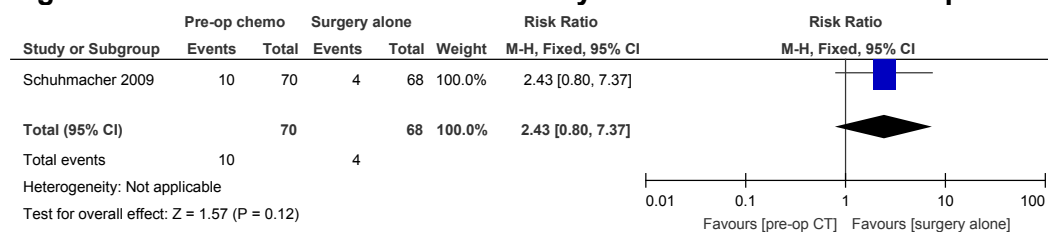
**Figure 129: Treatment-related morbidity: surgical site infection**



**Figure 130: Treatment-related morbidity: any operative complication**



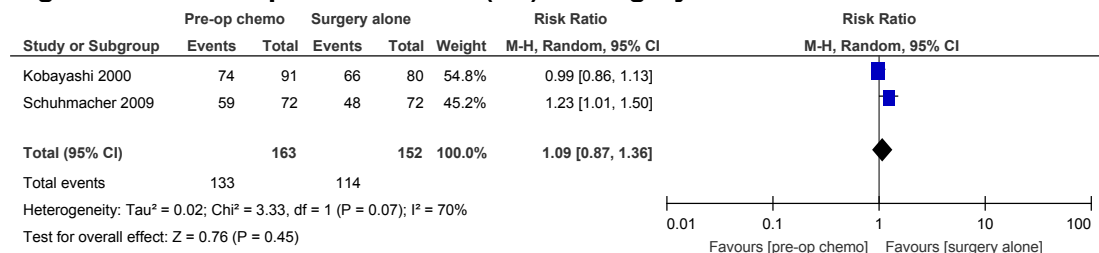
**Figure 131: Treatment-related morbidity: transfusion-related complication**



**Figure 132: Treatment-related morbidity: post-operative pneumonia**

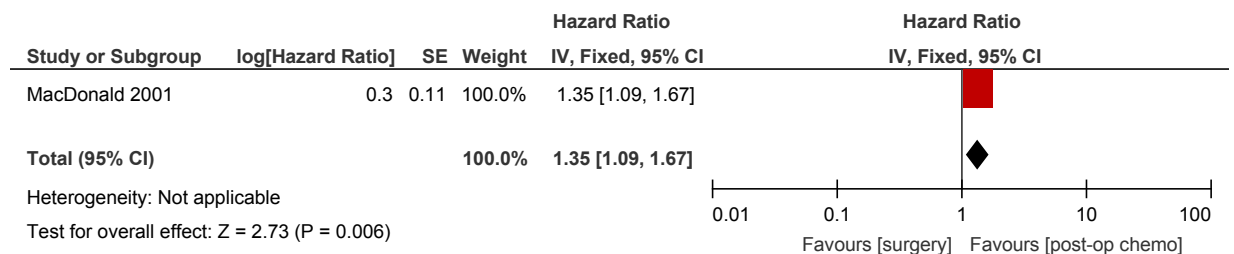


**Figure 133: Complete resection (R0) at surgery**

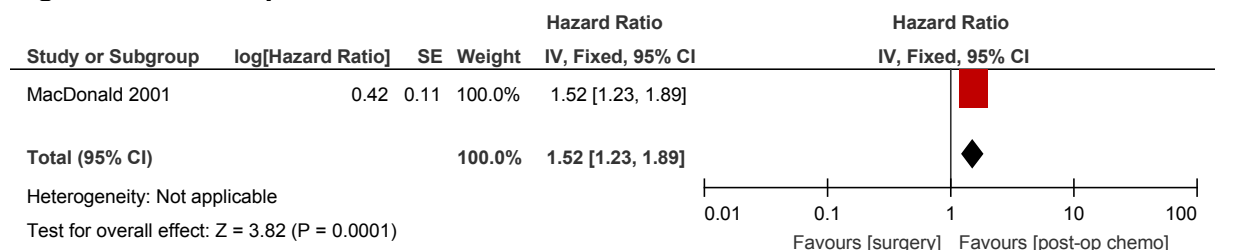


## H.12.4 Post-operative chemoradiotherapy versus surgery alone

**Figure 134: Overall survival**

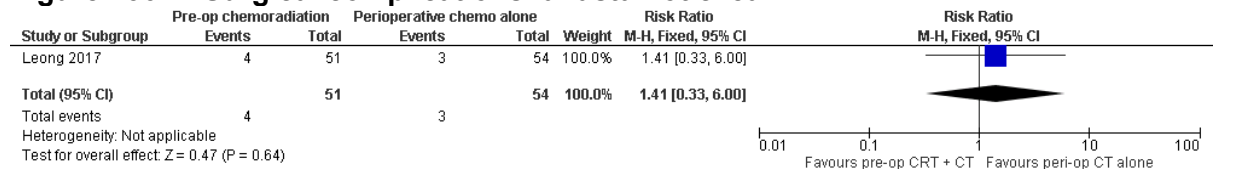


**Figure 135: Relapse-free survival**

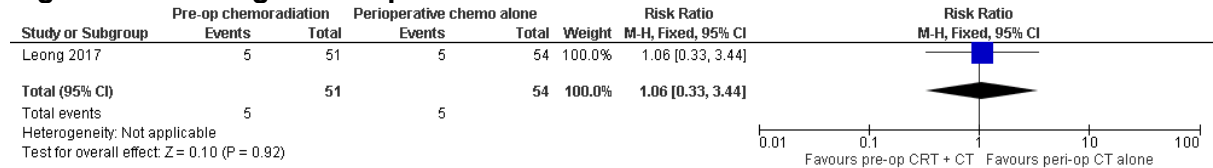


## H.12.5 Peri-operative chemoradiotherapy versus peri-operative chemotherapy alone

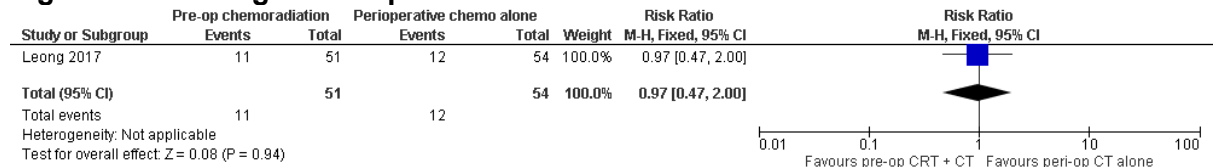
**Figure 136: Surgical complications: anastamotic leak**



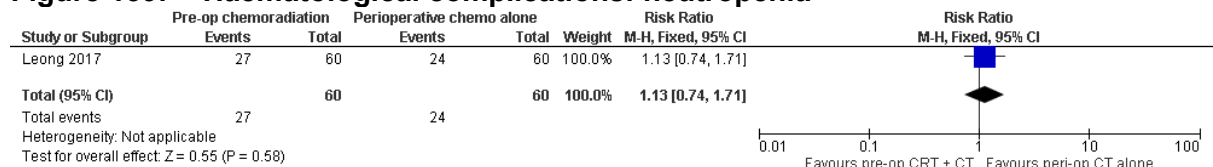
**Figure 137: Surgical complications: chest infection**



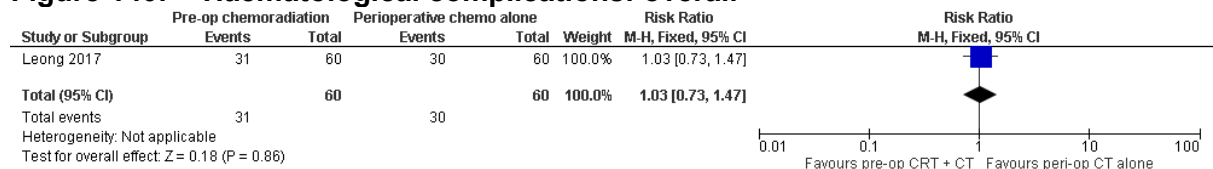
**Figure 138: Surgical complications: overall**



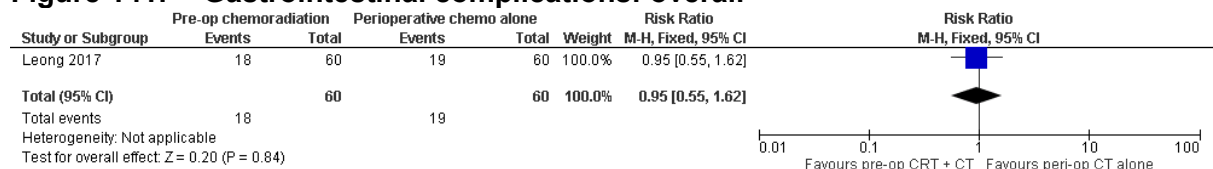
**Figure 139: Haematological complications: neutropenia**



**Figure 140: Haematological complications: overall**

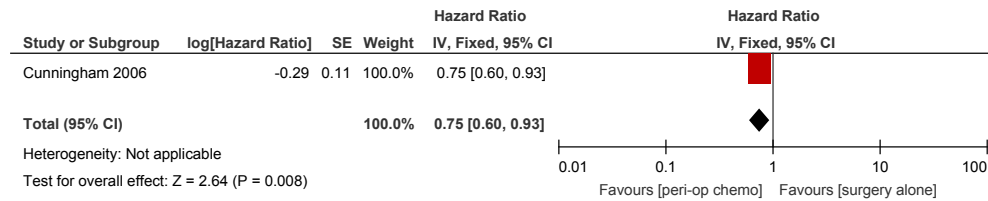


**Figure 141: Gastrointestinal complications: overall**

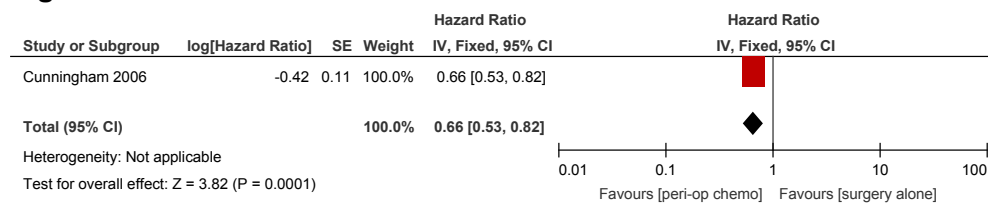


## H.12.6 Peri-operative chemotherapy versus surgery alone

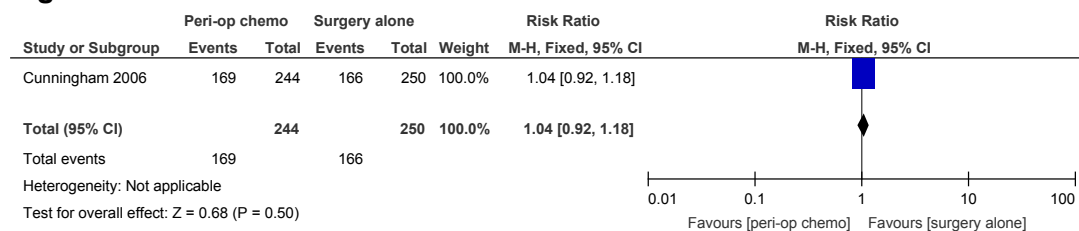
**Figure 142: Overall survival**



**Figure 143: Disease-free survival**



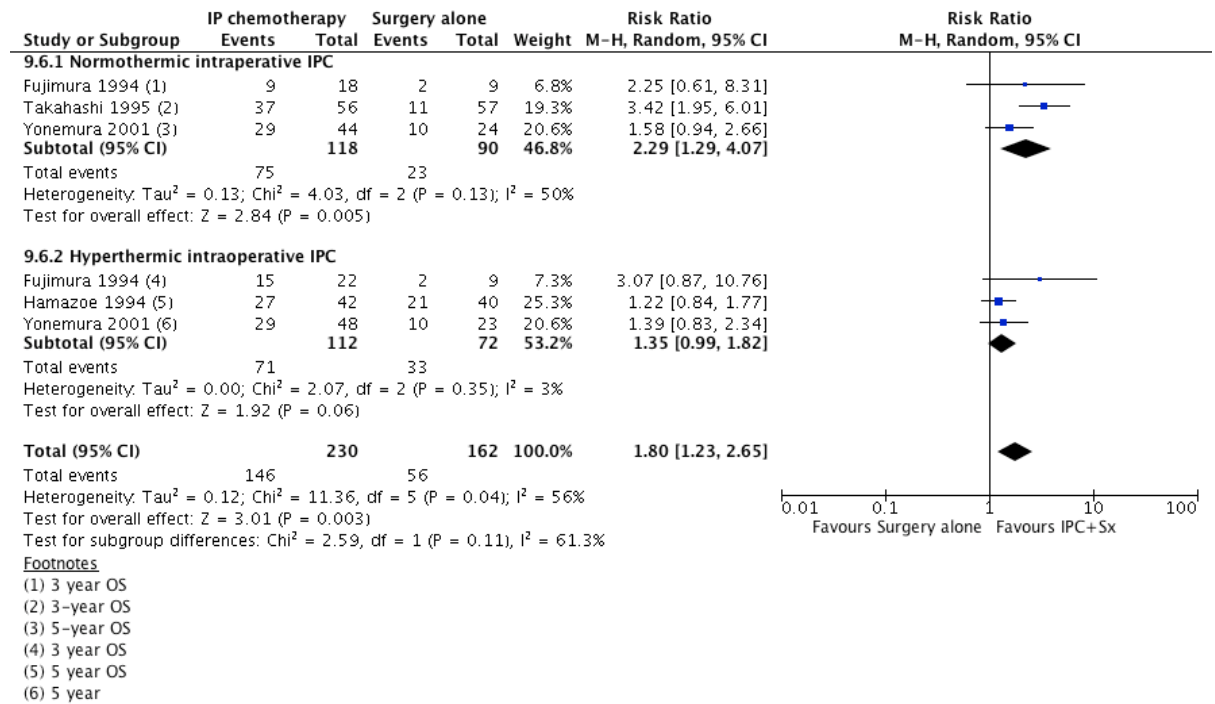
**Figure 144: Curative resection**





## H.12.7 Intraperitoneal chemotherapy versus surgery alone

Figure 145: Overall survival rate



## H.12.8 Intraperitoneal chemotherapy versus systemic chemotherapy

Figure 146: Perioperative mortality

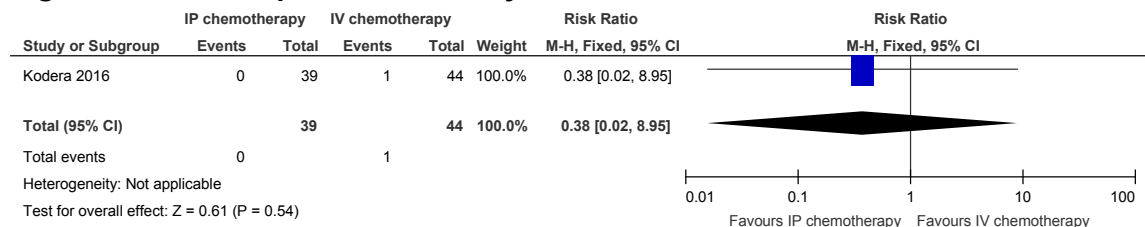
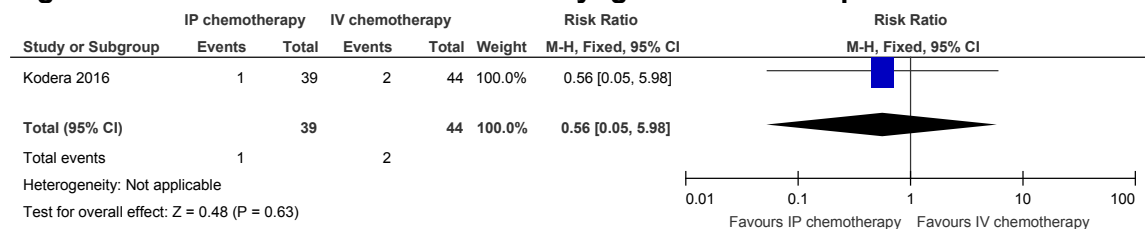
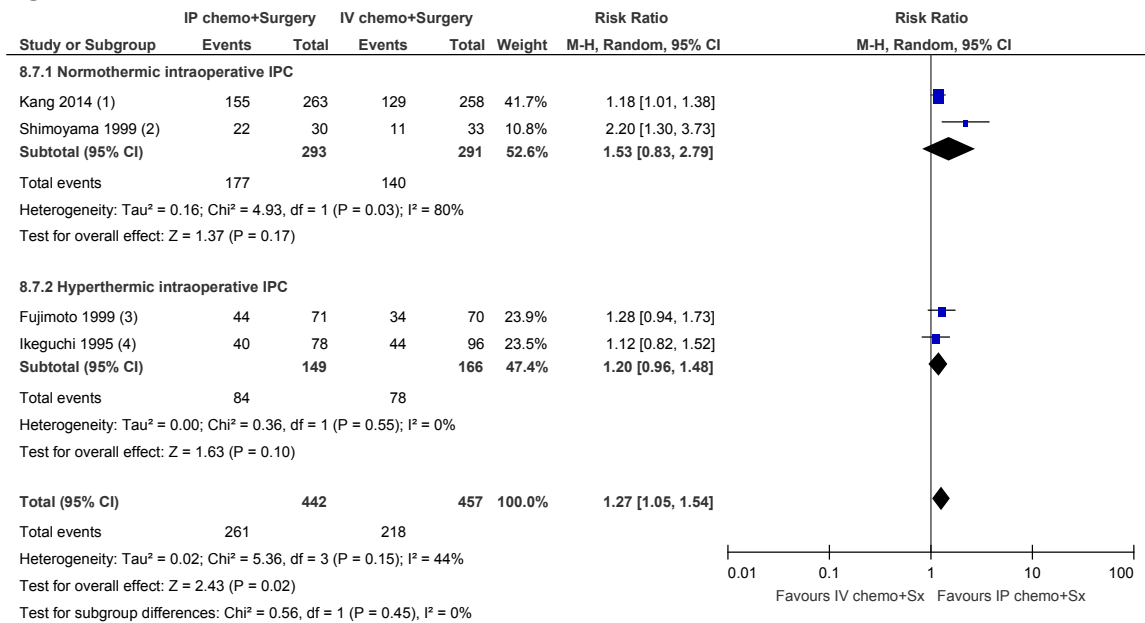


Figure 147: Treatment-related morbidity: grade 3-4 neutropenia



**Figure 148: Overall survival rate**



Footnotes

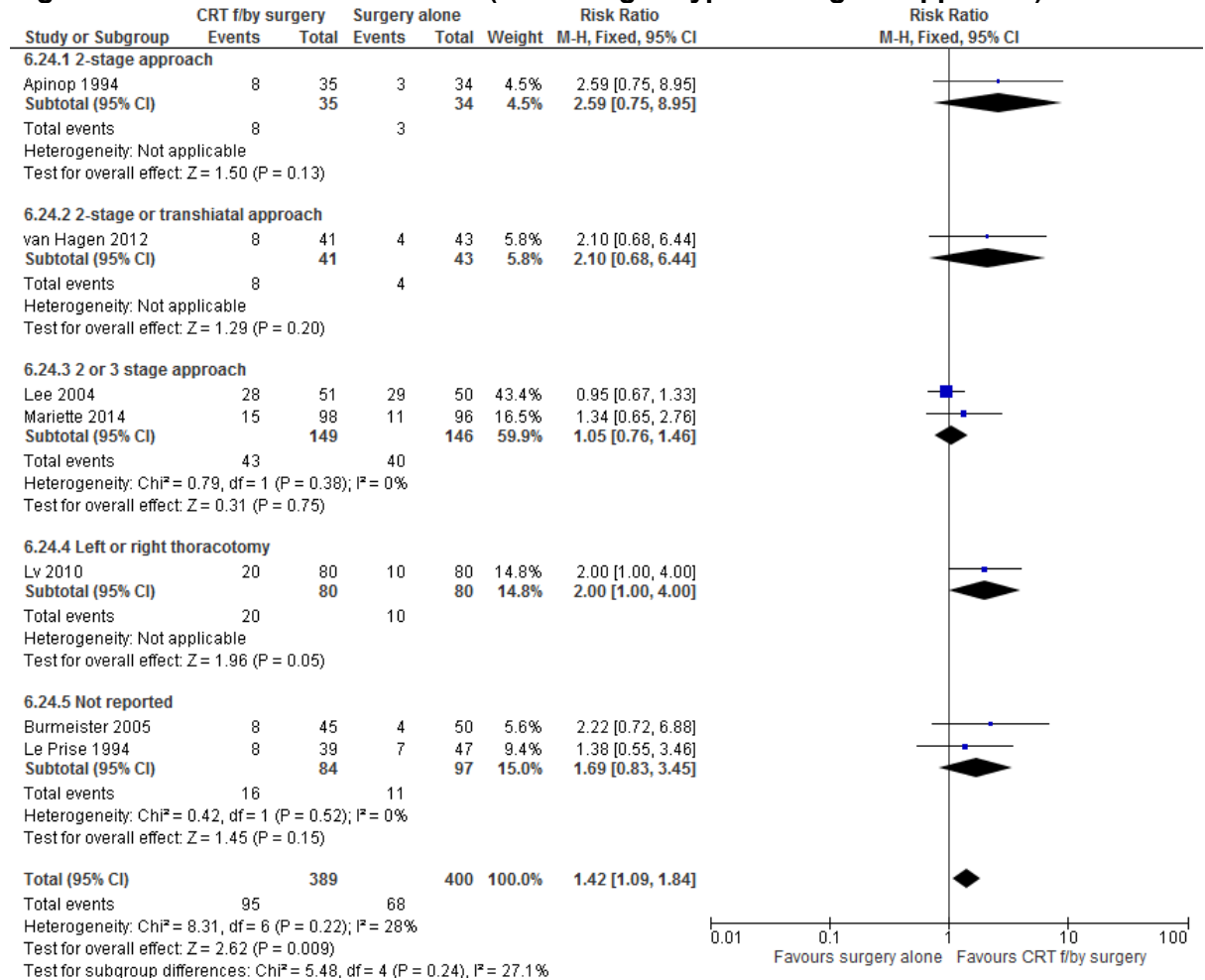
- (1) 5 year OS
- (2) 4 year OS
- (3) 8-year
- (4) 5 year OS

## H.13 Squamous cell carcinoma of the oesophagus

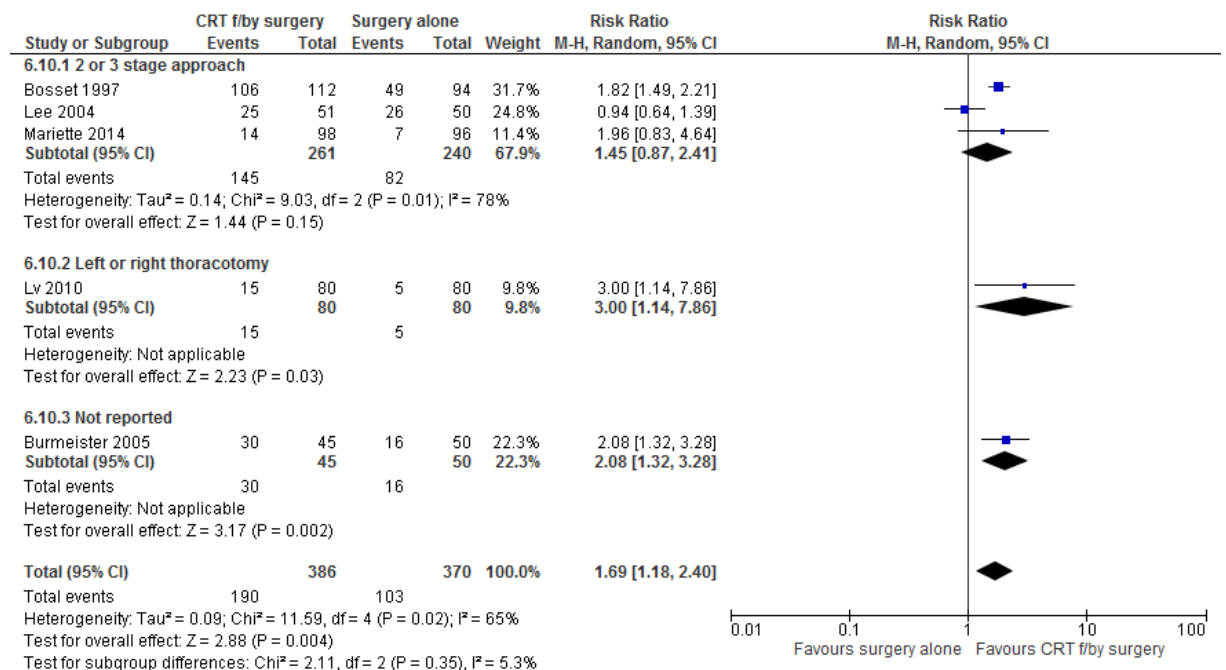
**What is the most effective curative treatment of squamous cell carcinoma of the oesophagus?**

### H.13.1 Chemoradiotherapy followed by surgery versus surgery alone

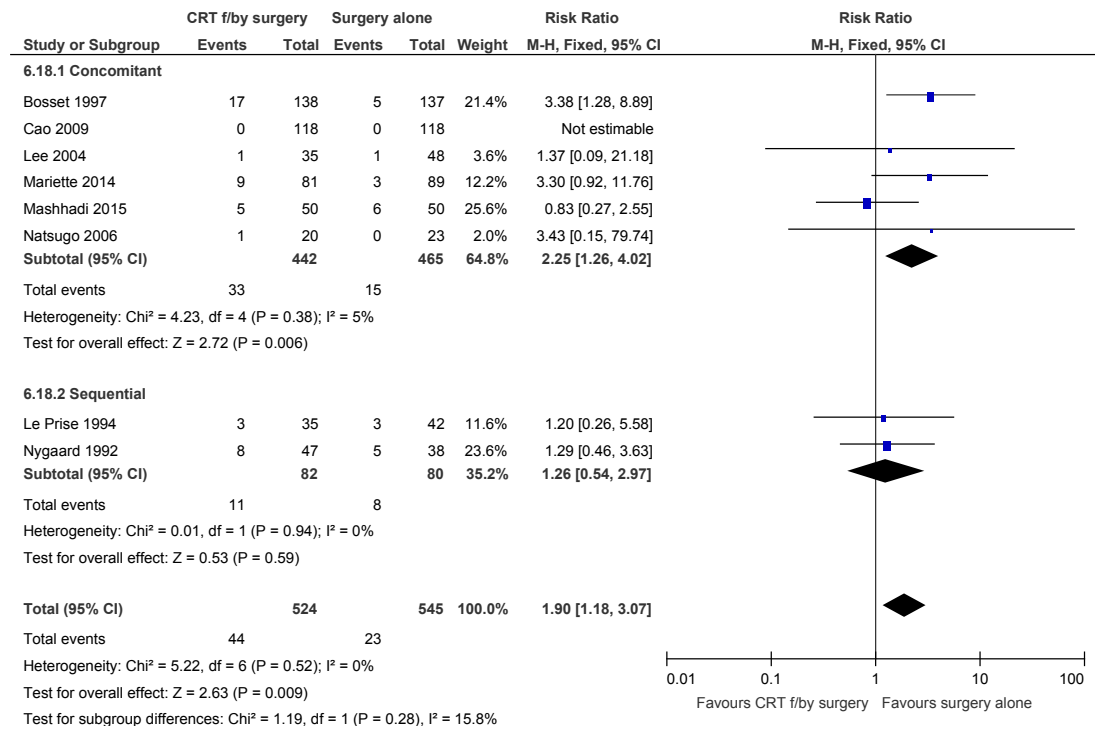
**Figure 149: Overall survival rate (according to type of surgical approach)**



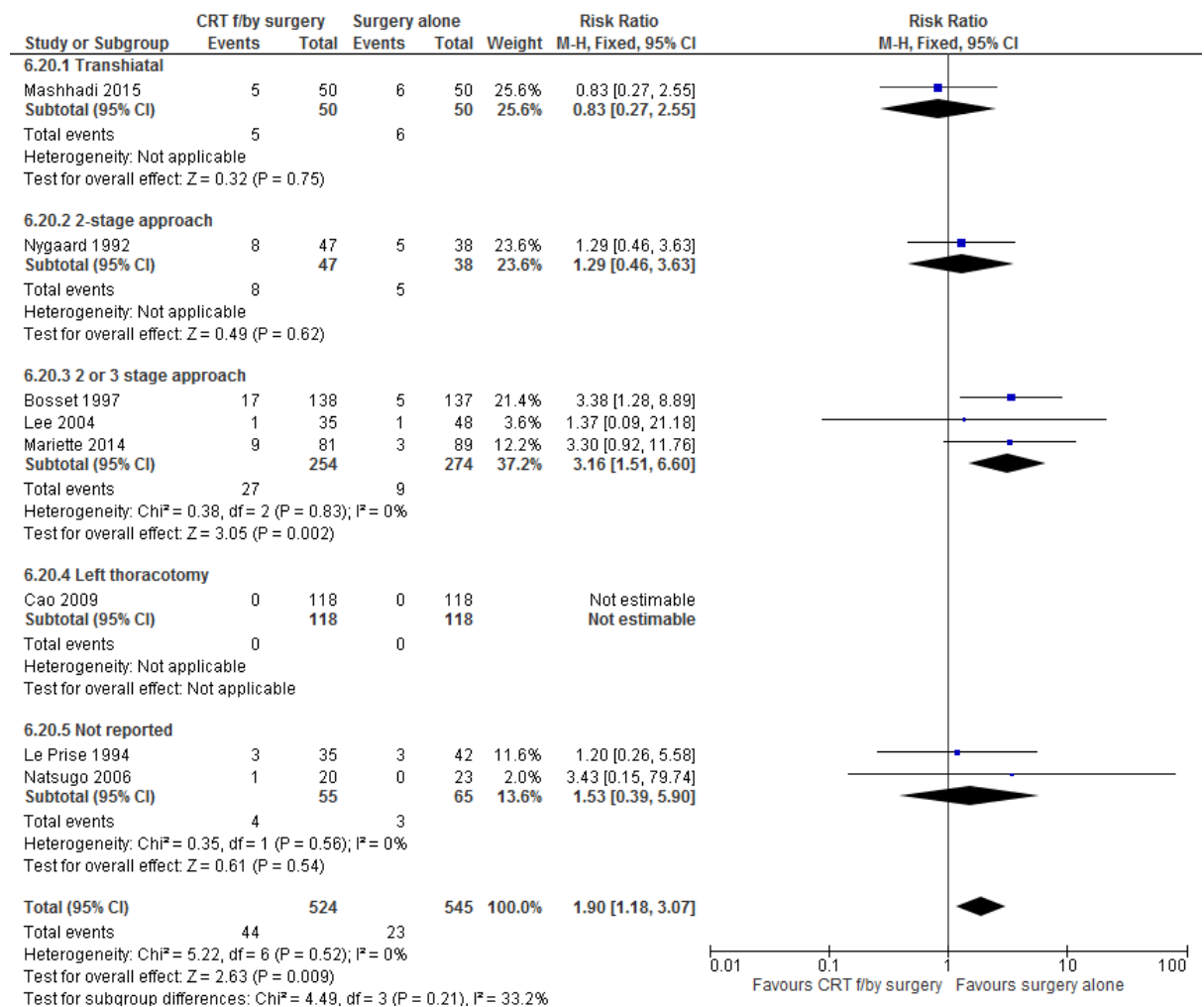
**Figure 150: Disease free survival rate (according to type of surgical approach)**



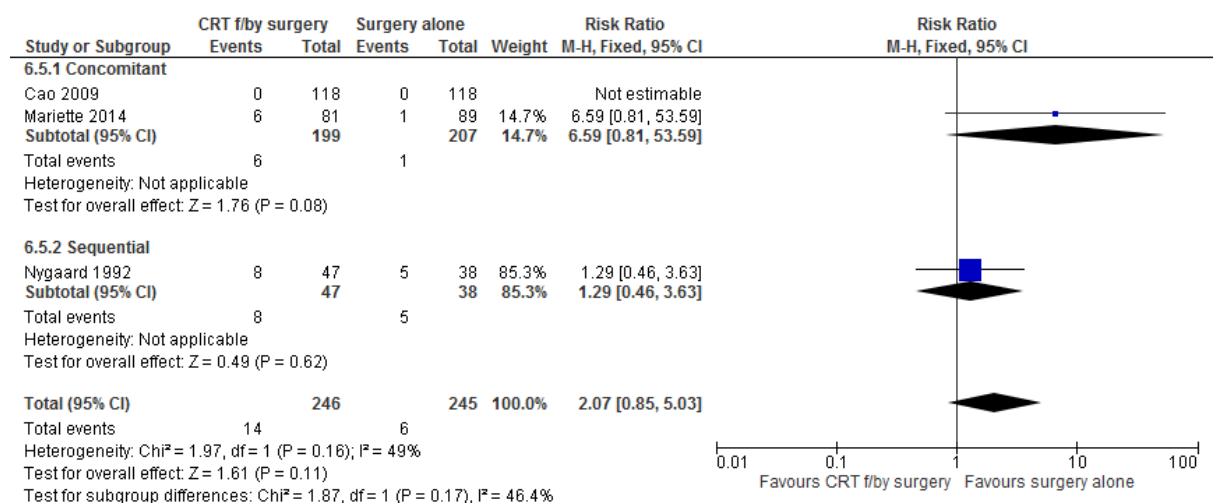
**Figure 151: Postoperative mortality (Concomitant or sequential)**



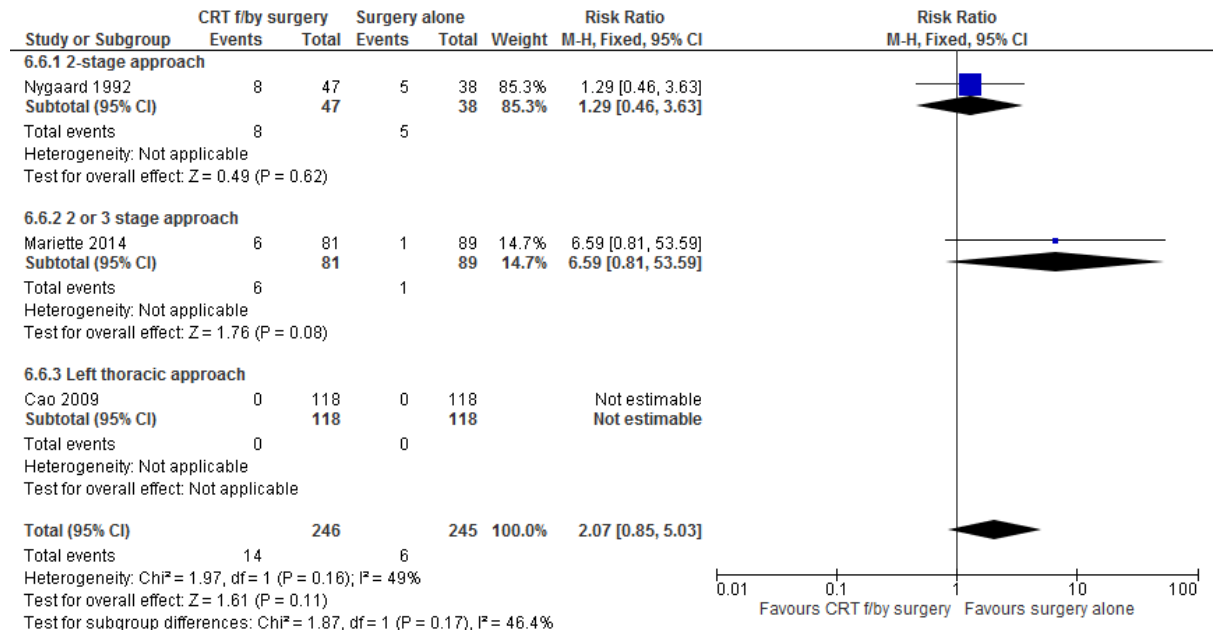
**Figure 152: Postoperative mortality (Different type of surgical approach)**



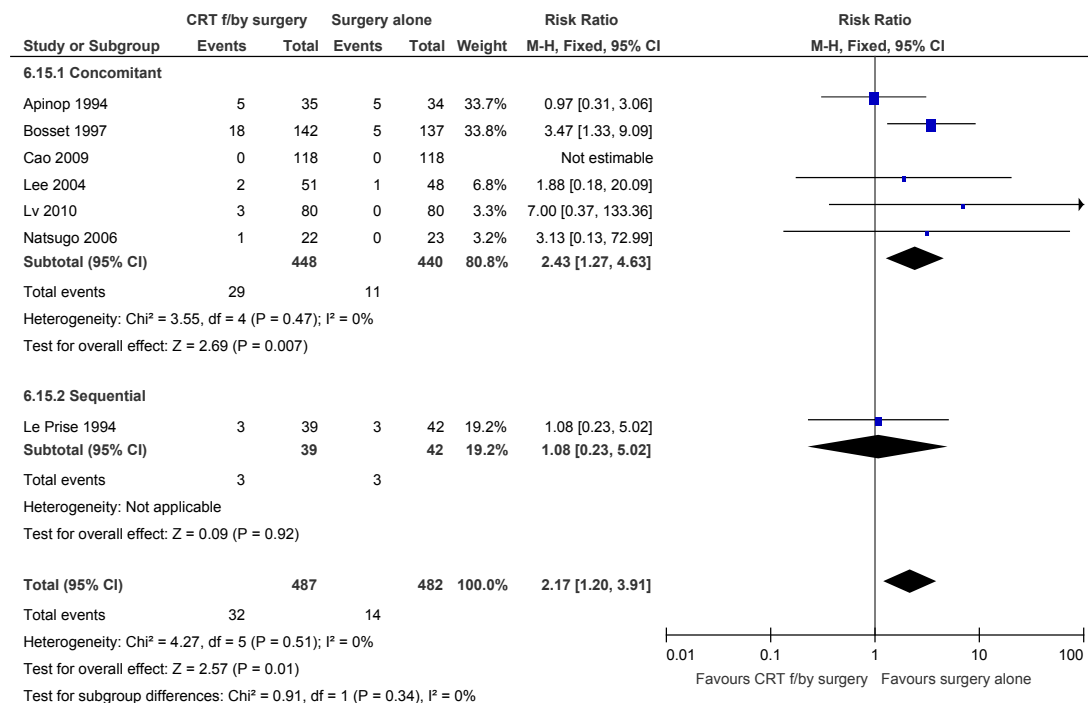
**Figure 153: 30-day mortality (Concomitant or sequential)**



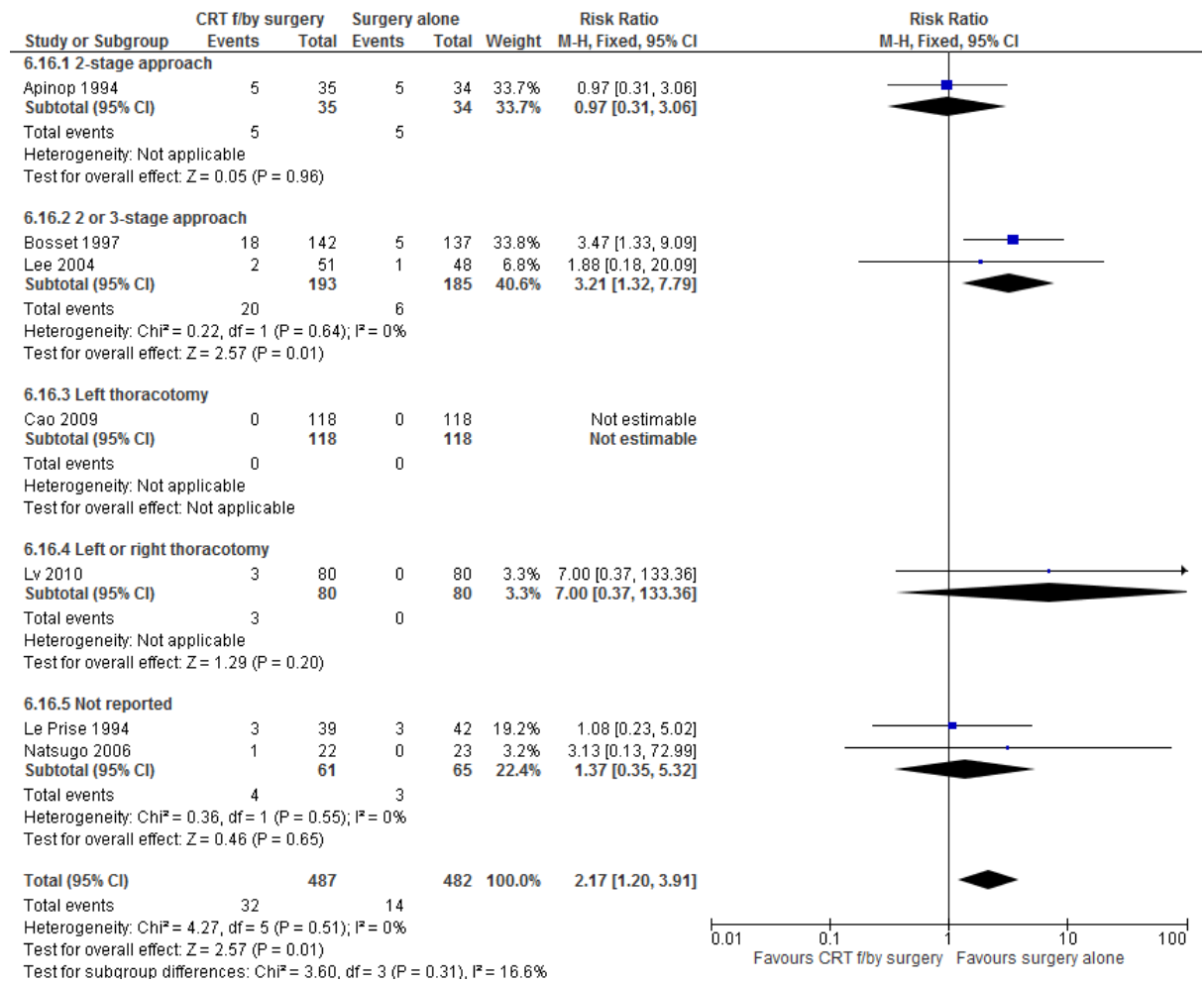
**Figure 154: 30-day mortality (Different type of surgical approach)**



**Figure 155: Treatment-related mortality (Concomitant or sequential)**



**Figure 156: Treatment-related mortality (Different type of surgical approach)**



**Figure 157: Overall survival (According to type of surgical approach)**

Appendix H  
Forest Plots

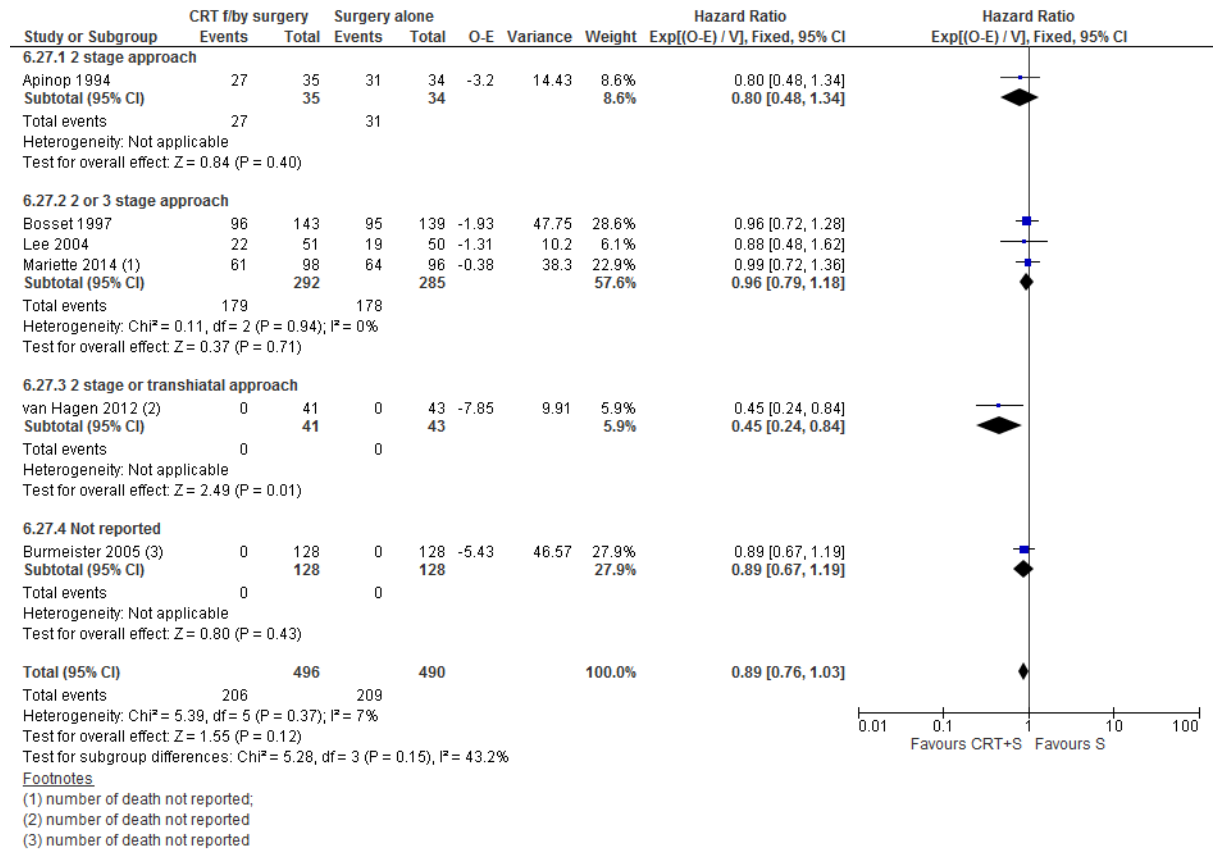
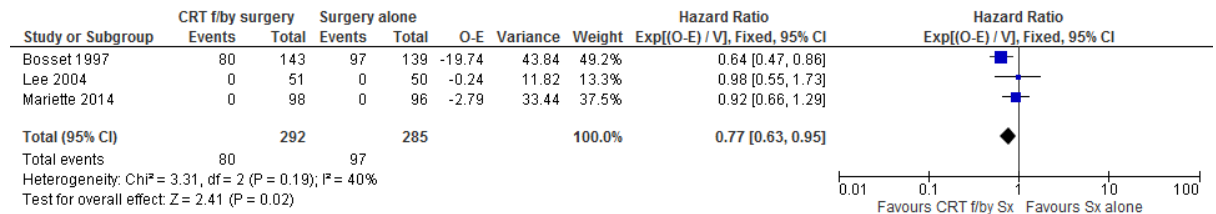
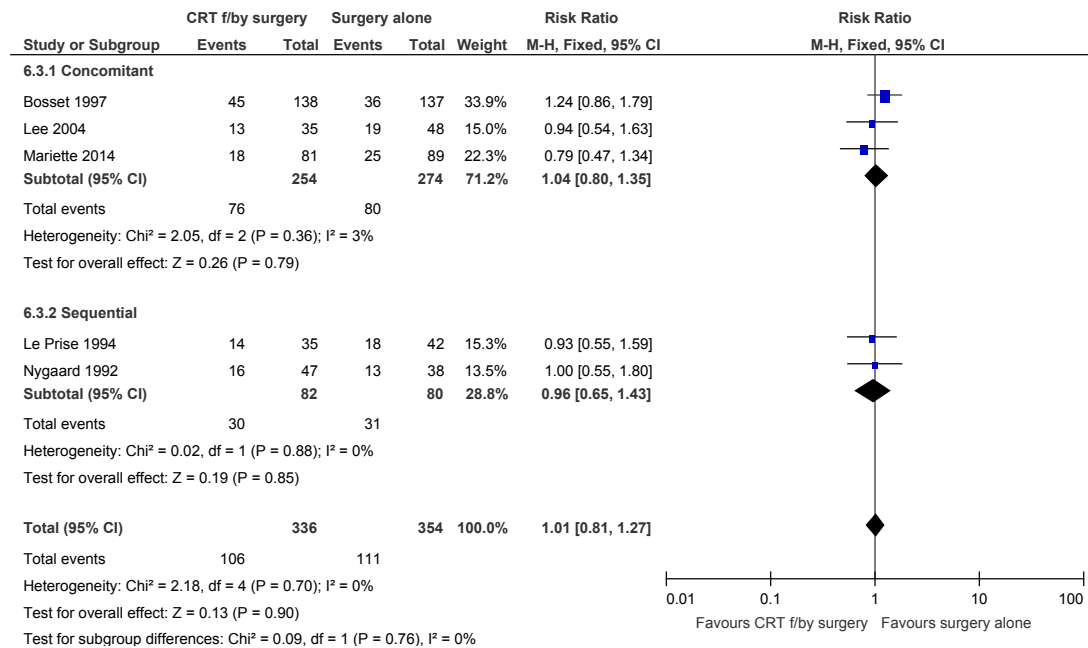


Figure 158: Disease-free survival (Concomitant; 2- or 3-stage open oesophagectomy)

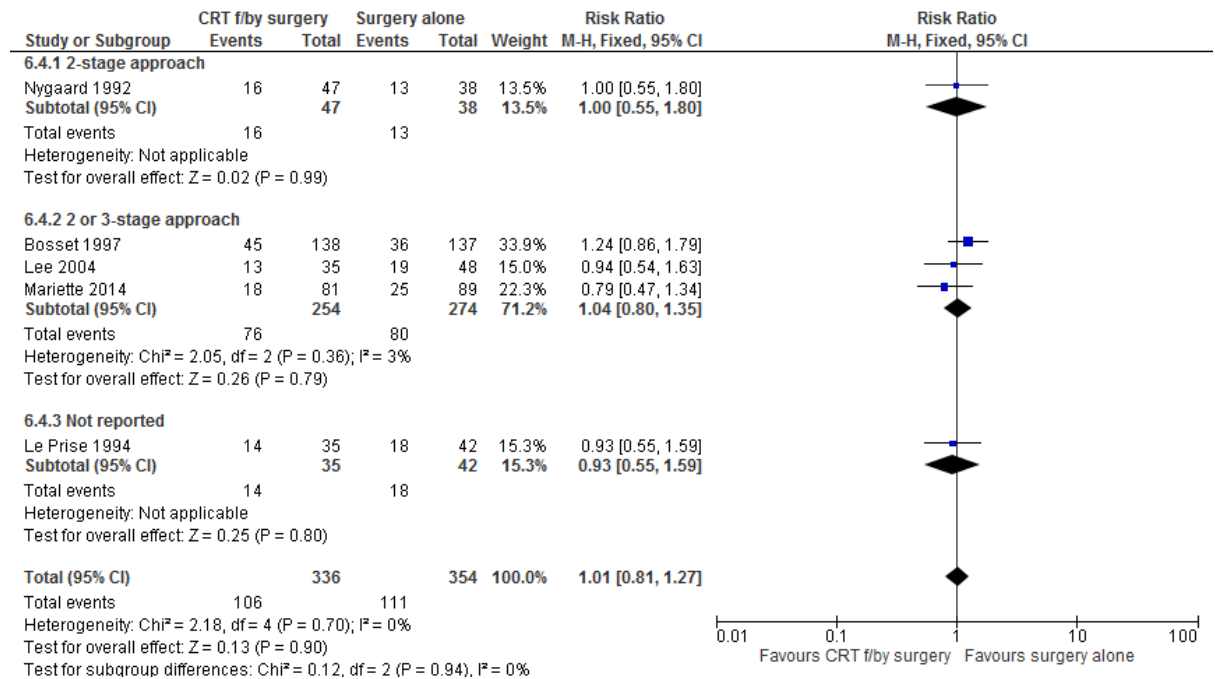




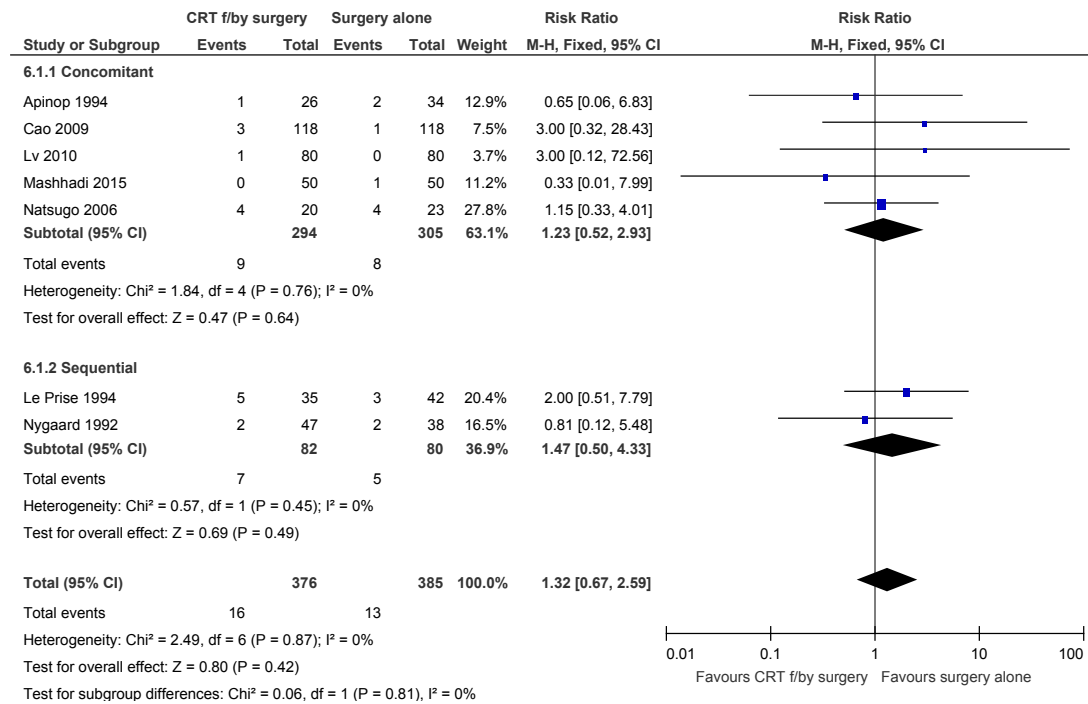
**Figure 159: Any postoperative complication (Concomitant or sequential)**



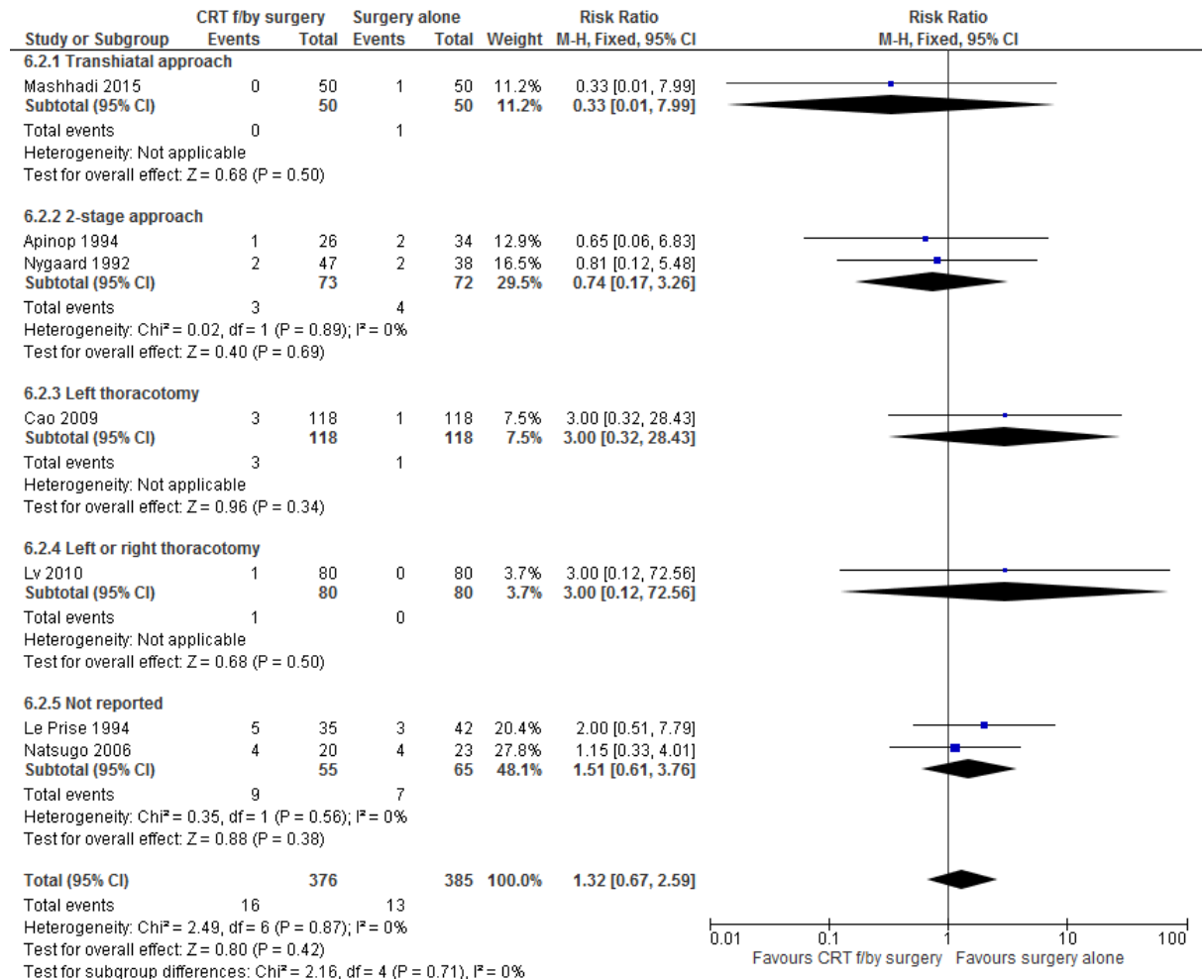
**Figure 160: Any postoperative complication (Different type of surgical approach)**



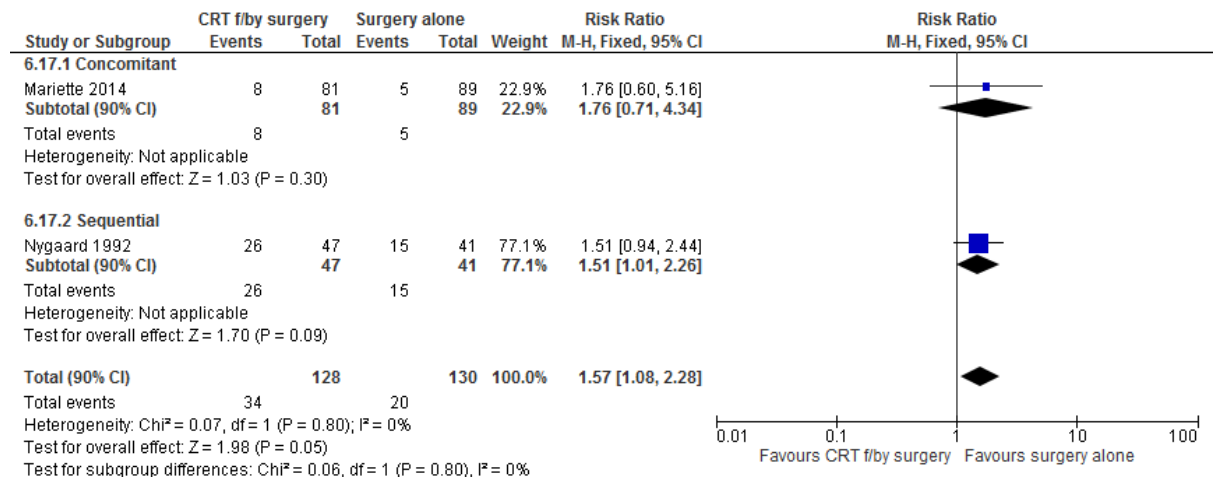
**Figure 161: Treatment-related morbidity: anastomotic leak (Concomitant or sequential)**



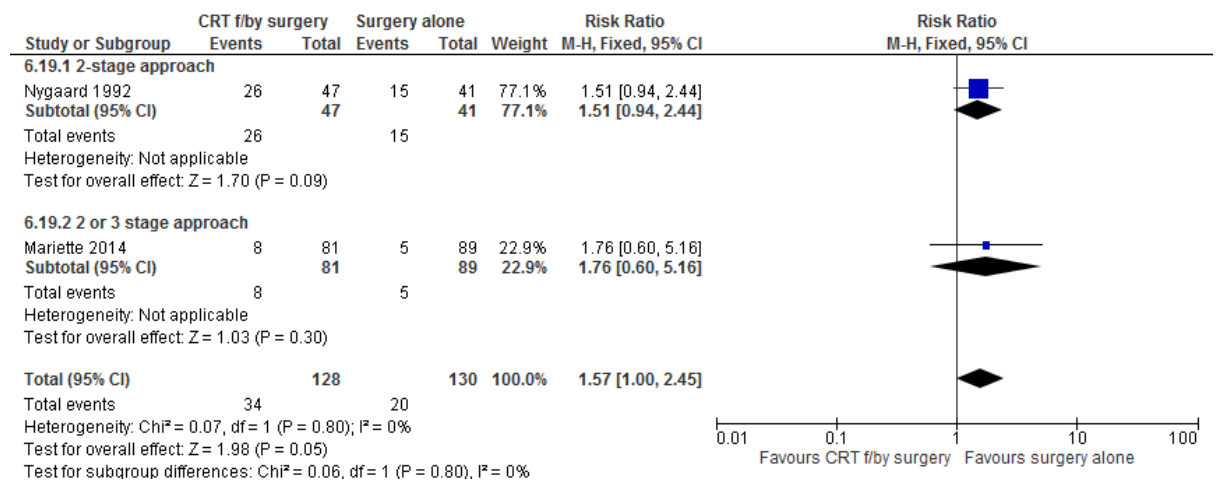
**Figure 162: Treatment-related morbidity: anastomotic leak (Different type of surgical approach)**



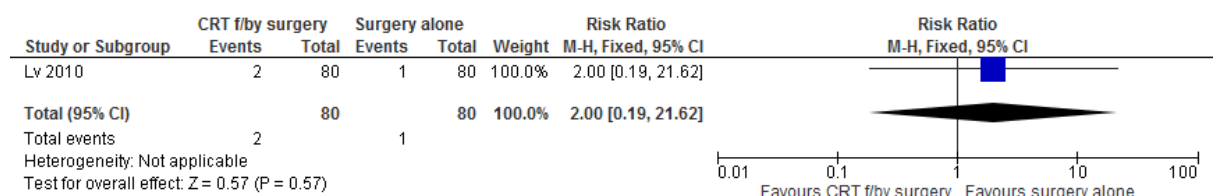
**Figure 163: Treatment-related morbidity: infection (Concomitant or sequential)**



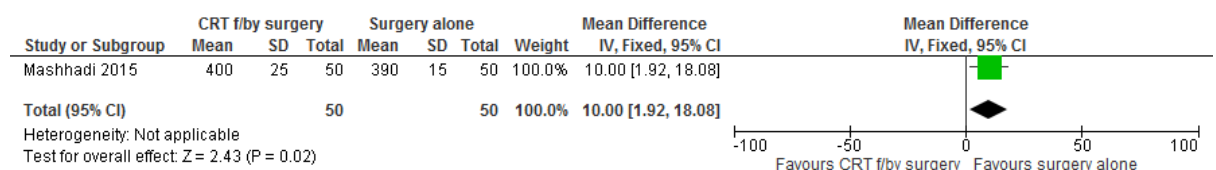
**Figure 164: Treatment-related morbidity: infection (Different type of surgical approach)**



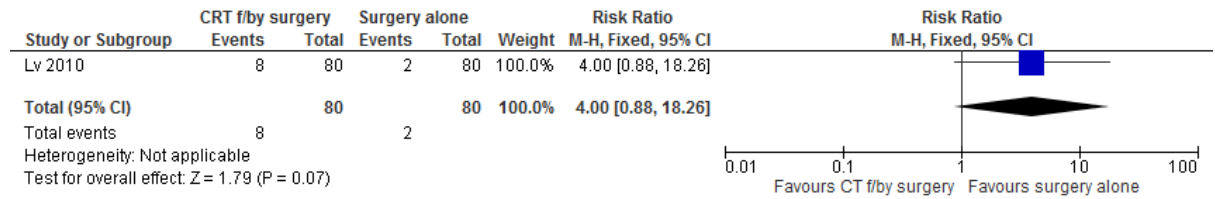
**Figure 165: Treatment-related morbidity: stenosis**



**Figure 166: Treatment-related morbidity: blood loss (mL)**



**Figure 167: Treatment-related morbidity: haemorrhage (>300 mL)**



### H.13.2 Chemoradiotherapy (concomitant) followed by surgery versus chemoradiotherapy (concomitant) alone

Figure 168: Overall mortality estimates (2-stage approach)

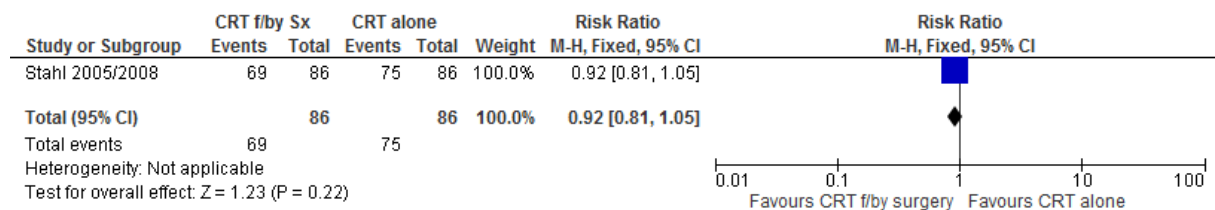


Figure 169: Treatment-related mortality (2-stage approach)

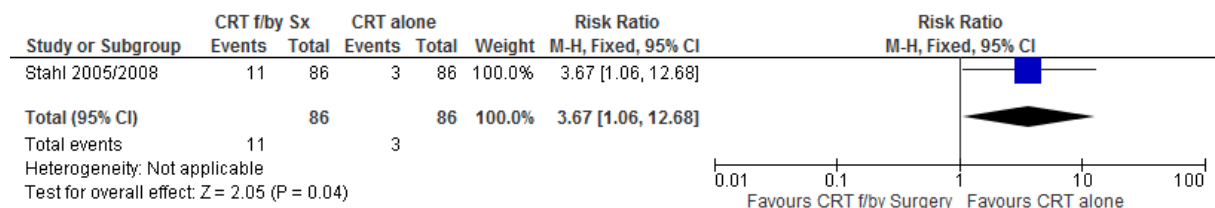


Figure 170: 3-year overall survival rate (Surgical approach – unspecified)

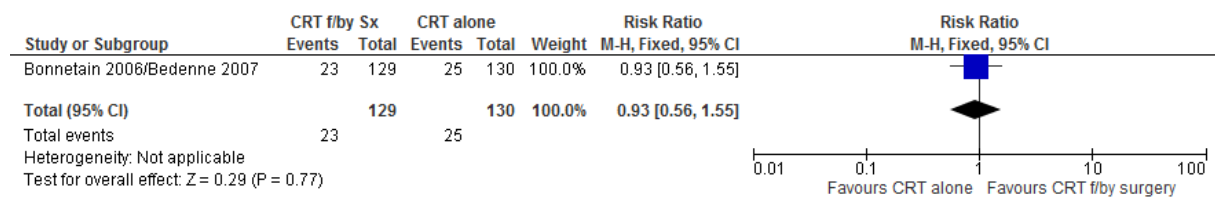
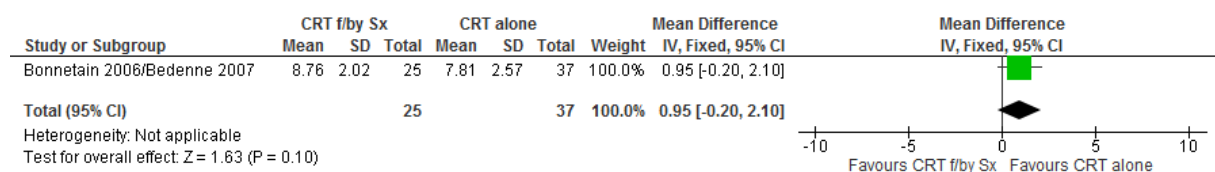
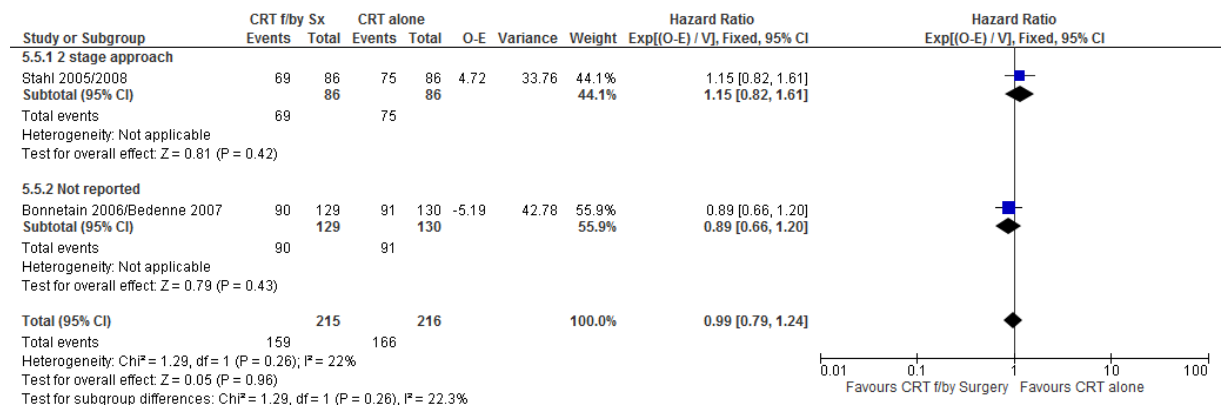


Figure 171: Quality of life (Spitzer) at 5-year follow-up (5 to 25 months) (Surgical approach – unspecified)

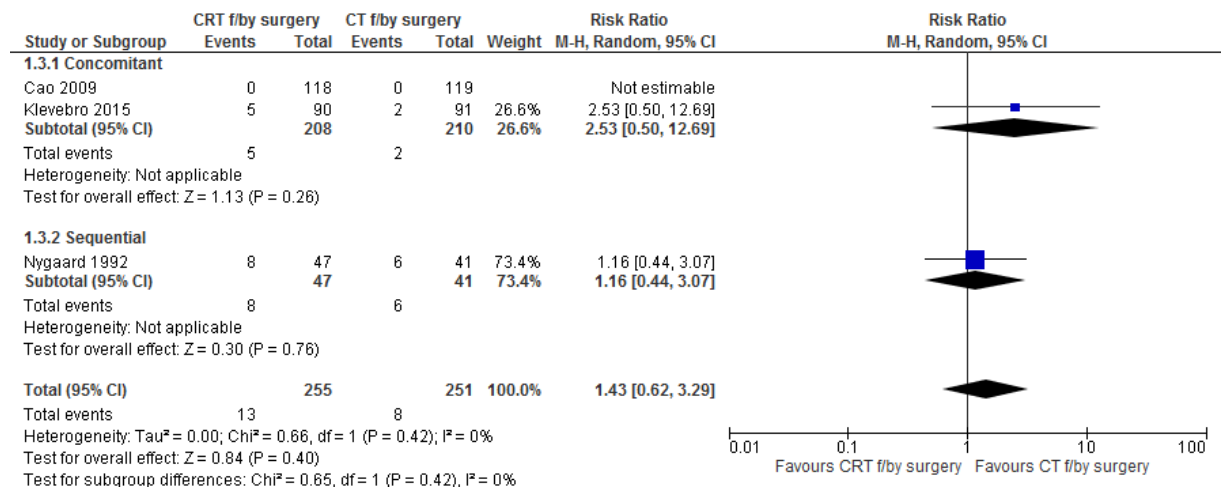


**Figure 172 Overall survival (Concomitant; according to type of surgical approach)**

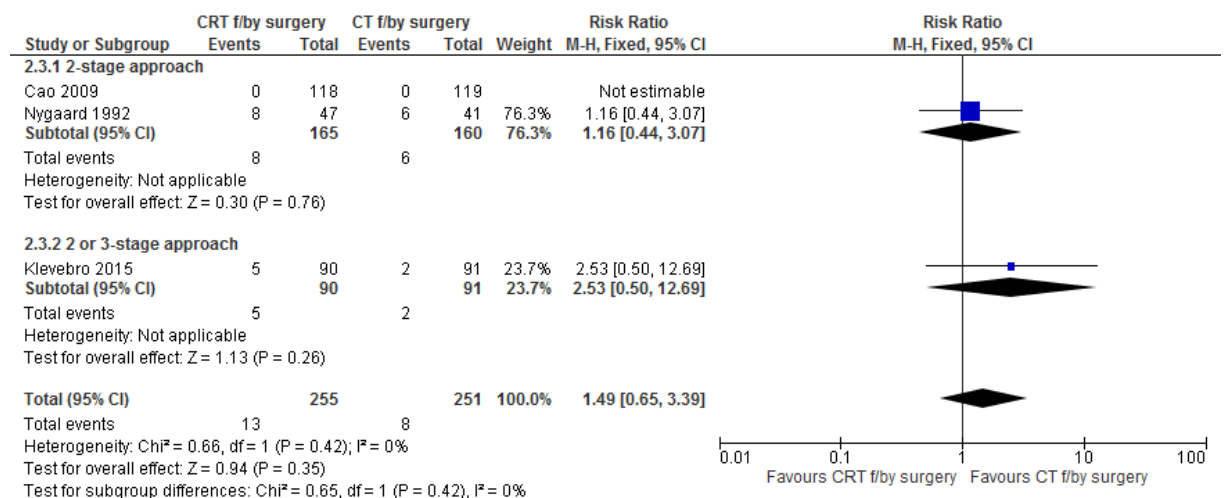


### H.13.3 Chemoradiotherapy followed by surgery versus chemotherapy followed by surgery alone

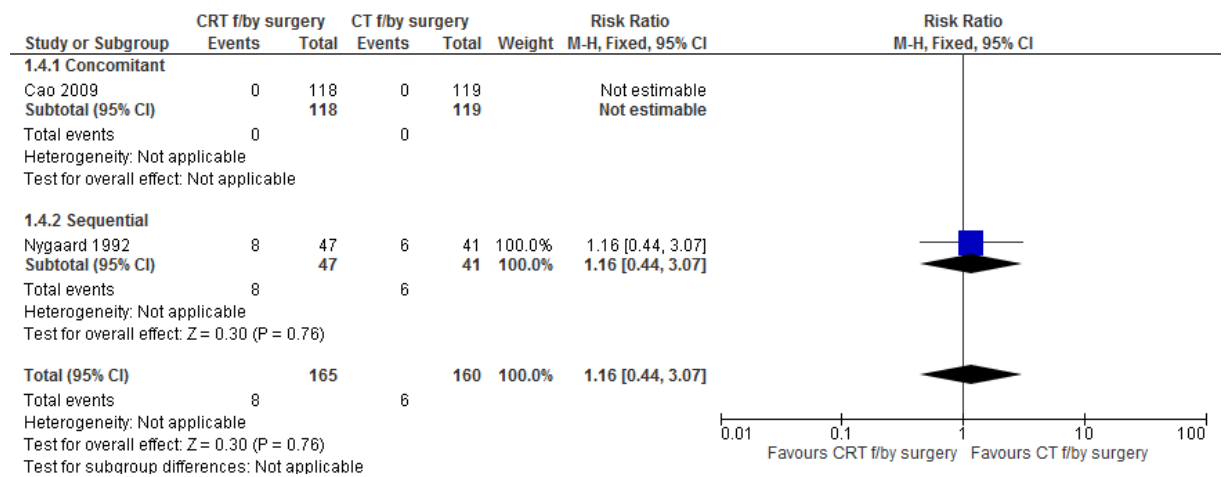
**Figure 173: Mortality (Concomitant or sequential)**



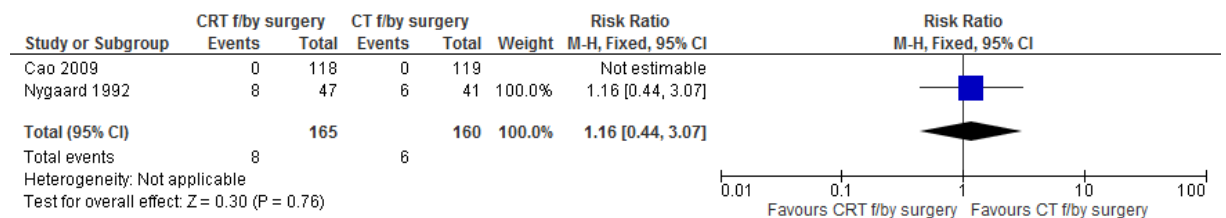
**Figure 174: Mortality (Different type of surgical approach)**



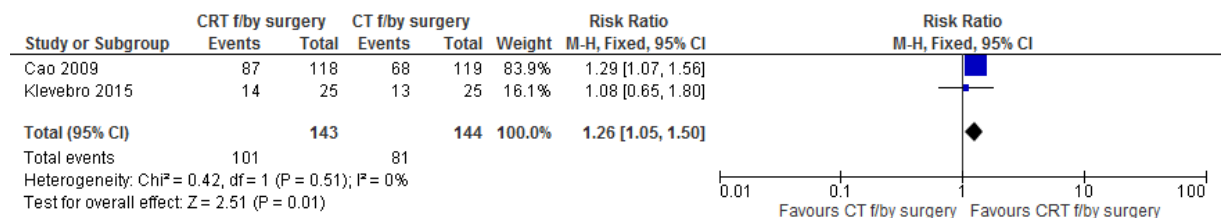
**Figure 175: Any postoperative mortality (Concomitant or sequential)**



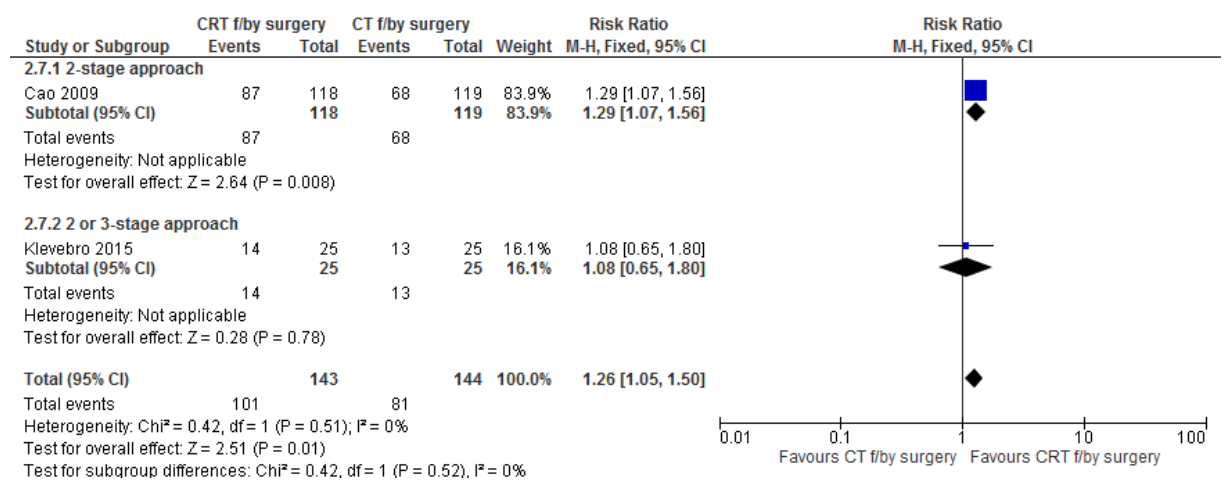
**Figure 176: Any postoperative mortality (2-stage approach)**



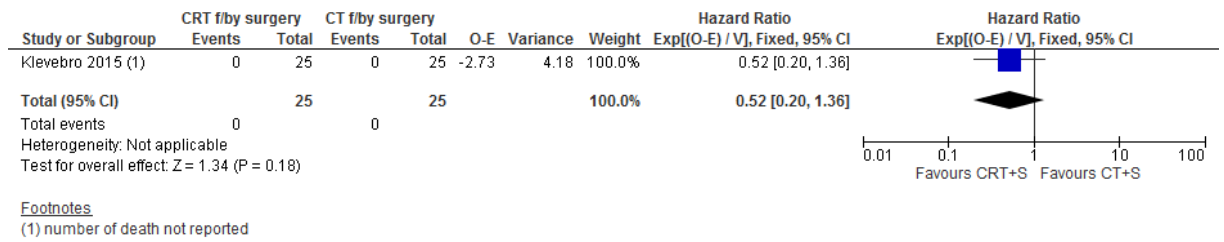
**Figure 177: 3-year overall survival rate (Concomitant)**



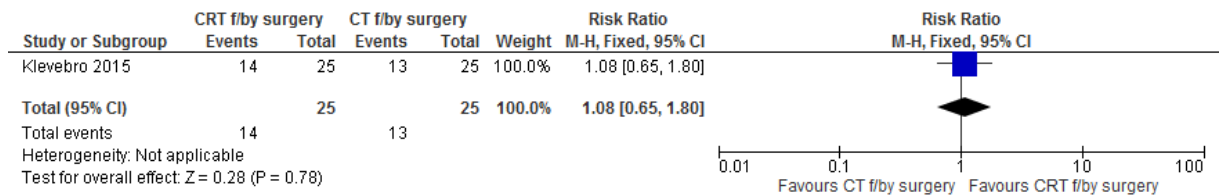
**Figure 178: 3-year overall survival rate (Different type of surgical approach)**



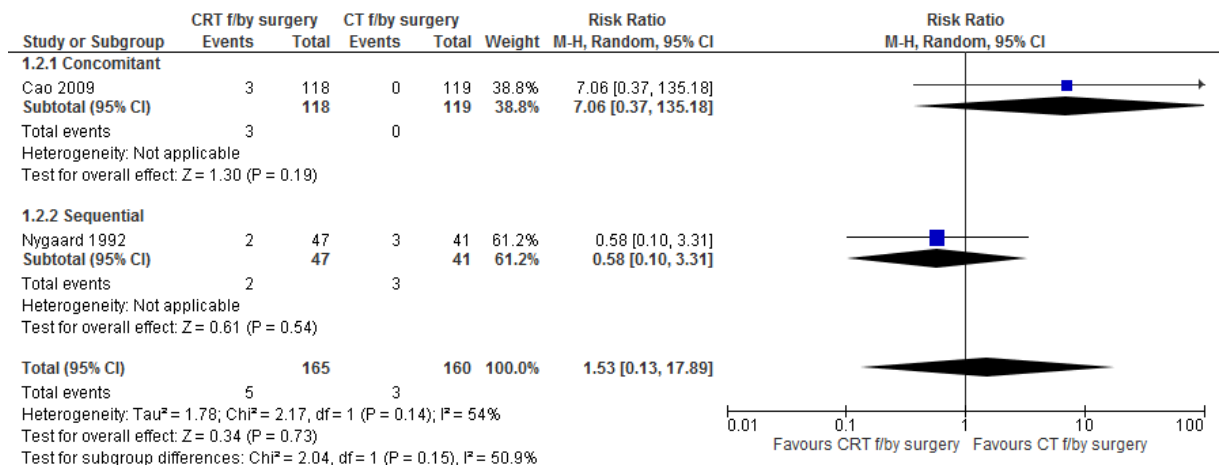
**Figure 179 Overall survival (Concomitant; 2- or 3-stage approach)**



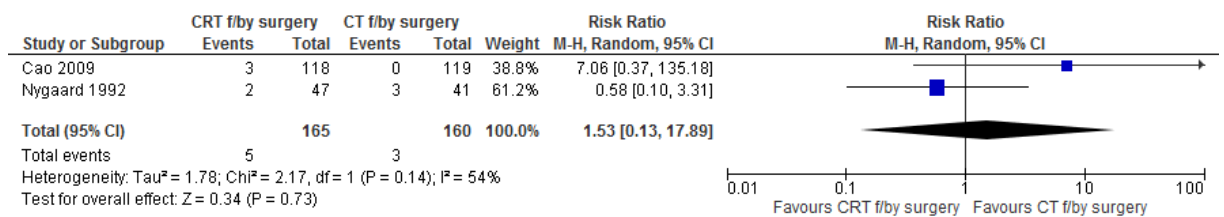
**Figure 180: Progression-free survival rate (Concomitant; 2- or 3-stage approach)**



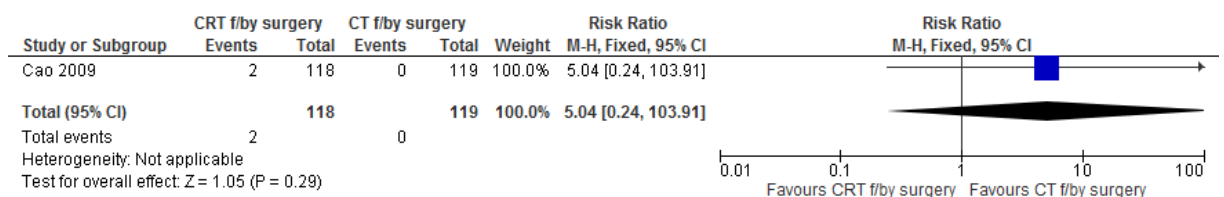
**Figure 181: Treatment-related morbidity: anastomotic leak (Concomitant or sequential)**



**Figure 182: Treatment-related morbidity: anastomotic leak (2-stage approach)**



**Figure 183: Treatment-related morbidity: stenosis (Concomitant; 2-stage approach)**



### H.13.4 Surgery (left or right open oesophagectomy) followed by (concomitant) chemoradiotherapy versus surgery (left or right open oesophagectomy) alone

Figure 184: 10-year overall survival rate

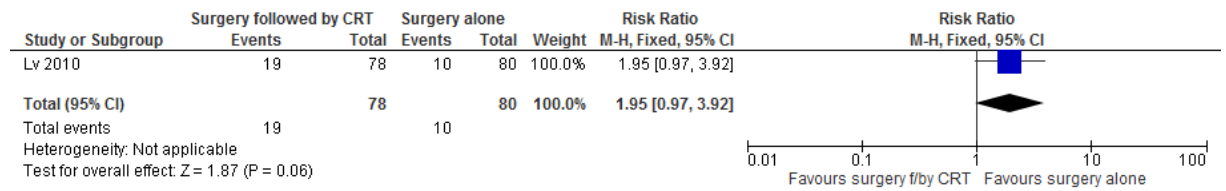
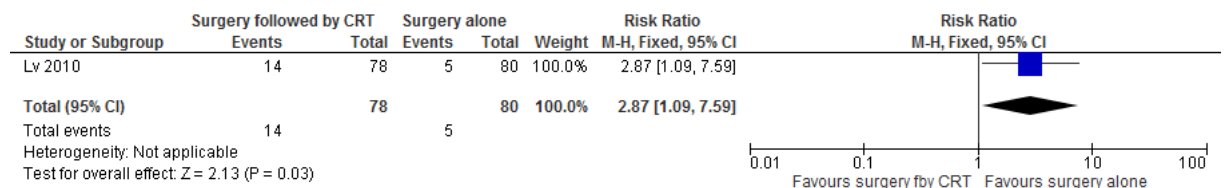


Figure 185: 10-year progression free survival rate



### H.13.5 Surgery alone versus radiotherapy alone

Figure 186: Overall survival rate (Different type of surgical approach)

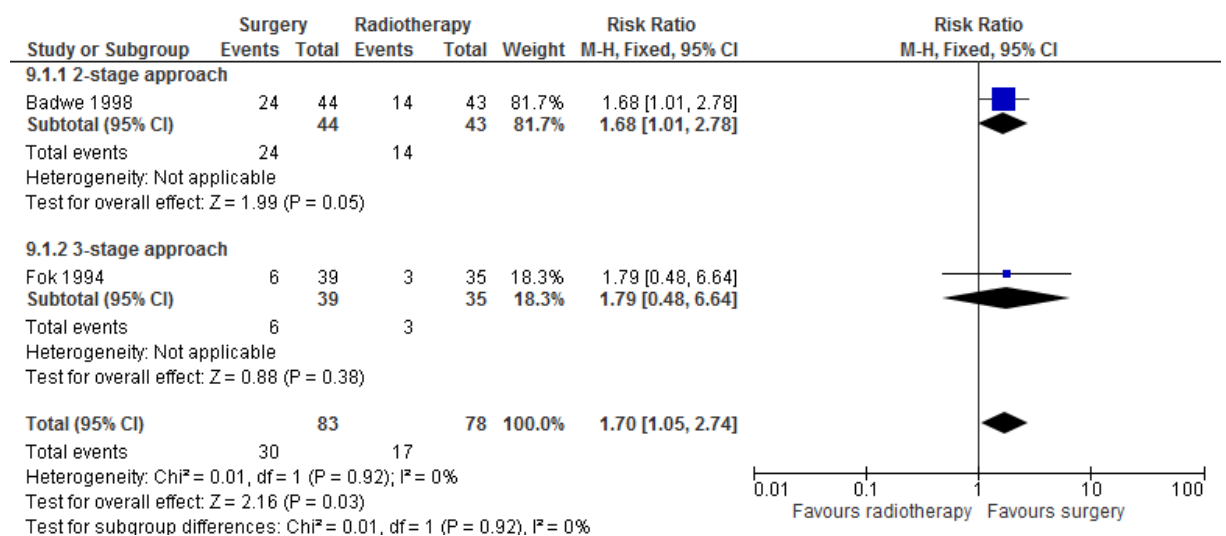
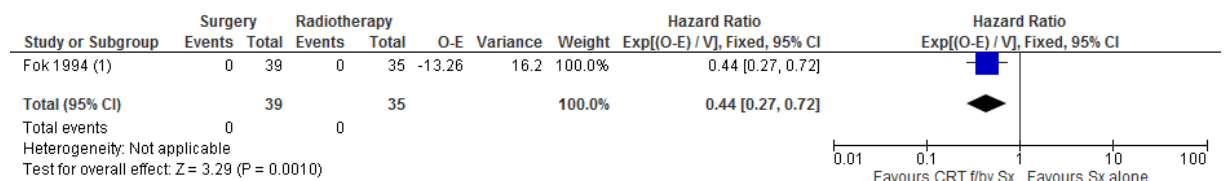


Figure 187 Overall survival (3-stage approach)

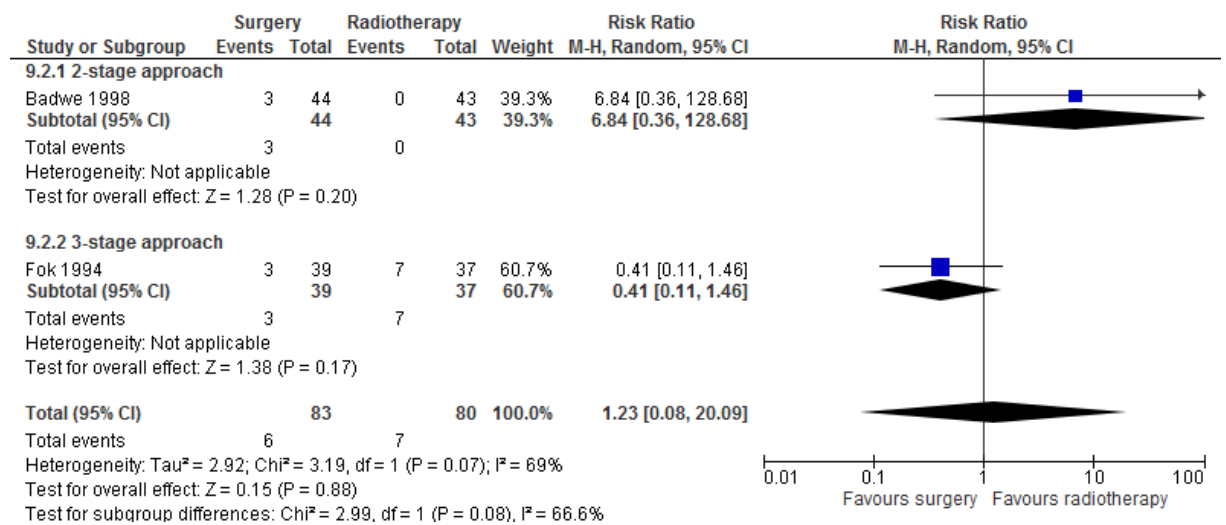


**Footnotes**

(1) number of death not reported

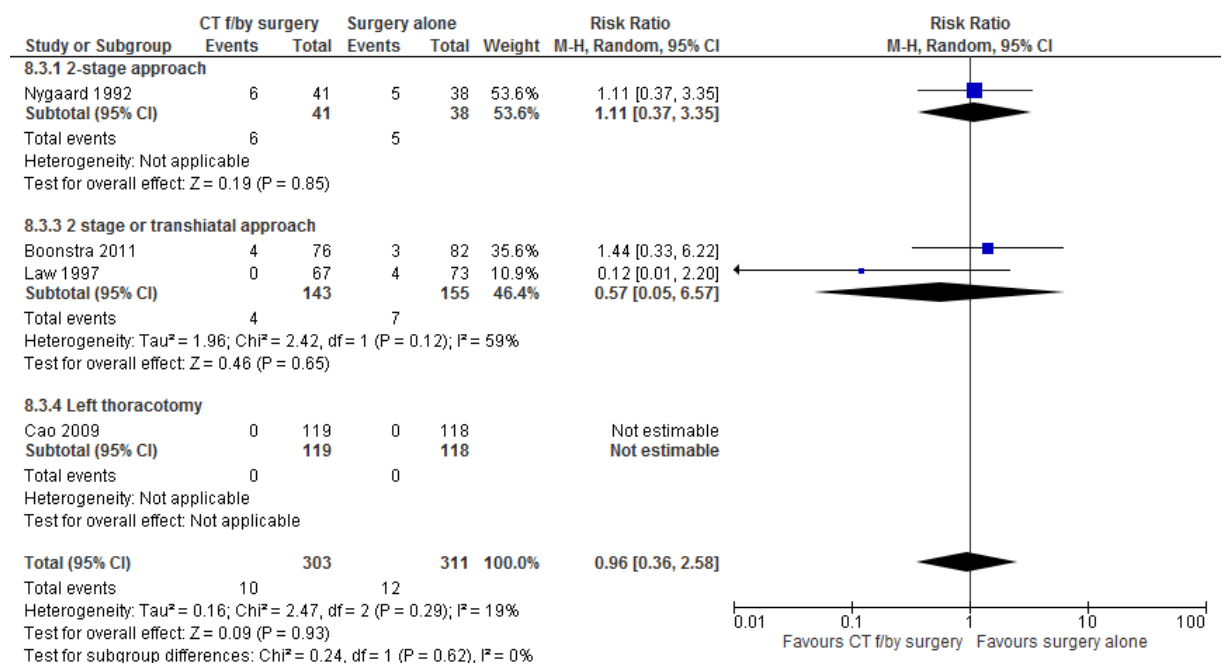


**Figure 188: Treatment-related mortality (Different type of surgical approach)**

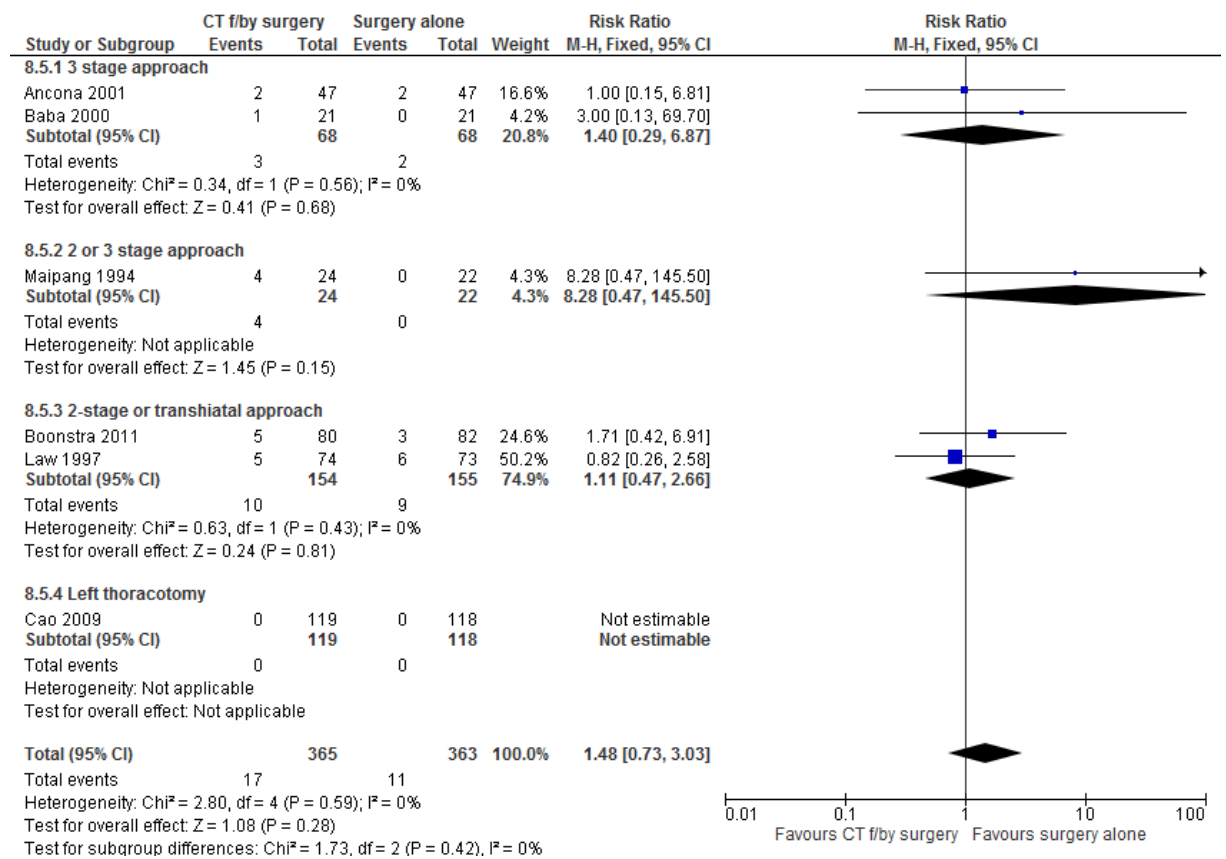


### H.13.6 Chemotherapy followed by surgery versus surgery alone

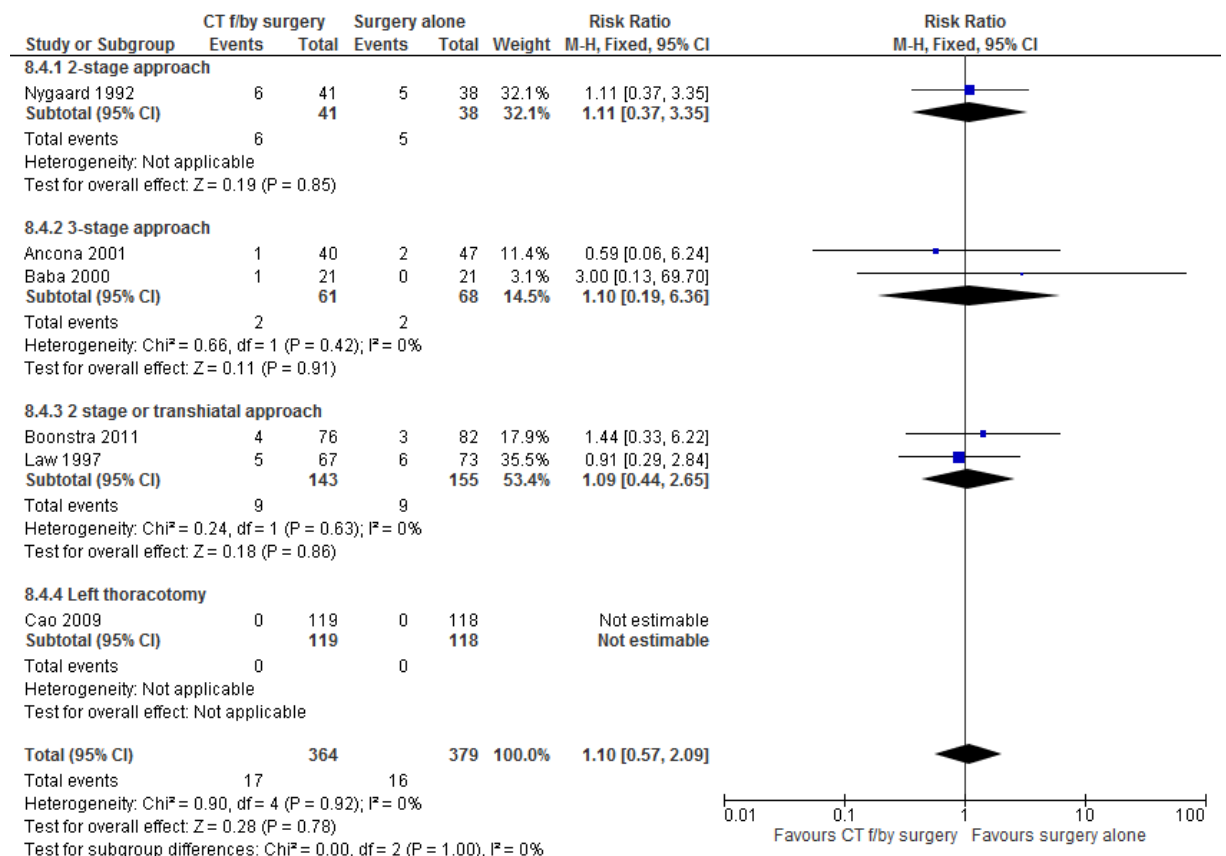
**Figure 189: 30-day mortality**



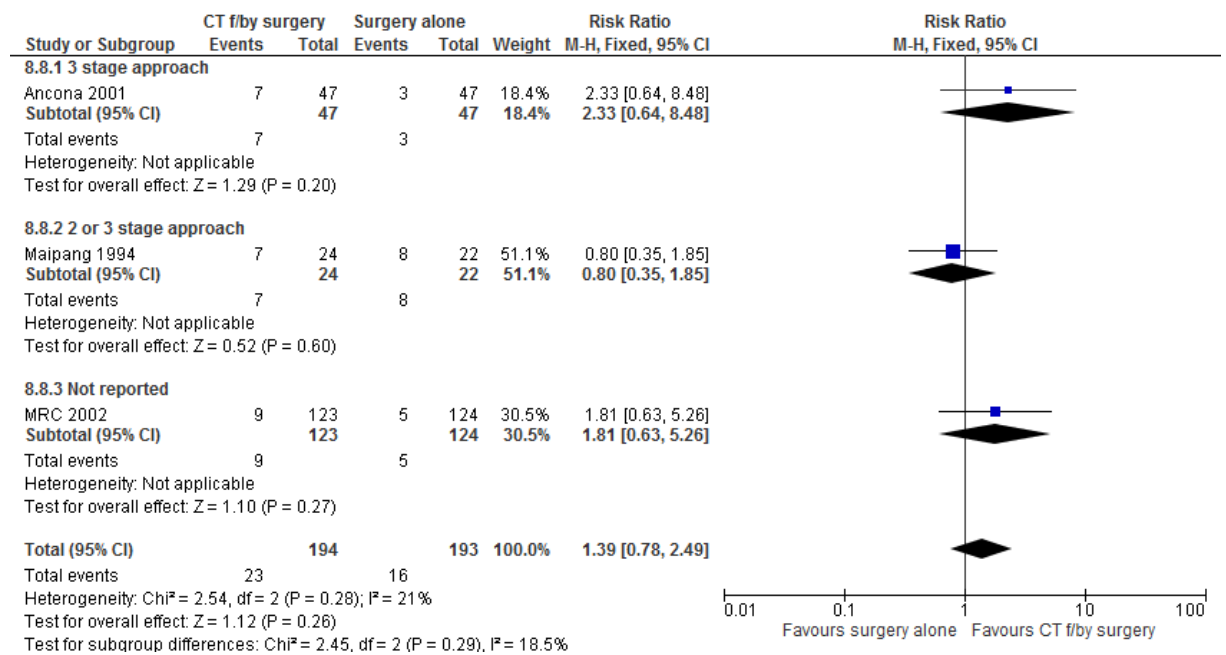
**Figure 190: Treatment-related mortality**



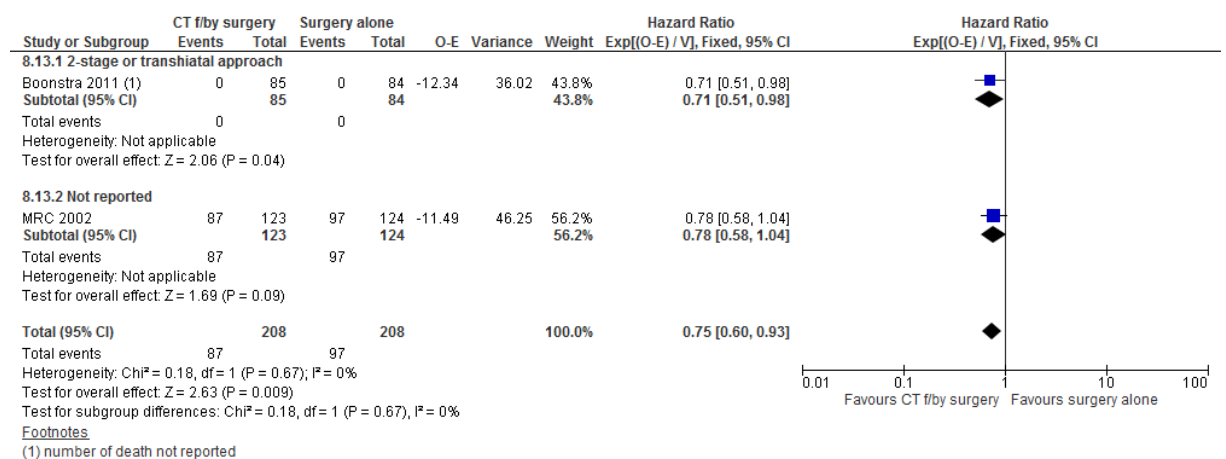
**Figure 191: Postoperative mortality**



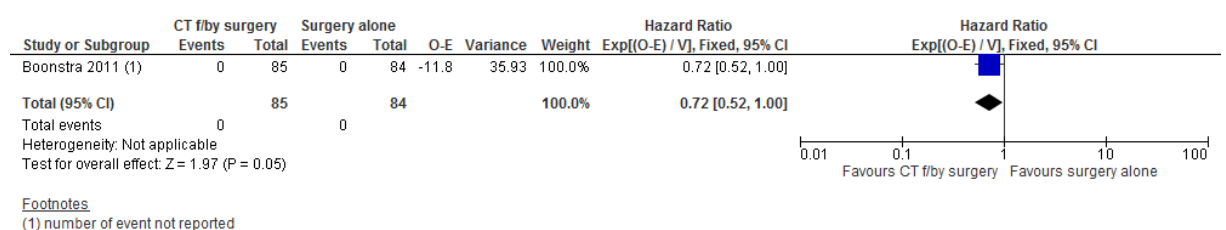
**Figure 192: Overall survival rate**



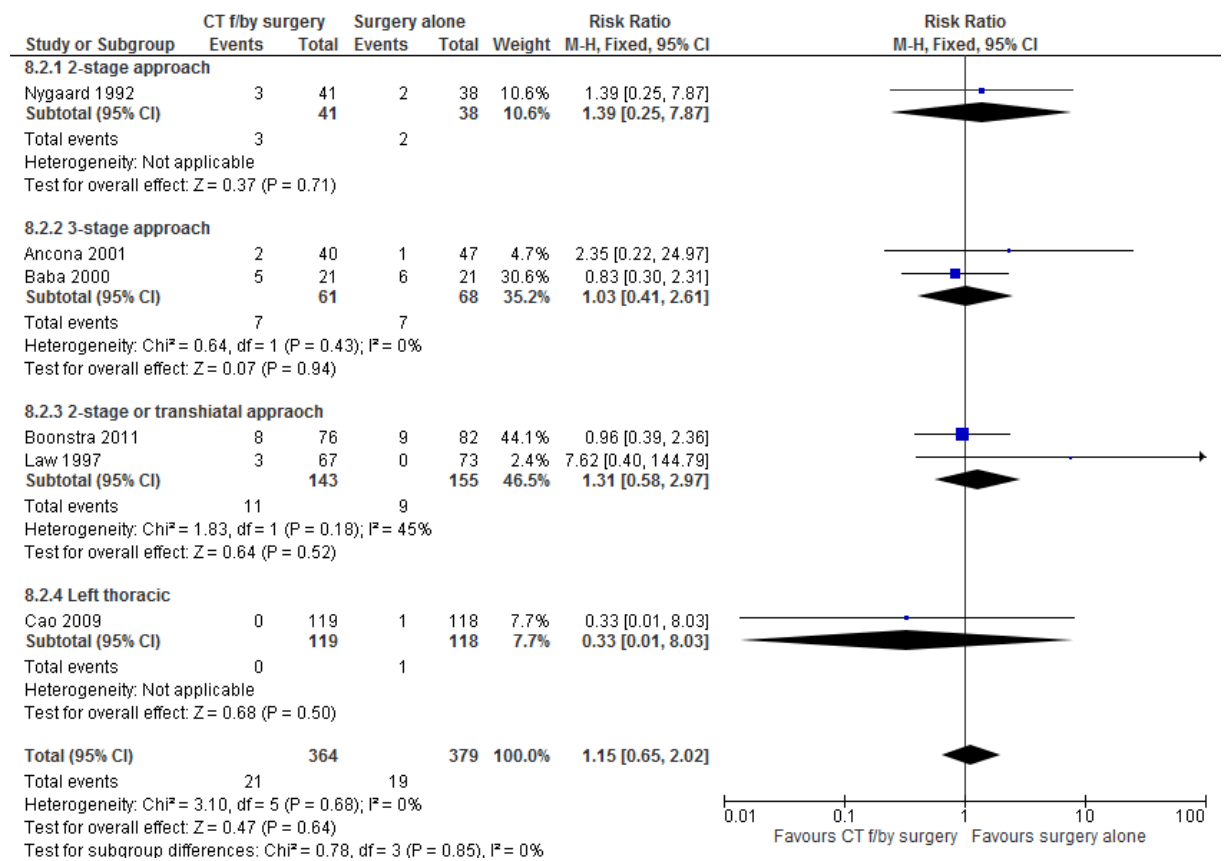
**Figure 193 Overall survival (According to type of surgical approach)**



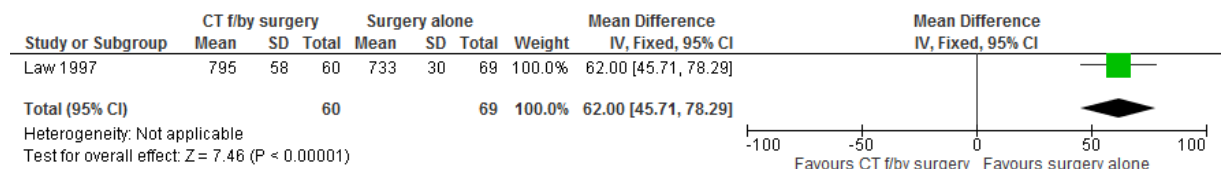
**Figure 194: Disease-free survival (2-stage or transhiatal)**



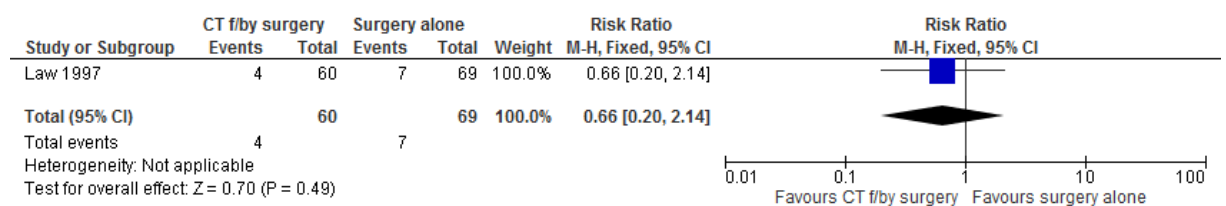
**Figure 195: Treatment-related morbidity: anastomotic leak**



**Figure 196: Treatment-related morbidity: bleeding**

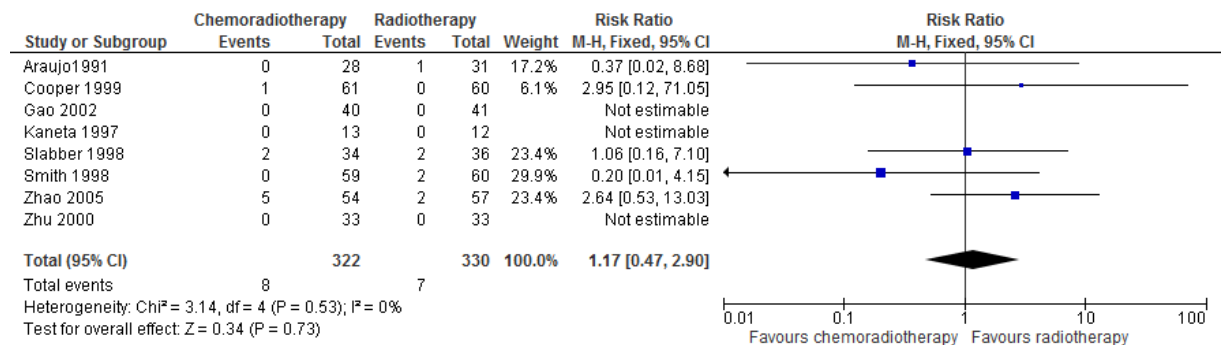


**Figure 197: Treatment related morbidity: wound infection**

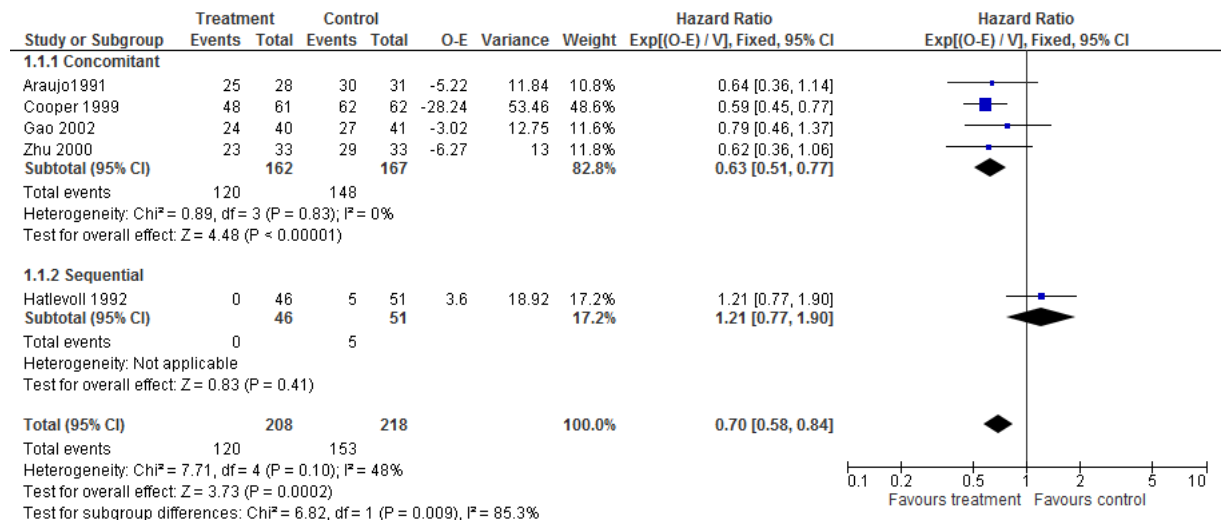


### H.13.7 Chemoradiotherapy versus radiotherapy alone

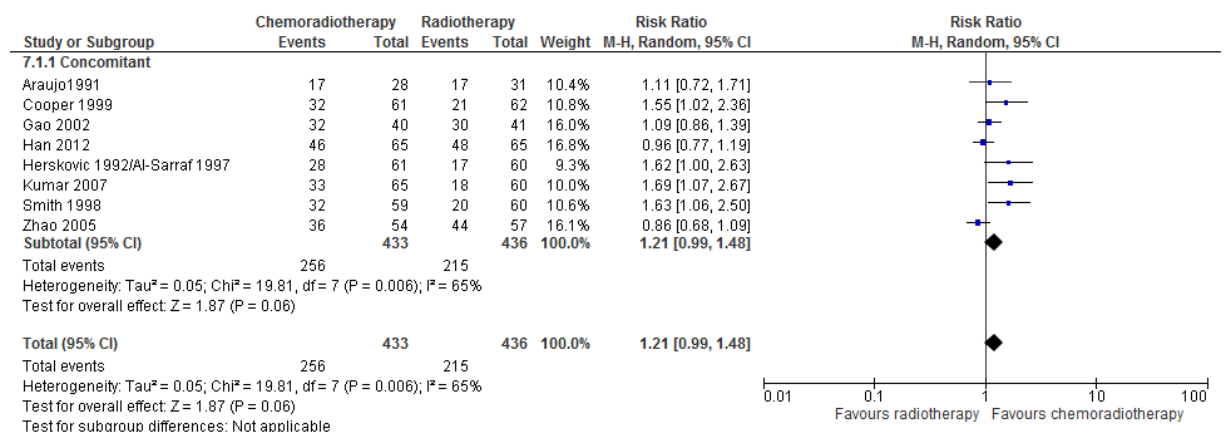
**Figure 198: Treatment-related mortality (Concomitant)**



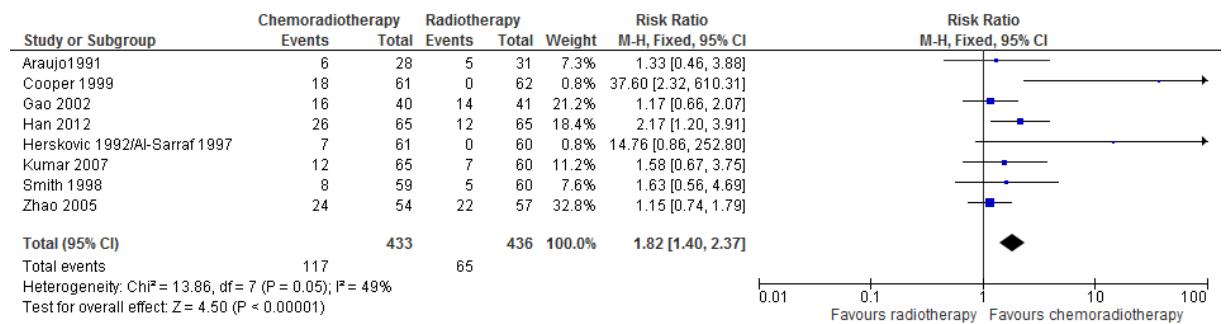
**Figure 199: Overall survival (According to type of chemoradiotherapy)**



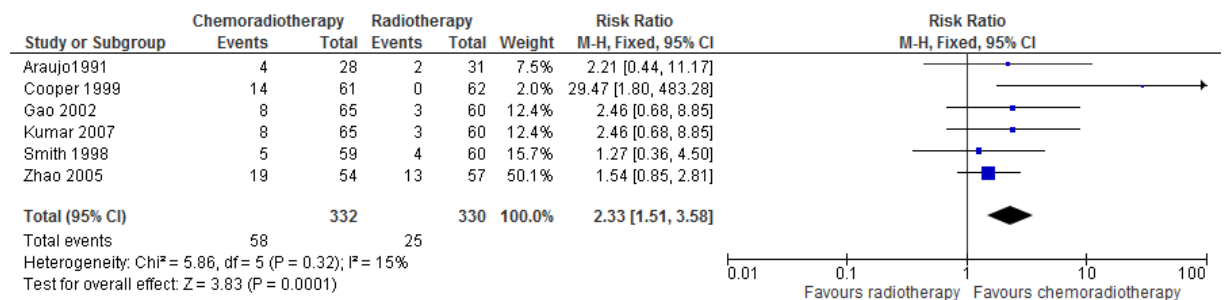
**Figure 200: Overall survival rate at 1 year**



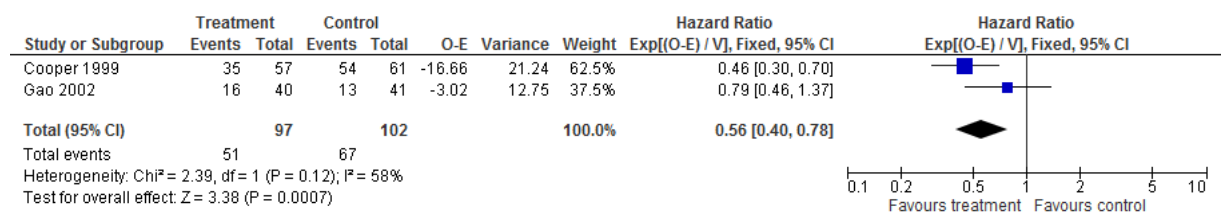
**Figure 201: Overall survival rate at 3 years (Concomitant)**



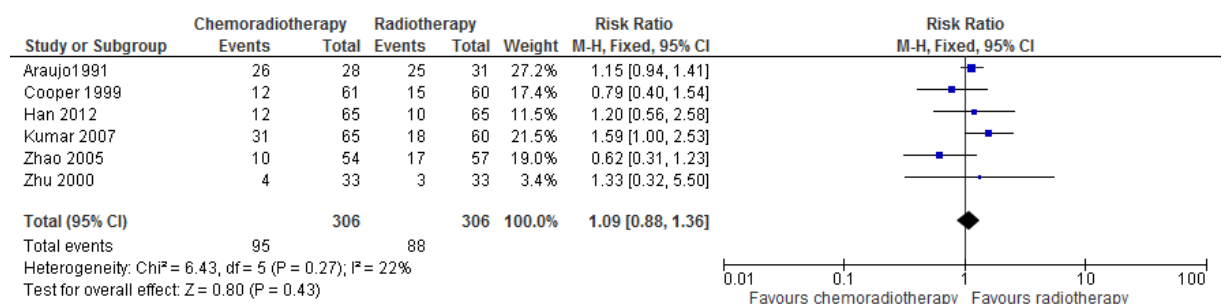
**Figure 202: Overall survival rate at 5 years**



**Figure 203: Disease-free survival**



**Figure 204: Any treatment-related morbidity**

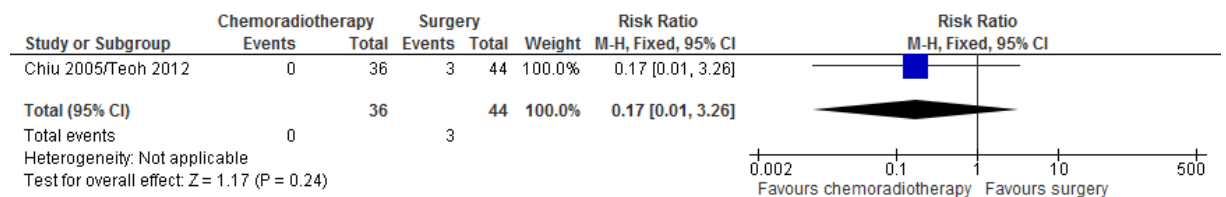


### H.13.8 Chemoradiotherapy (concomitant) alone versus surgery (2-stage or 3-stage oesophagectomy) alone

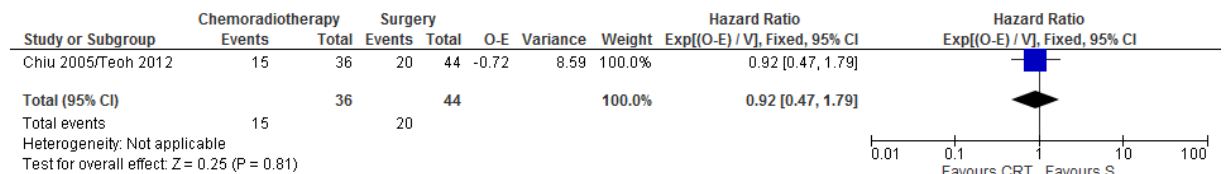
**Figure 205: Overall mortality estimate**



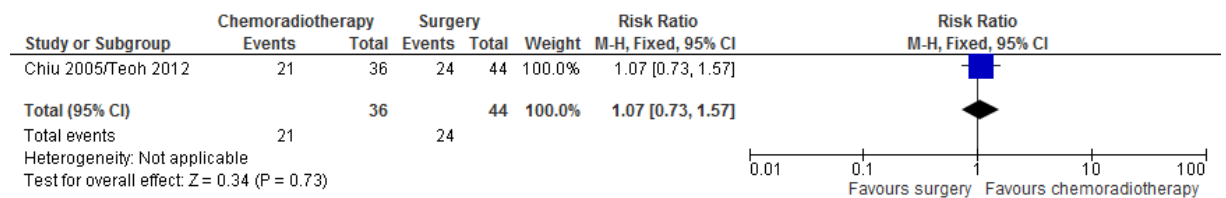
**Figure 206: 30-day mortality rate**



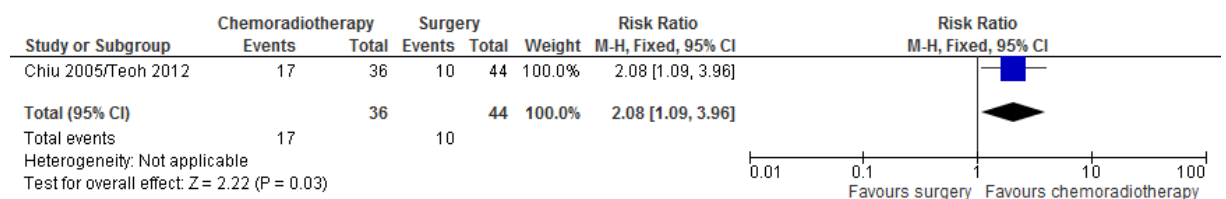
**Figure 207 Overall survival (Concomitant; 2- or 3-stage approach)**



**Figure 208: Overall survival rate at 2 years**



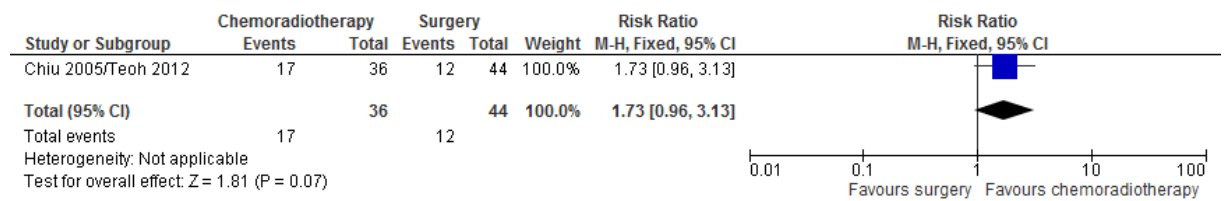
**Figure 209: Overall survival rate at 5 years**



**Figure 210: Disease-free survival rate at 2 years**



**Figure 211: Disease-free survival rate at 5 years**

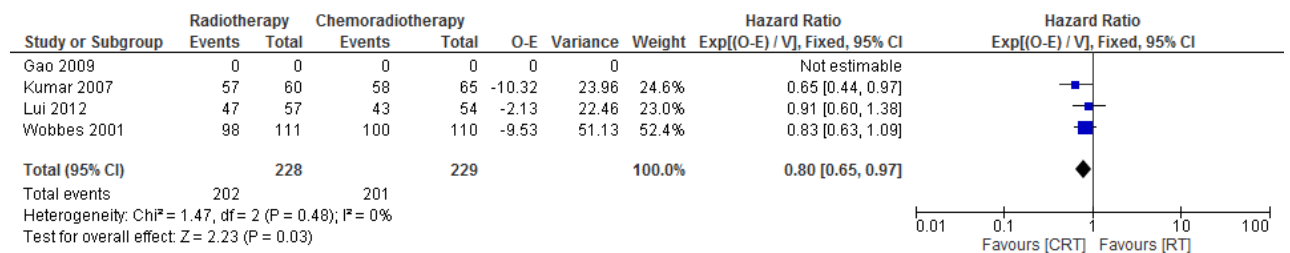


## H.14 Non-metastatic oesophageal cancer not suitable for surgery

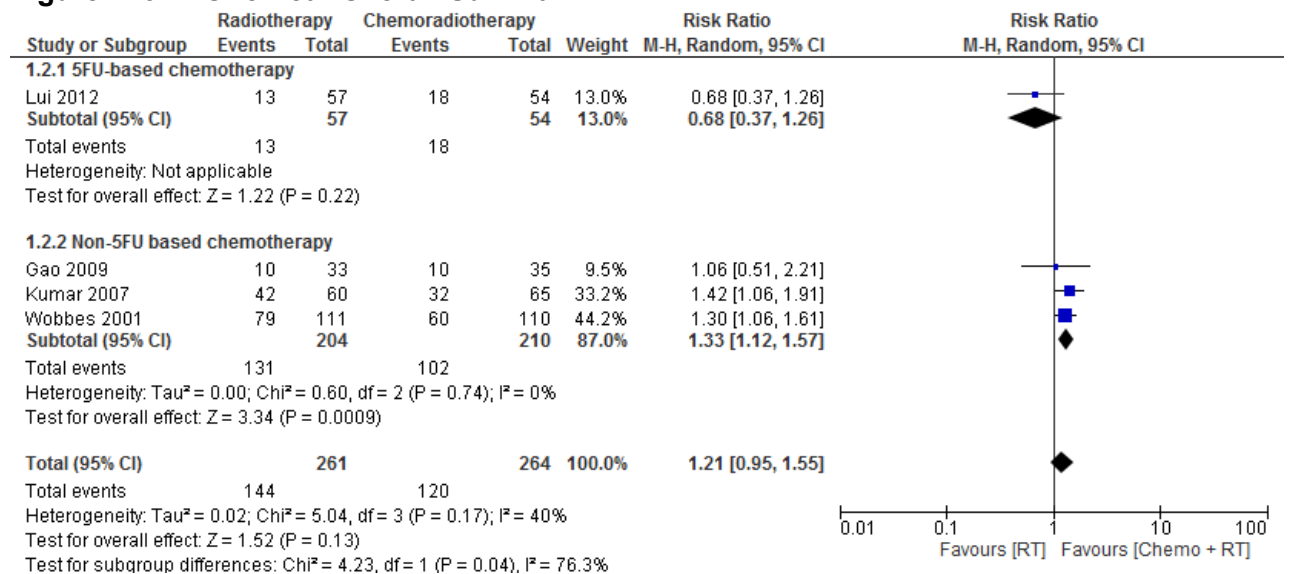
What is the optimal treatment for adults with non-metastatic disease in the oesophagus who are not suitable for surgery?

### H.14.1 Comparison 1: Chemotherapy versus radiotherapy in inoperable oesophageal cancer

**Figure 212: Overall Survival**

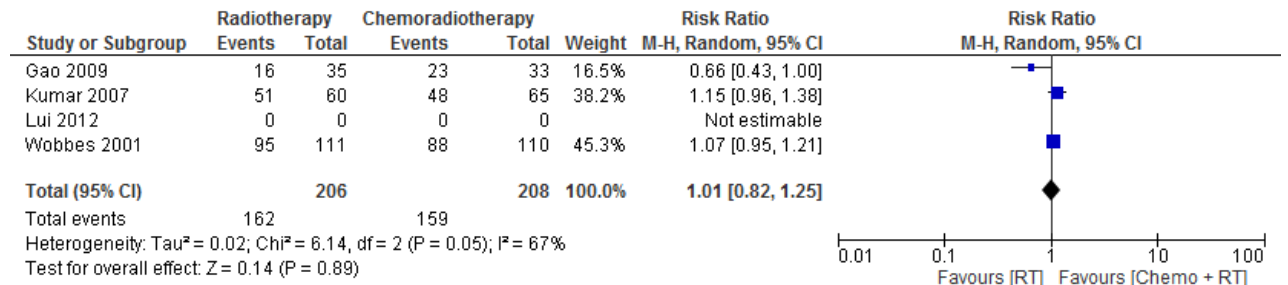


**Figure 213: One Year Overall Survival**

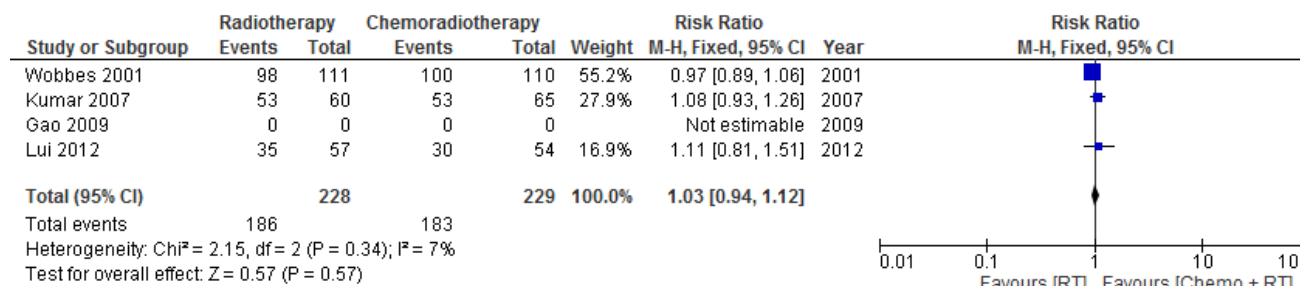




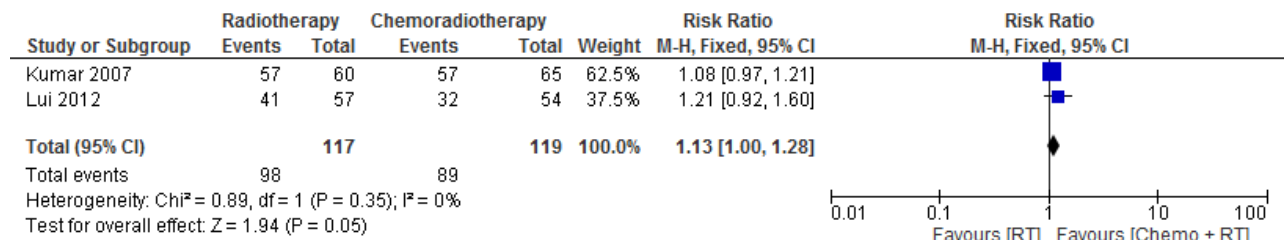
**Figure 214: Two Year Overall Survival**



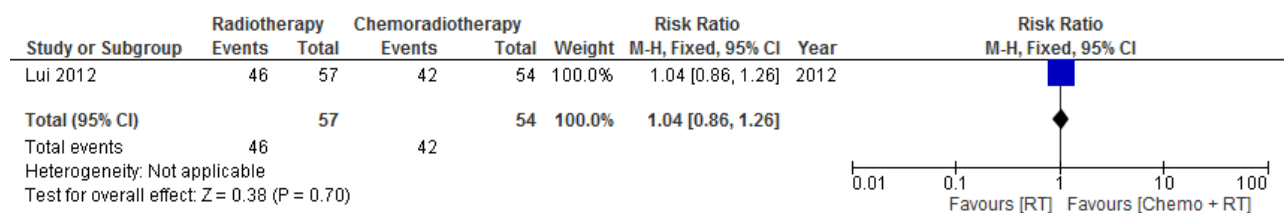
**Figure 215: Three Year Overall Survival**



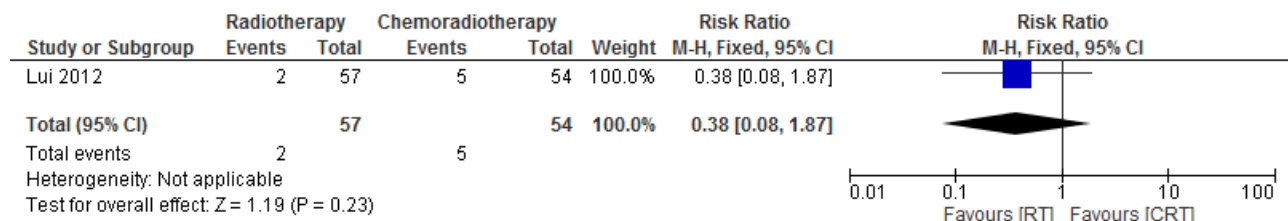
**Figure 216: Five Year Survival**



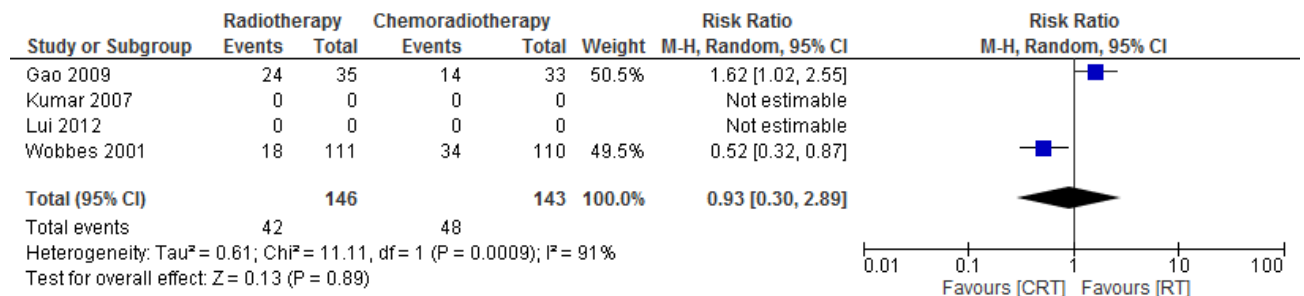
**Figure 217: Ten Year Overall Survival**



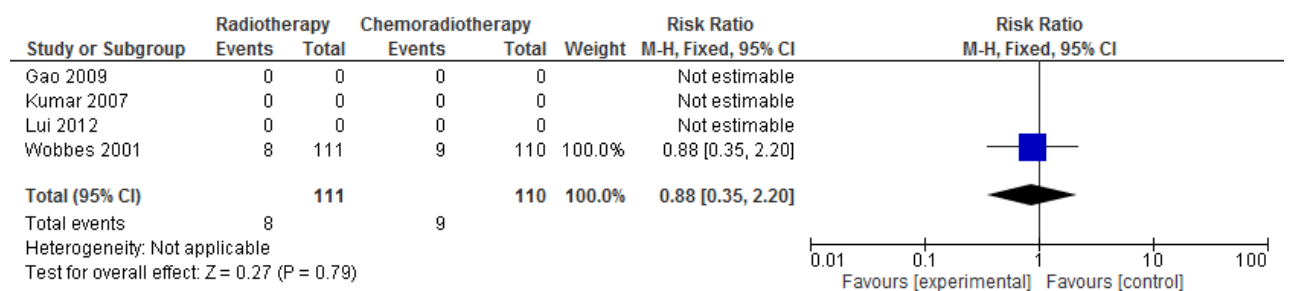
**Figure 218: Treatment-Related Mortality**



**Figure 219: One Year Progression-free Survival**



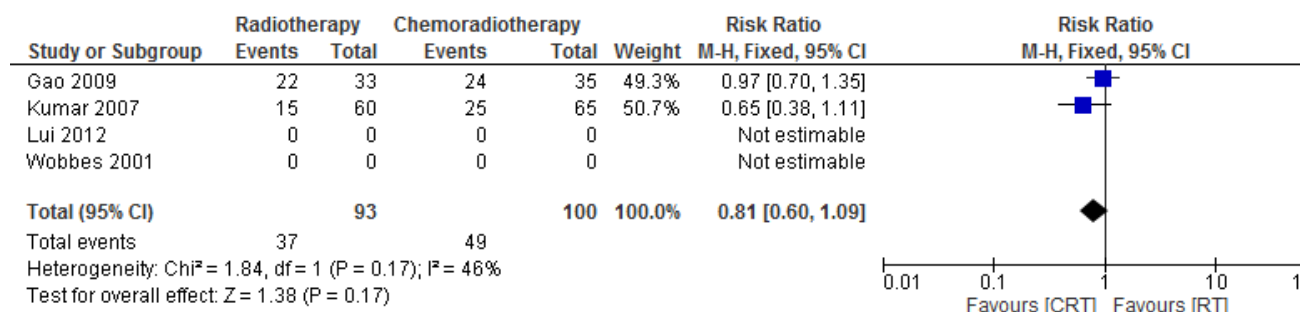
**Figure 220: Three Year Progression-free Survival**



**Figure 221: Treatment-related Toxicity: nausea and vomiting**



**Figure 222: Treatment-related toxicity: oesophagitis**



## H.14.2 Comparison 2: 5-FU-based chemoradiotherapy versus non-5-FU-based chemoradiotherapy

**Figure 223: One Year Overall Survival**



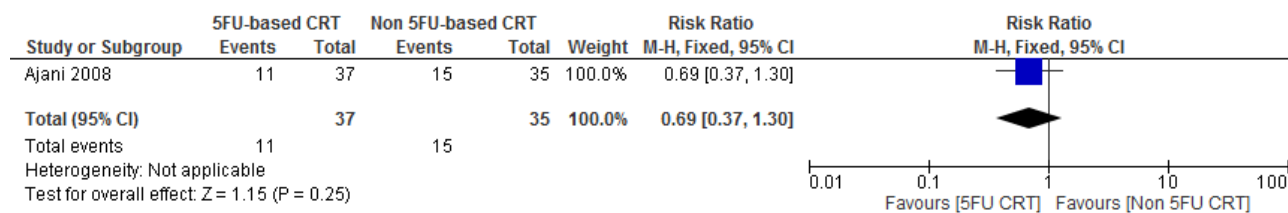
**Figure 224: Two Year Overall Survival**



**Figure 225: Treatment-related Mortality**



**Figure 226: Treatment-related Morbidity: grade 4/5 toxicity**



## H.15 First-line palliative chemotherapy

What is the optimal palliative first-line systemic chemotherapy for locally advanced and/or metastatic oesophago-gastric cancer?

### H.15.1 Comparison 1: Combination versus single-agent chemotherapy

Figure 227: Overall survival

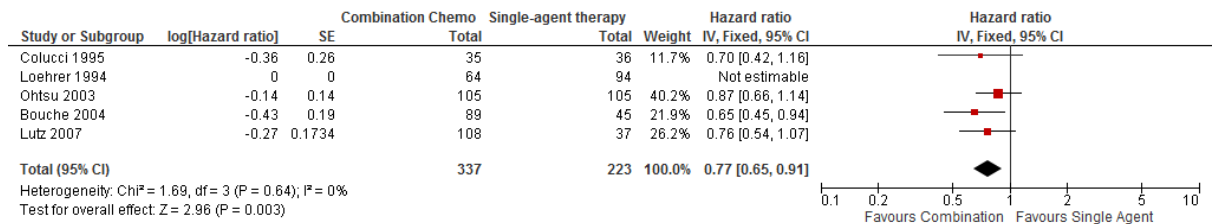


Figure 228: Treatment-related mortality

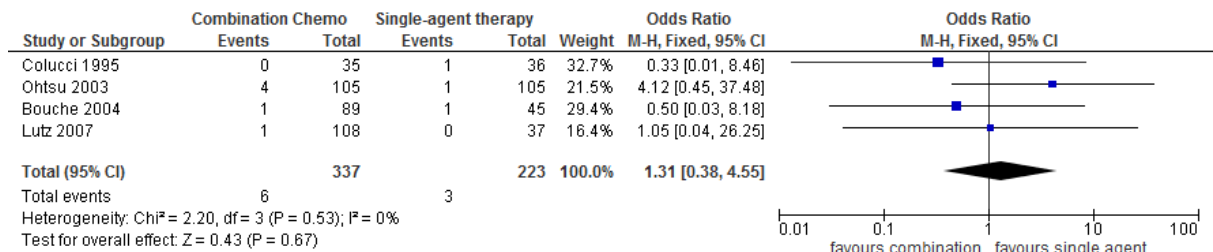


Figure 229: Treatment-related toxicity: nausea and vomiting

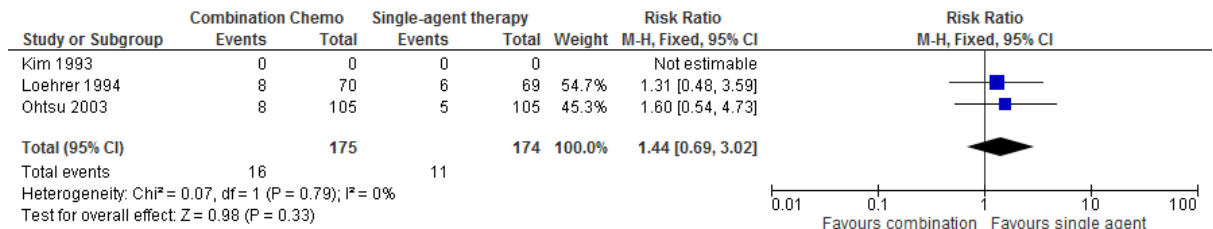
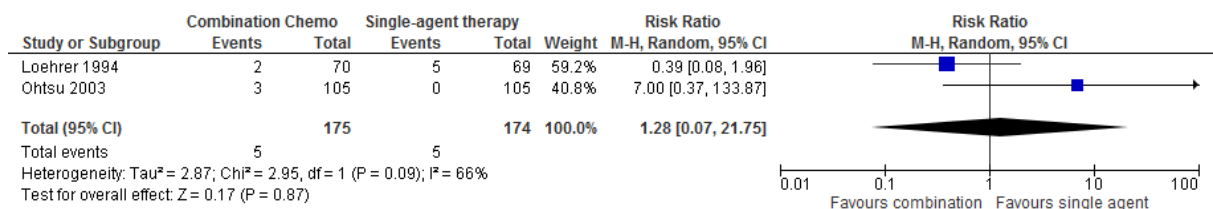


Figure 230: Treatment-related toxicity: diarrhoea



### H.15.2 Comparison 2: 5-FU/cisplatin combinations with or without anthracycline

Figure 231: Overall survival

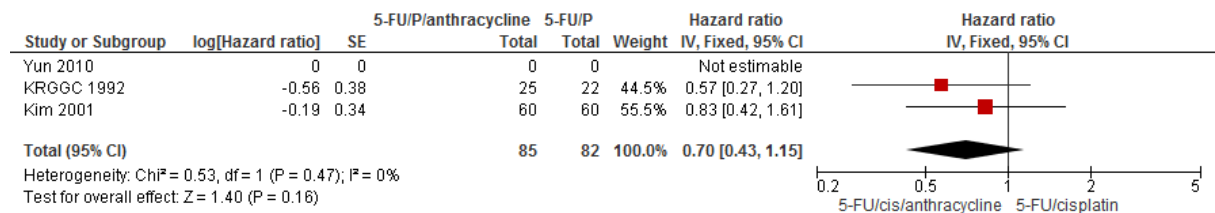
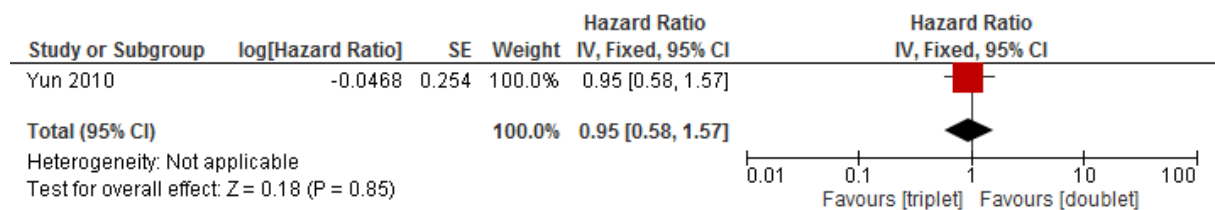
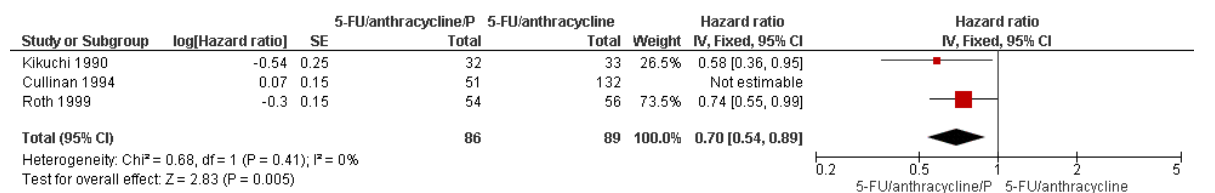


Figure 232: Progression-free survival



### H.15.3 Comparison 3: 5-FU/anthracycline combinations with or without cisplatin

Figure 233: Overall survival



### H.15.4 Comparison 4: Irinotecan versus non-irinotecan containing combinations

Figure 234: Overall survival

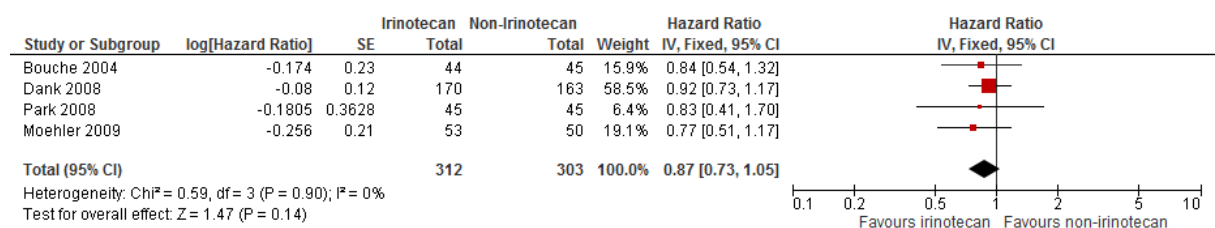
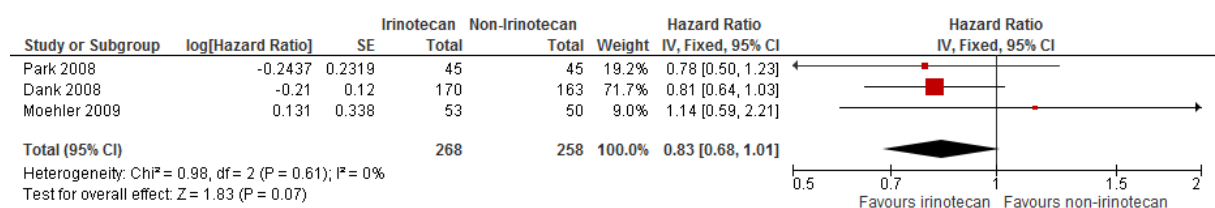
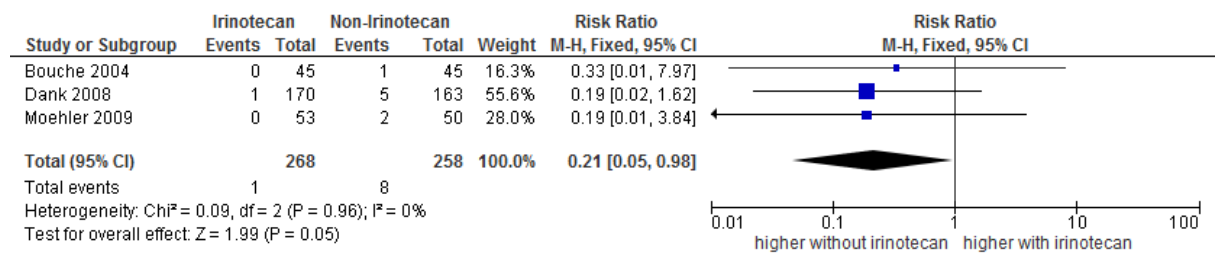


Figure 235: Progression-free survival



**Figure 236: Treatment-related mortality**

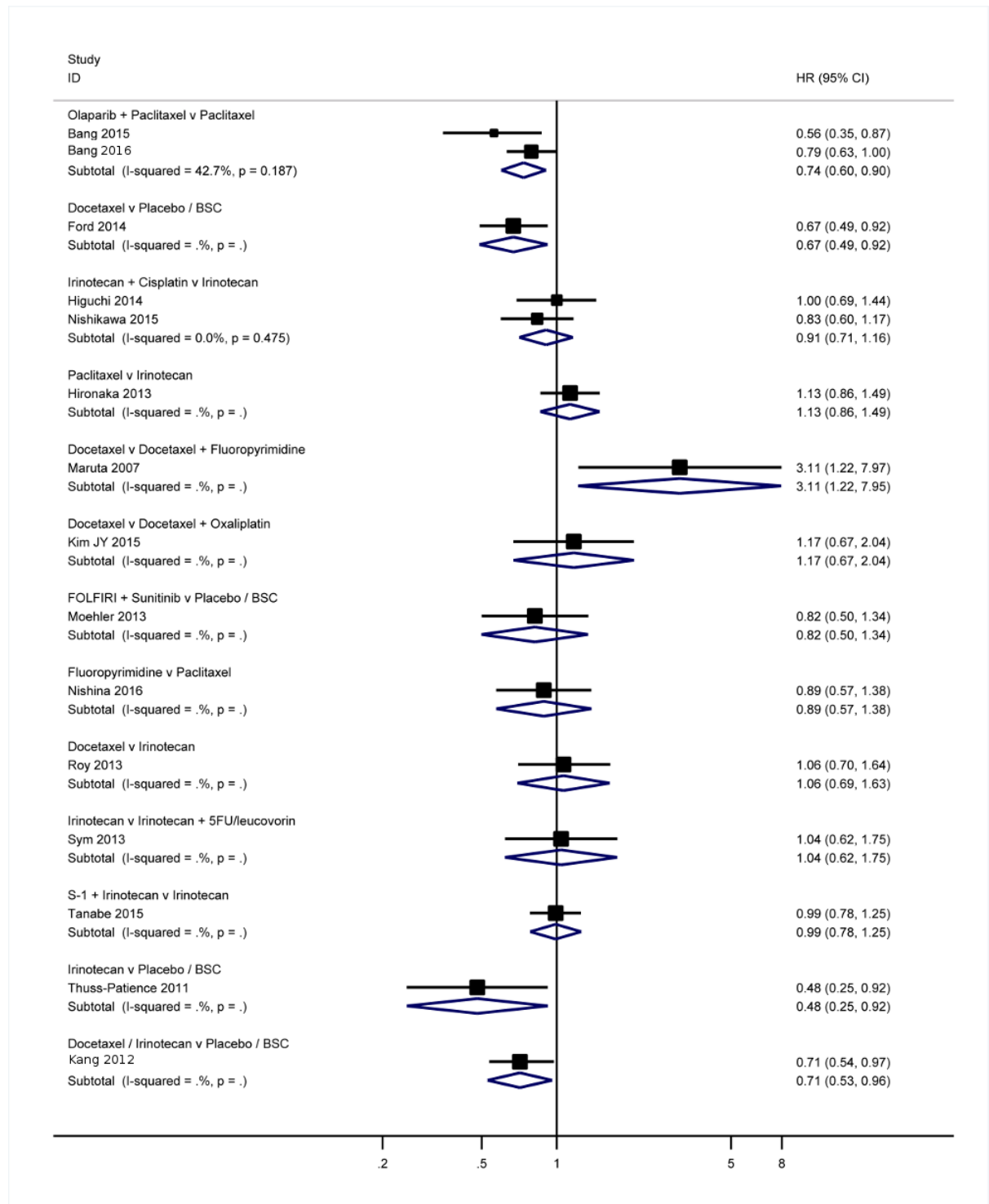


## **H.16 Second-line palliative chemotherapy**

**What is the optimal palliative second-line chemotherapy for locally-advanced or metastatic oesophago-gastric cancer?**

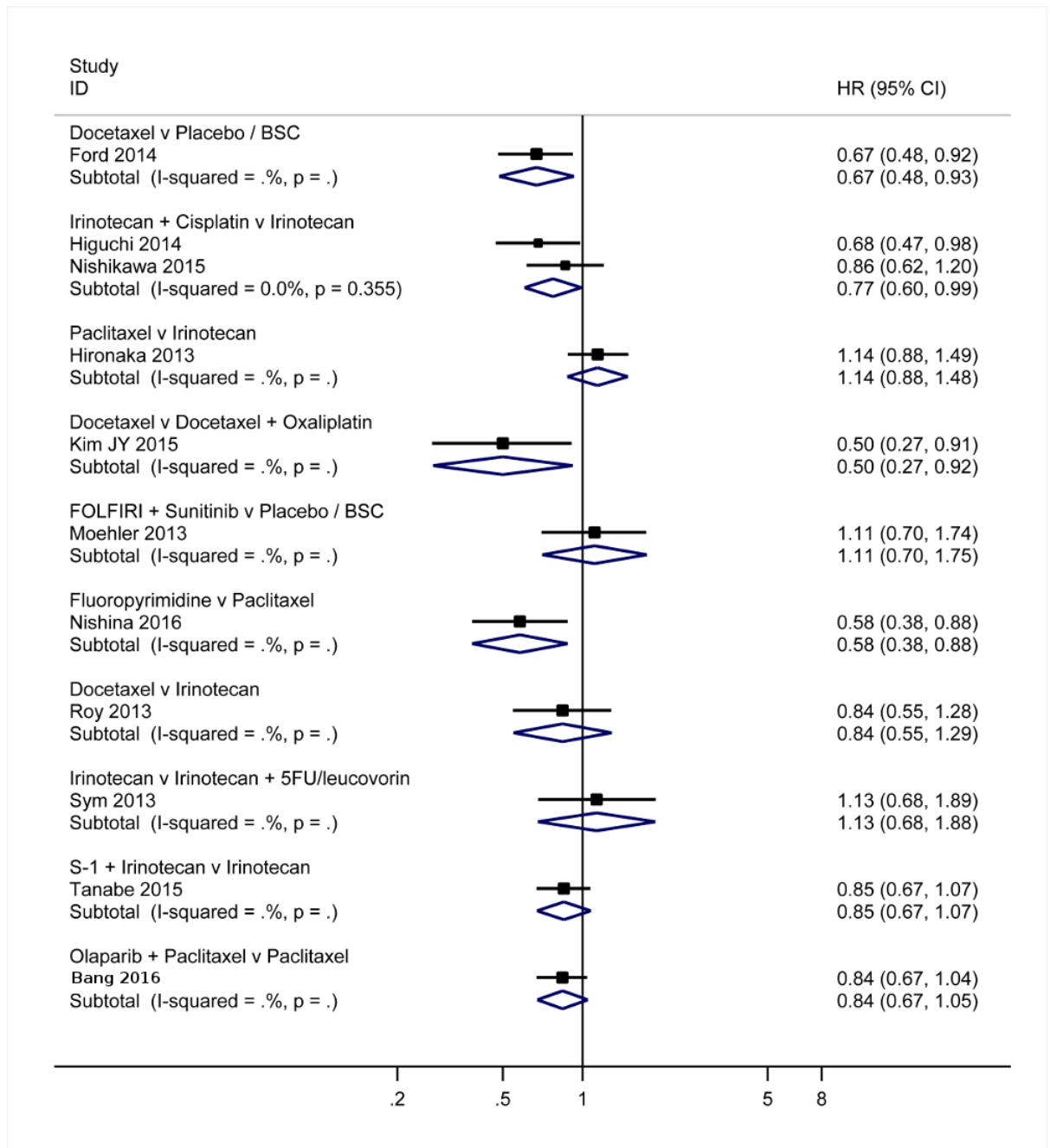
### **H.16.1 Second line chemotherapy versus placebo or best supportive care for oesophago-gastric cancer**

**Figure 237: Overall survival with second line chemotherapy for oesophagogastric cancer: results from individual studies**

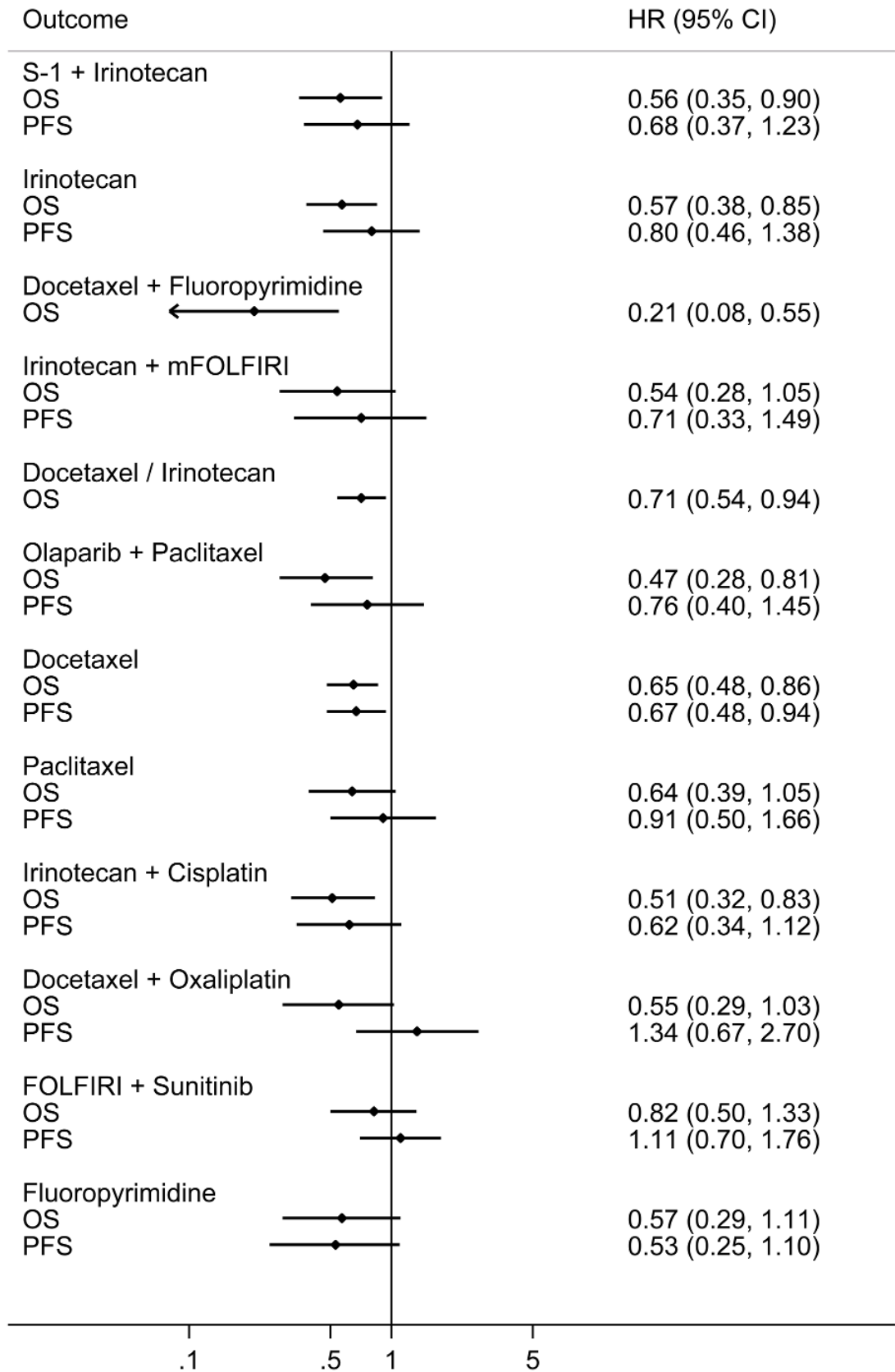




**Figure 238: Progression-free survival with second line chemotherapy for oesophagogastric cancer: results from individual studies**

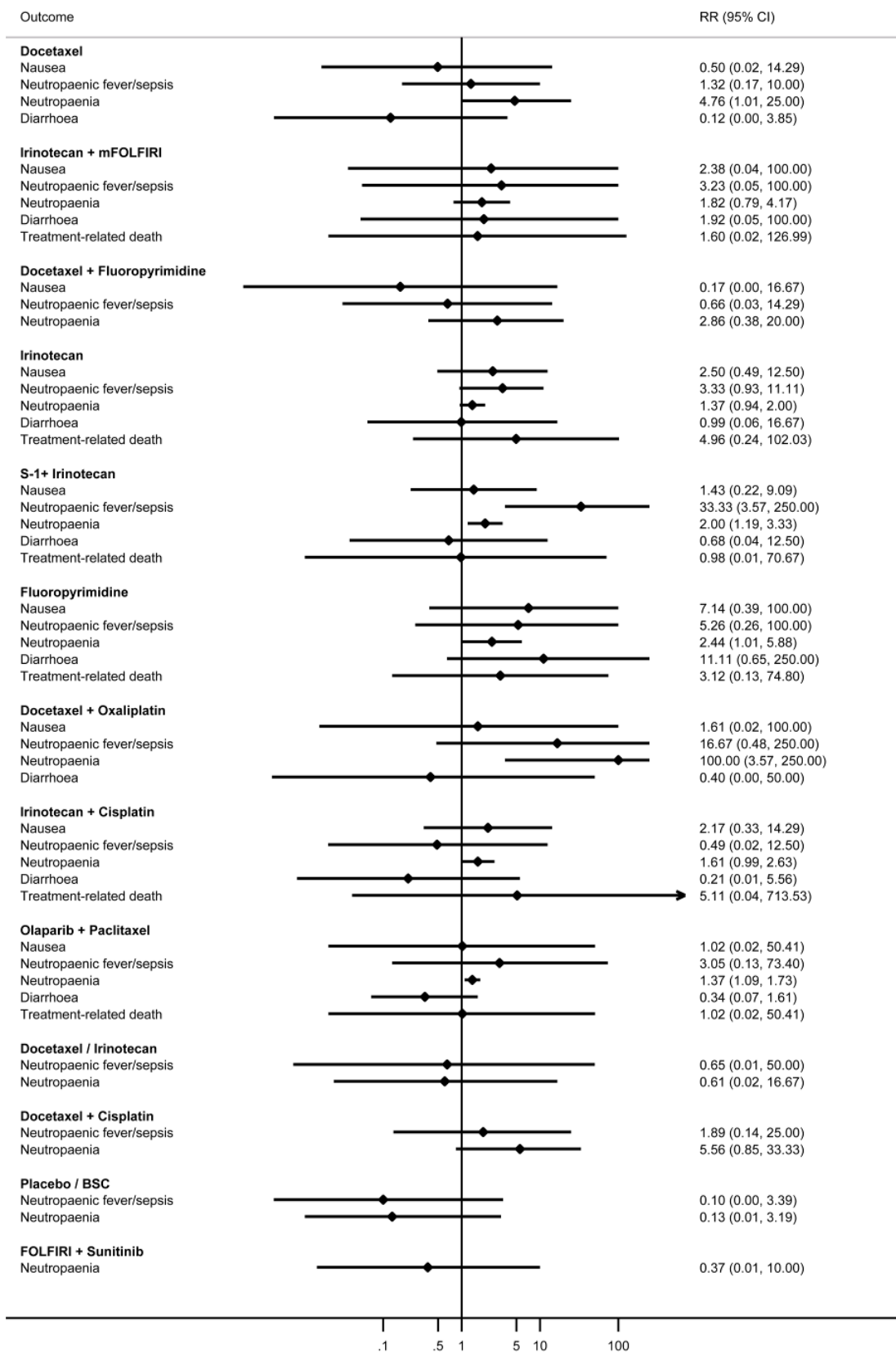


**Figure 239: Overall (OS) and progression free survival (PFS) with second line chemotherapy vs placebo or best supportive care for oesophagogastric cancer: results from network meta-analyses**



**Figure 240: Treatment related morbidity with second line chemotherapy for oesophagogastric cancer: results from network meta-analyses. Effects are plotted treatment vs paclitaxel.**

Appendix H  
Forest Plots



## H.17 Luminal obstruction

What is the optimal management of luminal obstruction for adults with oesophago-gastric cancer not amenable to treatment with curative intent?

### H.17.1 Self-expanding metallic stent versus plastic tube

Figure 241: Dysphagia improvement

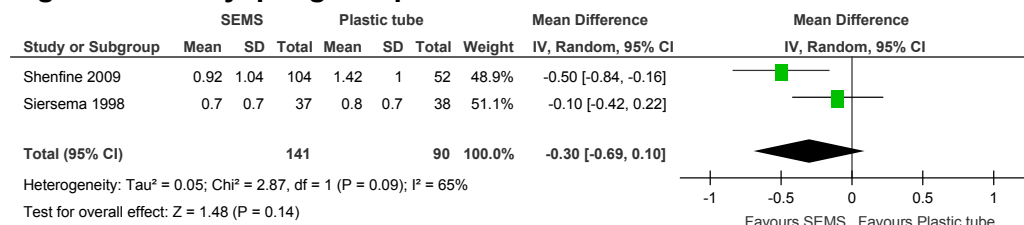


Figure 242: Persistent or recurrent dysphagia

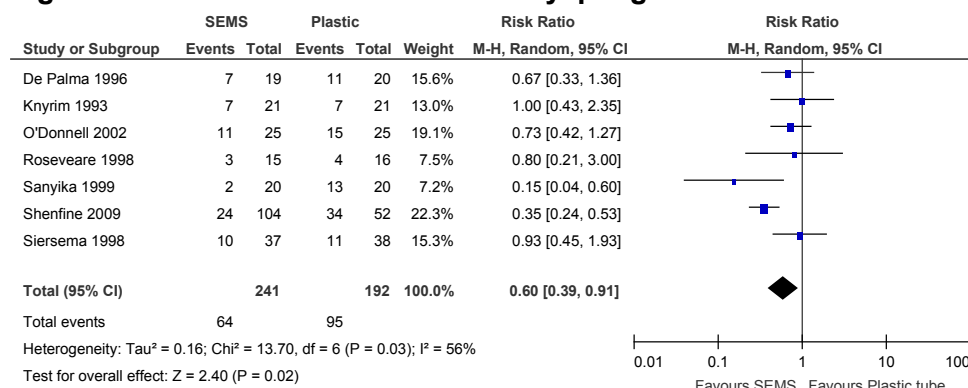
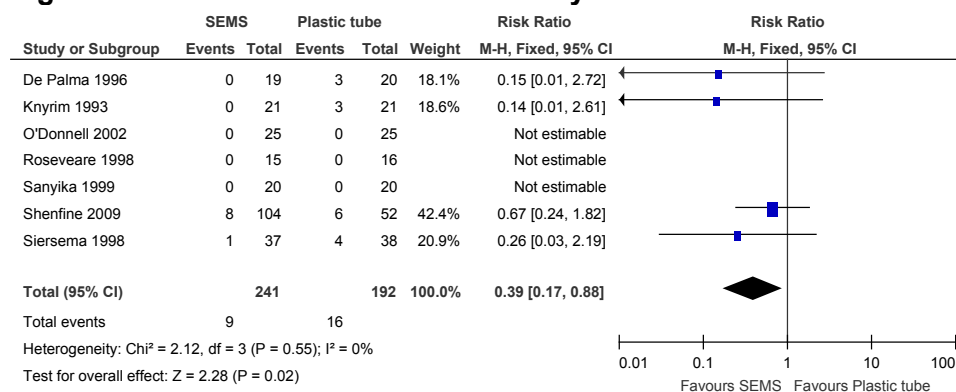
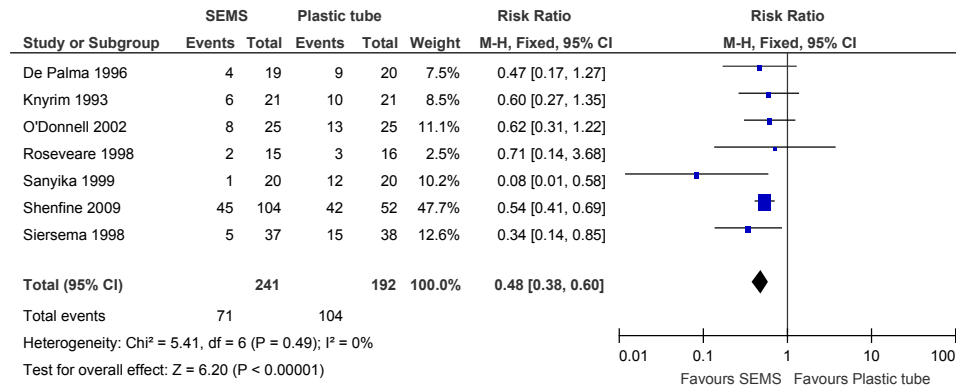


Figure 243: Procedure-related mortality

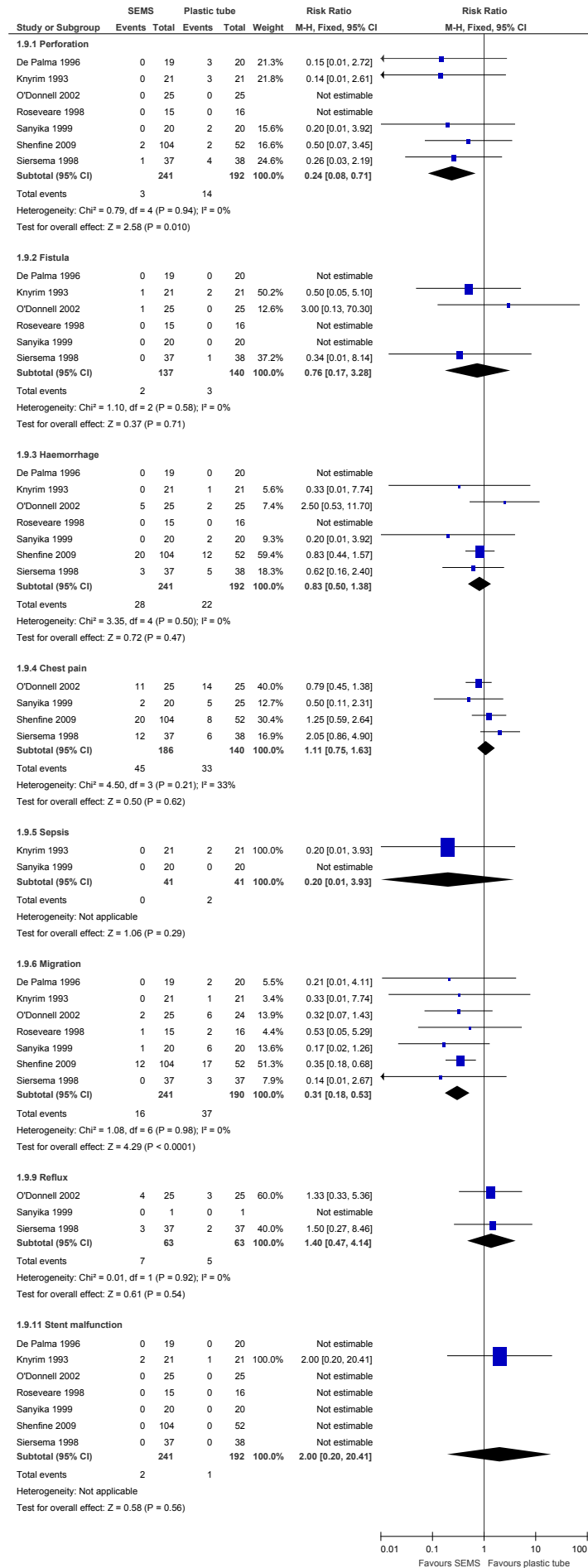


**Figure 244: All procedure-related morbidity (unspecified)**



**Figure 245: Procedure-related morbidity**

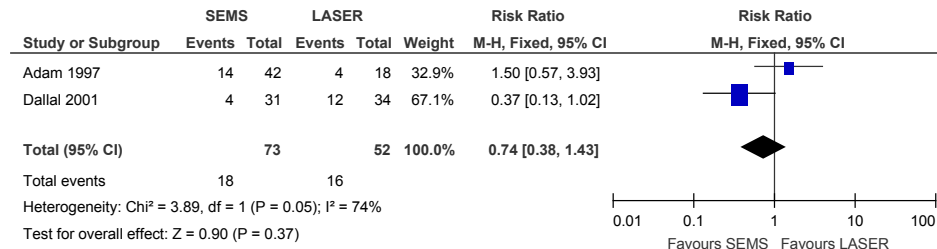
# Appendix H Forest Plots



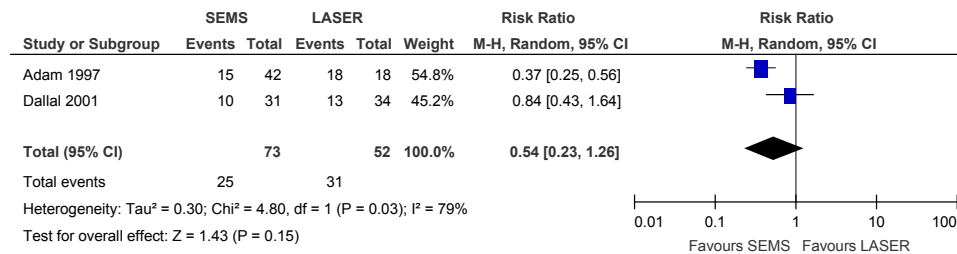


## H.17.2 SEMS versus laser

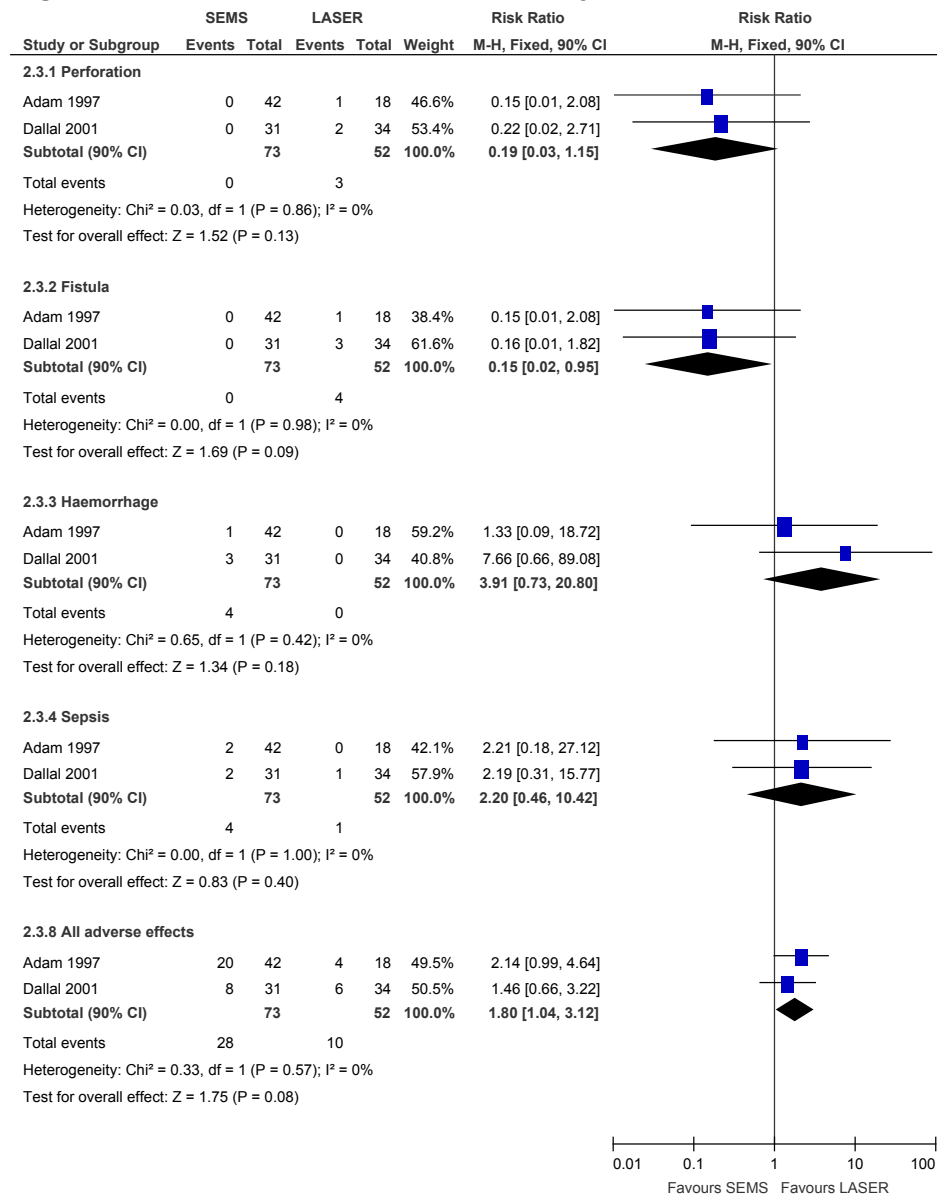
**Figure 246: Persistent or recurrent dysphagia**



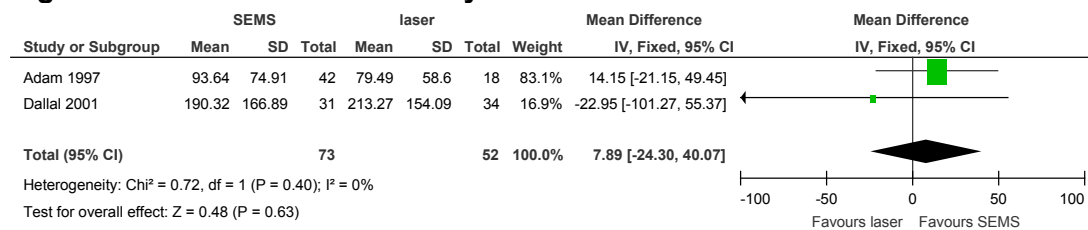
**Figure 247: Need of intervention for recurrent dysphagia**



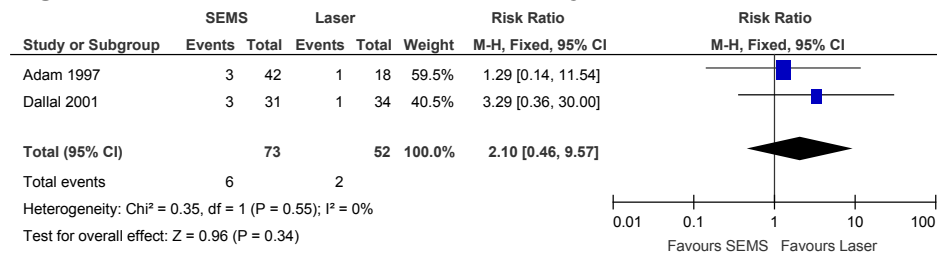
**Figure 248: Procedure-related morbidity**



**Figure 249: Overall survival days**

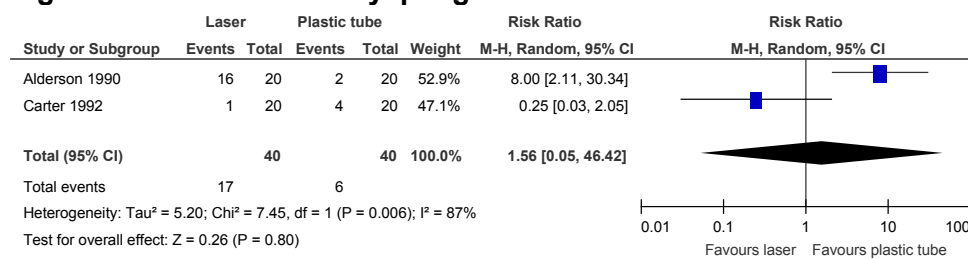


**Figure 250: Procedure-related mortality**

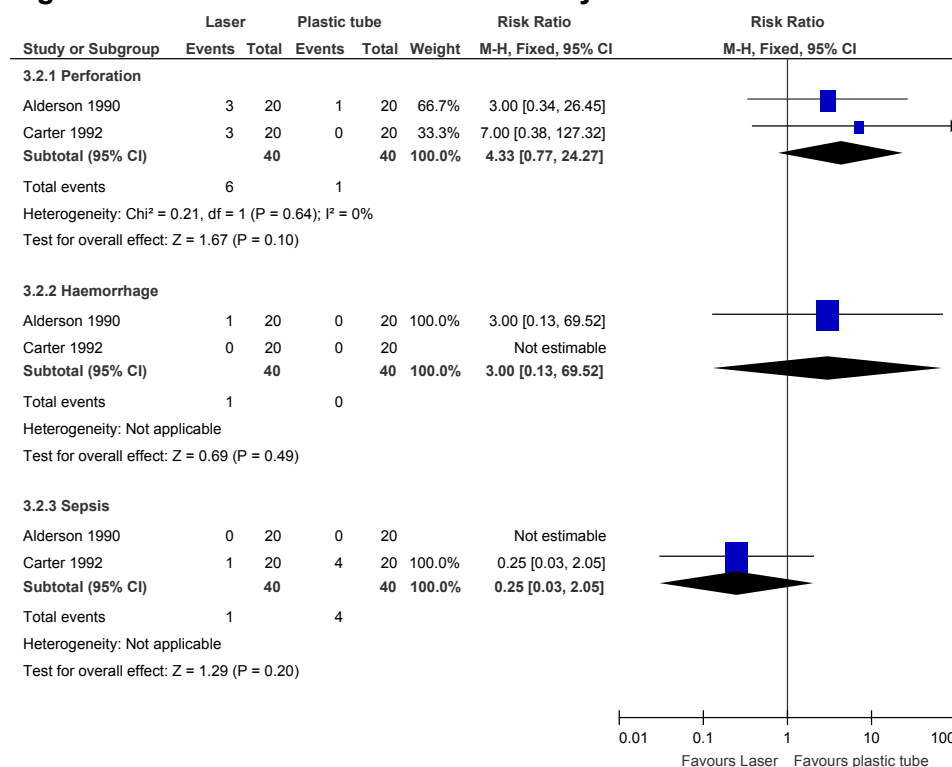


### H.17.3 Laser versus plastic tube

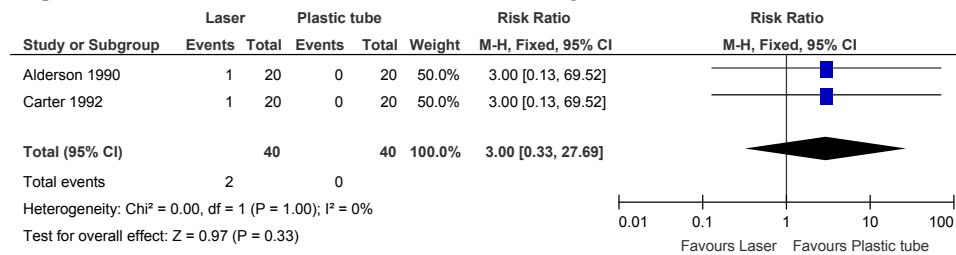
**Figure 251: Recurrent dysphagia**



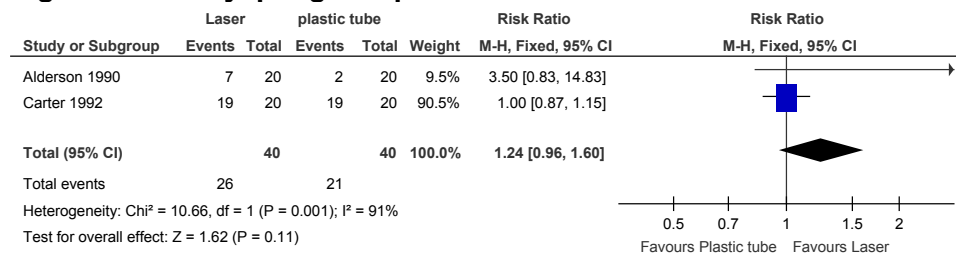
**Figure 252: Procedure-related morbidity**



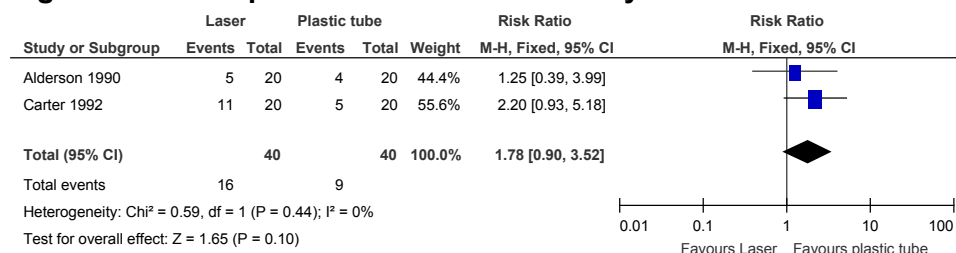
**Figure 253: Procedure-related mortality**



**Figure 254: Dysphagia improvement**

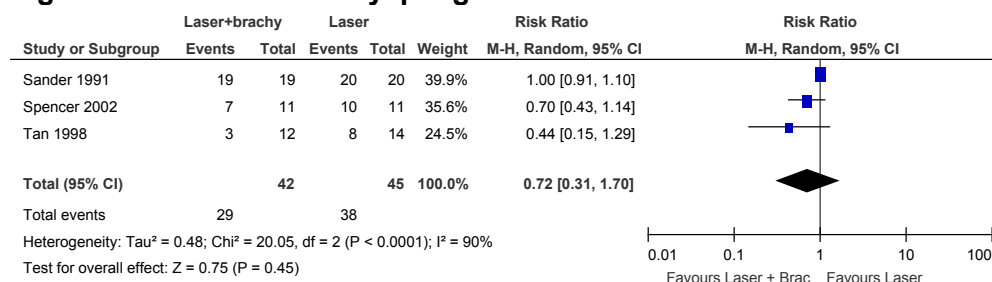


**Figure 255: All procedure-related morbidity**

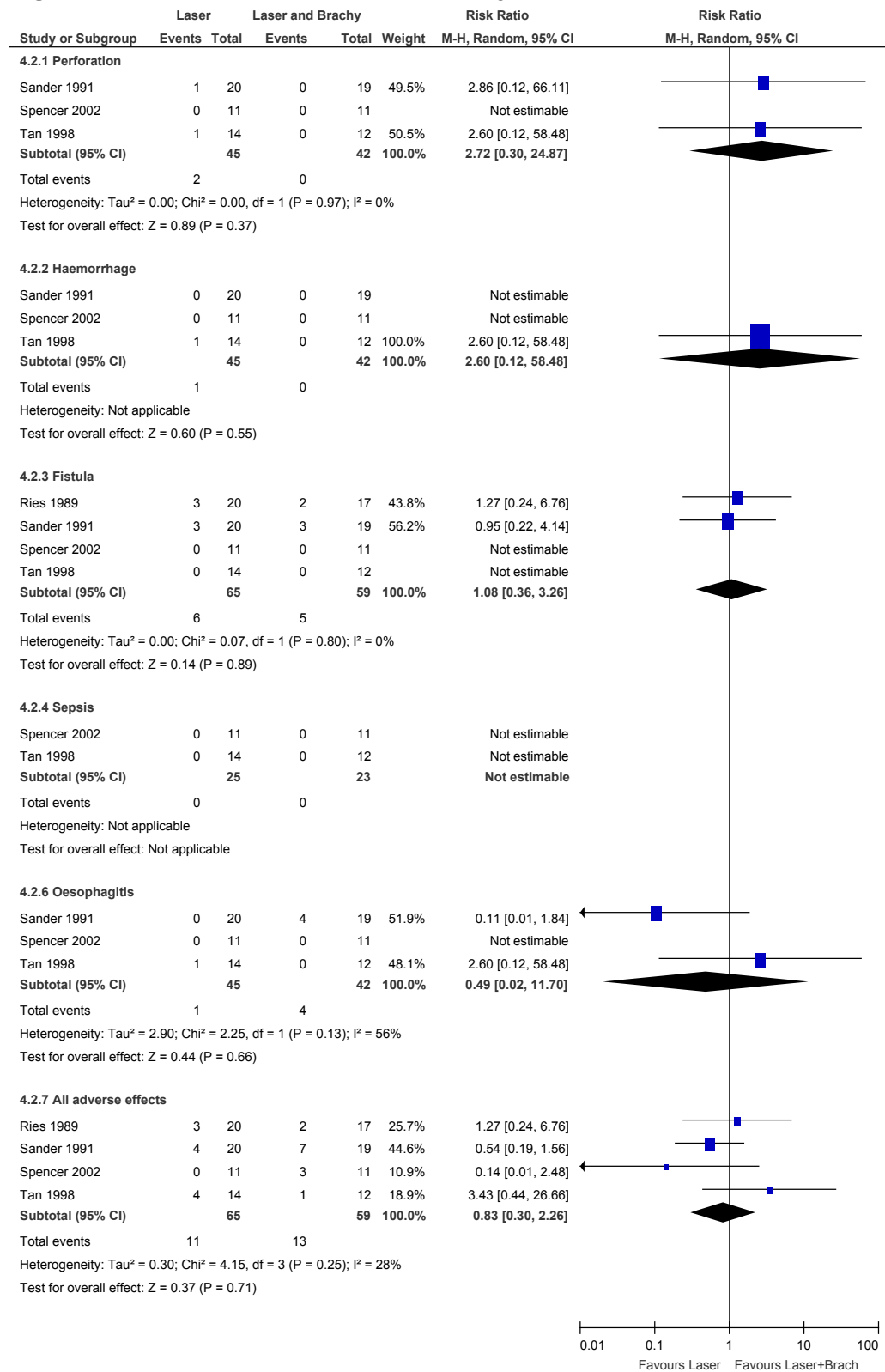


## H.17.4 Laser versus laser plus brachytherapy

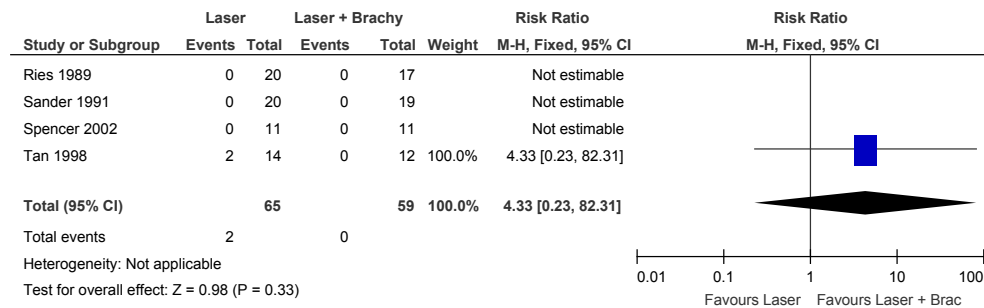
**Figure 256: Recurrent dysphagia**



**Figure 257: Procedure-related morbidity**

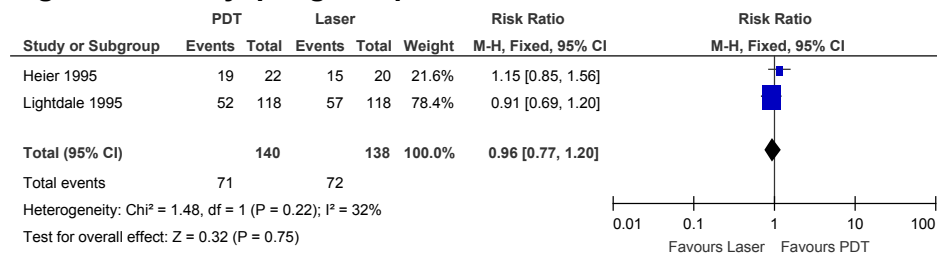


**Figure 258: Procedure-related mortality**

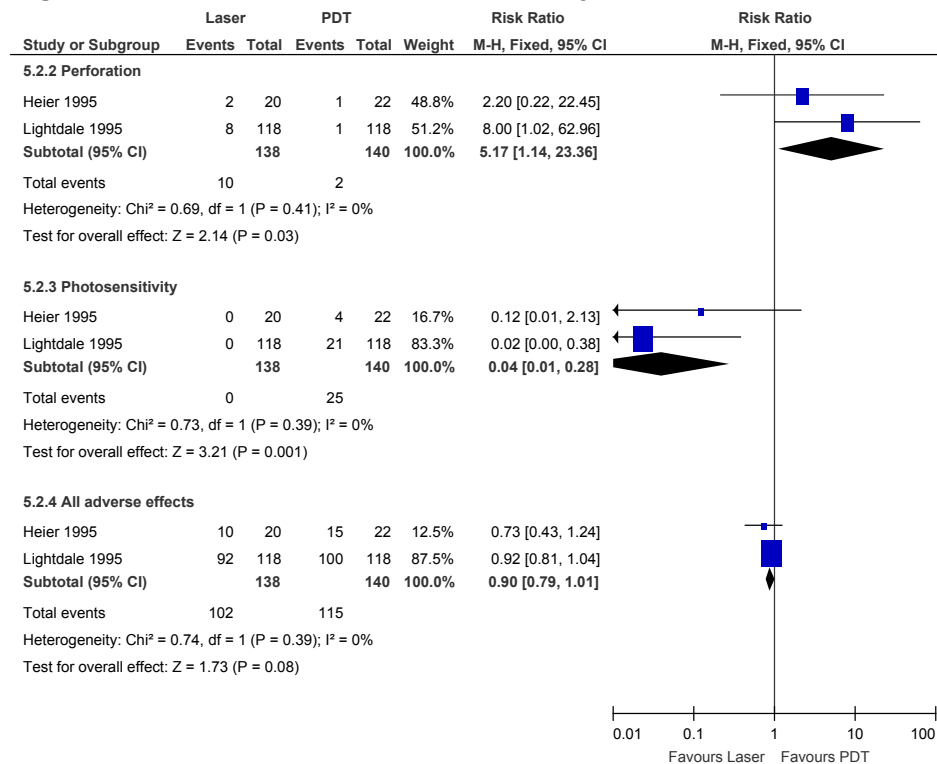


## H.17.5 Laser versus photodynamic therapy

**Figure 259: Dysphagia improvement**



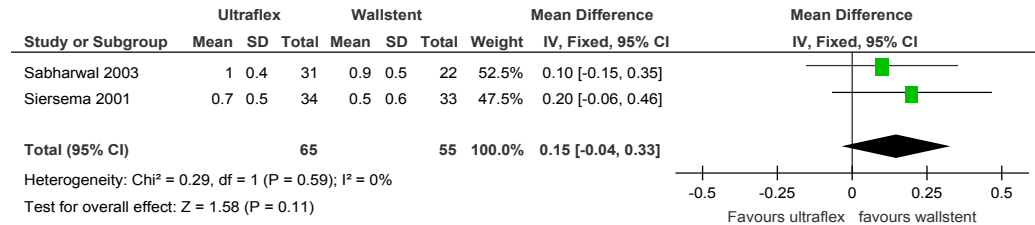
**Figure 260: Procedure-related morbidity**



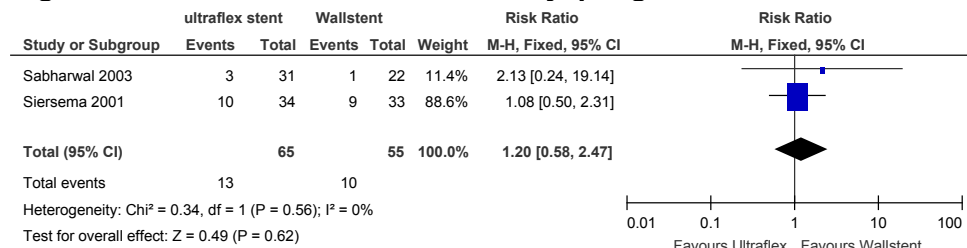
## H.17.6 Different types of SEMS

### H.17.6.1 Covered Ultraflex versus covered Wallstent

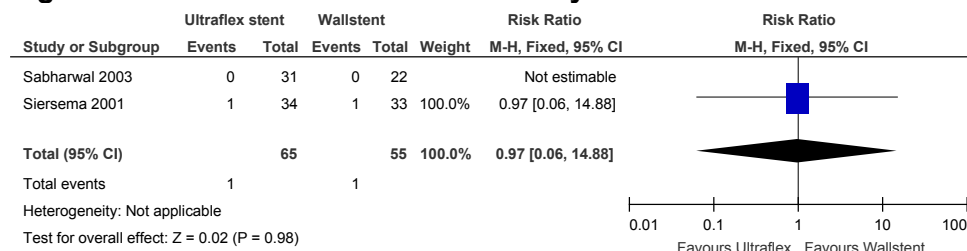
**Figure 261: Dysphagia improvement**



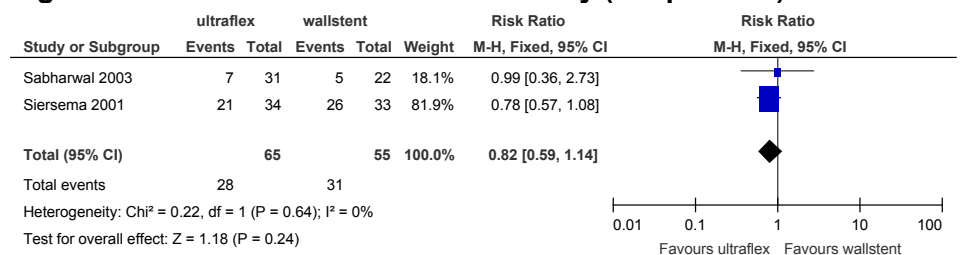
**Figure 262: Persistent or recurrent dysphagia**



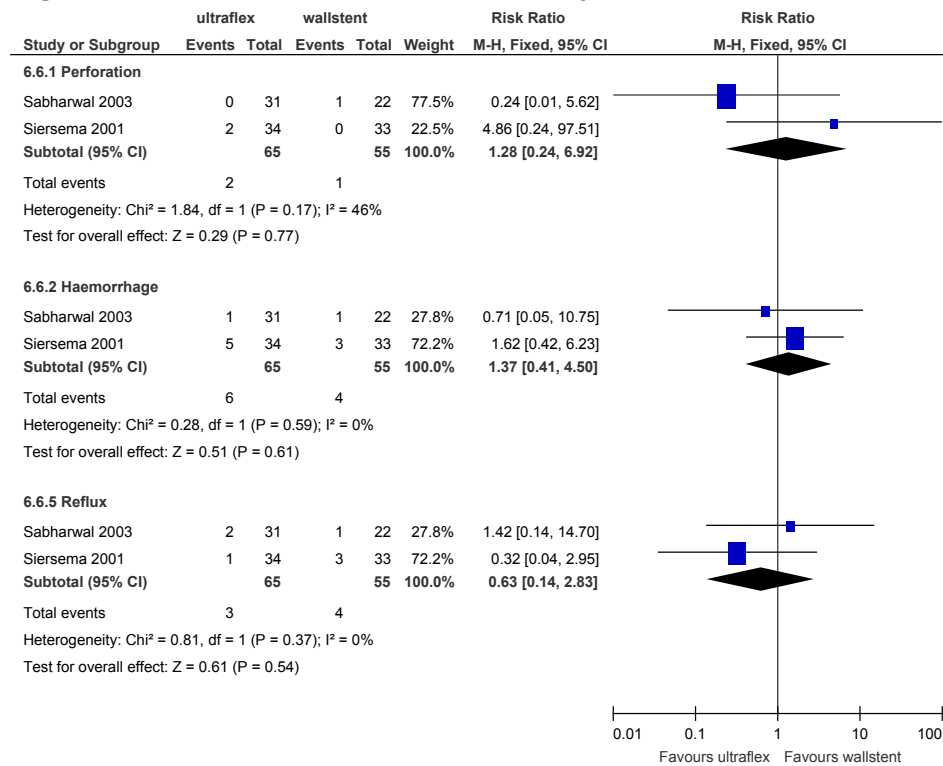
**Figure 263: Procedure-related mortality**



**Figure 264: Procedure-related morbidity (unspecified)**

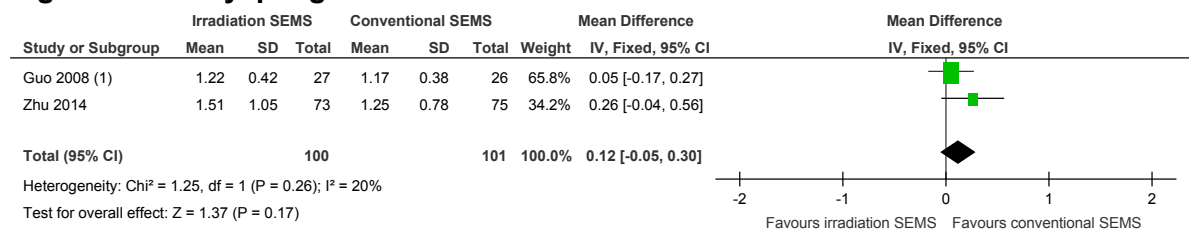


**Figure 265: Procedure-related morbidity**



**H.17.6.2 Irradiation stent versus covered stent**

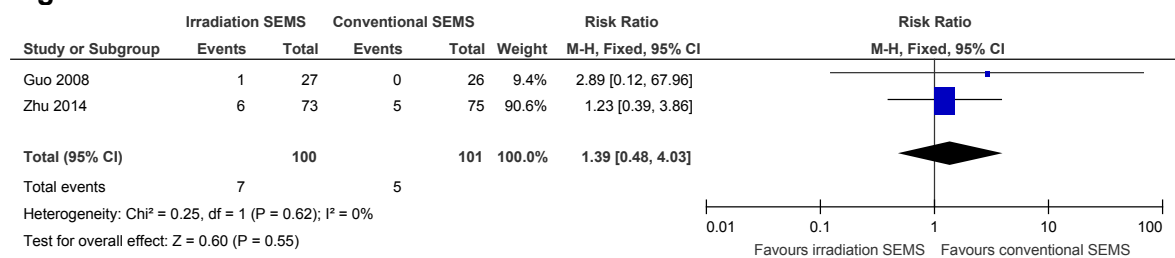
**Figure 266: Dysphagia score**



Footnotes

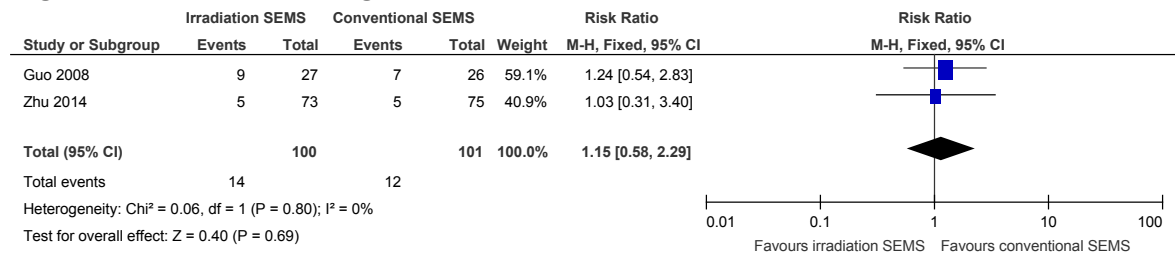
(1) at one month

**Figure 267: Fistula formation**

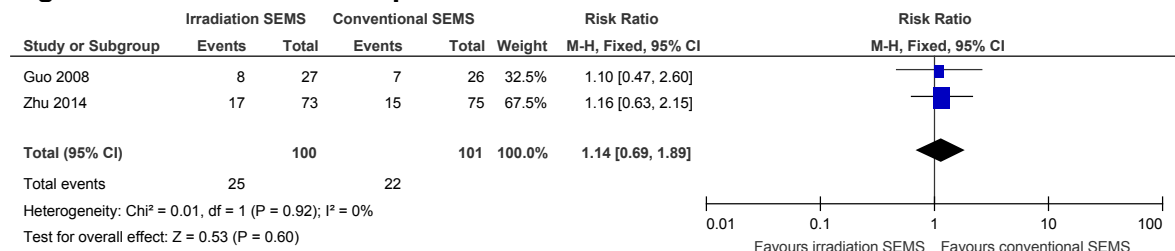




**Figure 268: Haemorrhage**

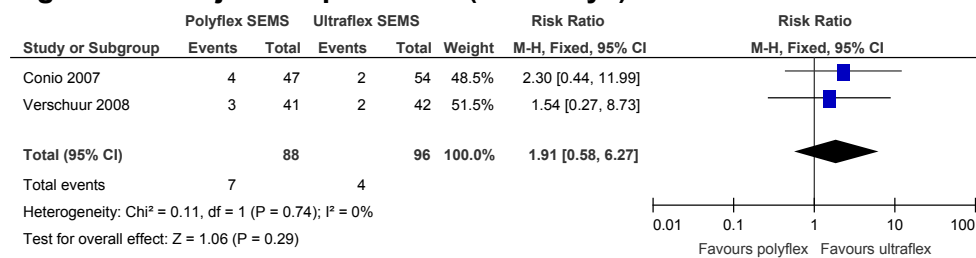


**Figure 269: Severe chest pain**

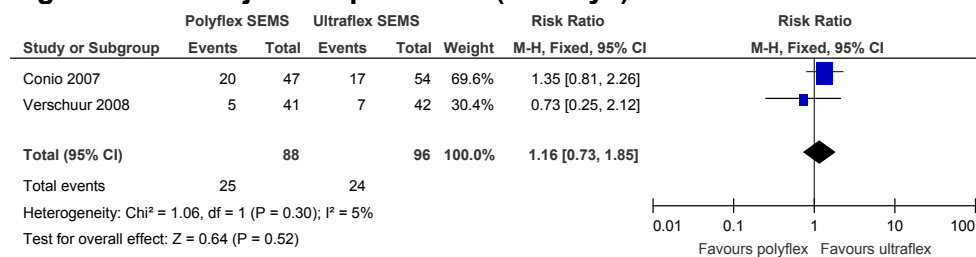


### H.17.6.3 Polyflex versus Ultraflex

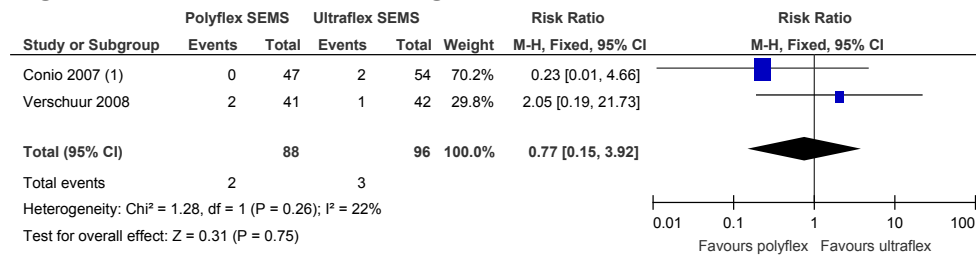
**Figure 270: Major complications (<= 7 days)**



**Figure 271: Major complications (> 7 days)**



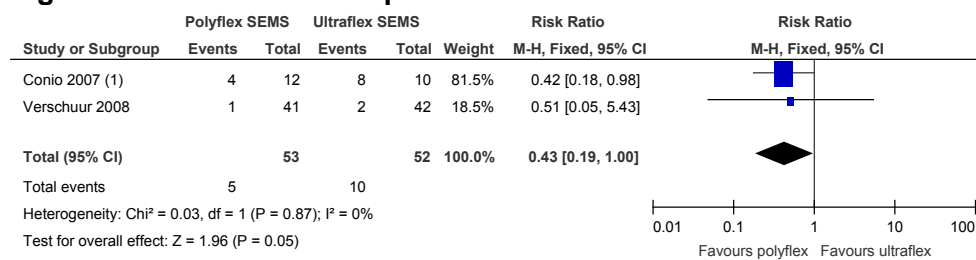
**Figure 272: Gastro-oesophageal reflux**



Footnotes

(1) within a week

**Figure 273: Retrosternal pain**

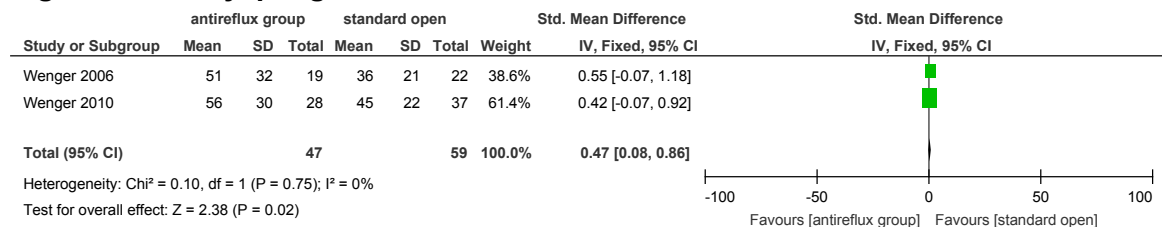


Footnotes

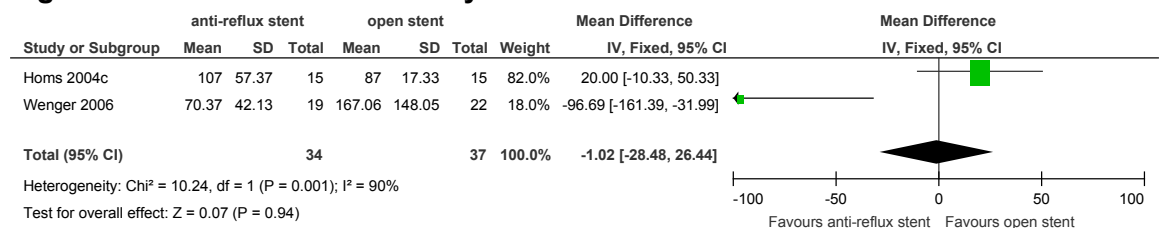
(1) denominator= number of patients with retrosternal pain before intervention

## H.17.7 Anti-reflux stent versus open stent

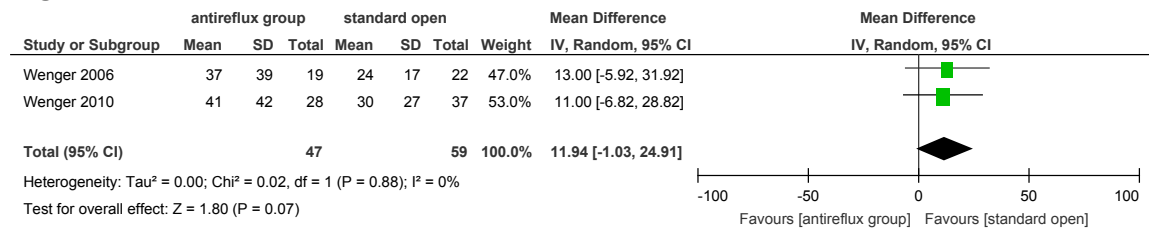
**Figure 274: Dysphagia score at one month**



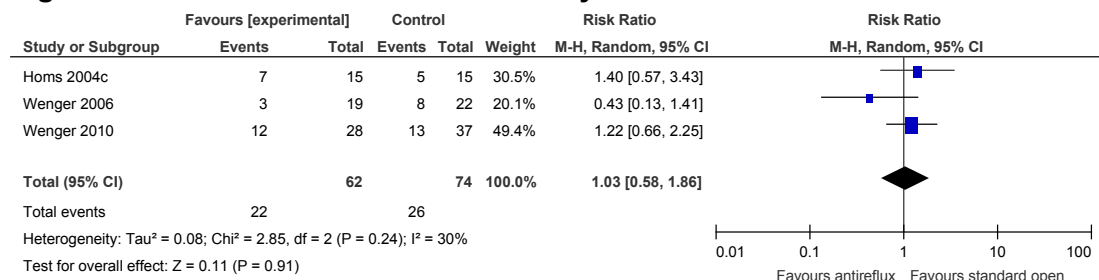
**Figure 275: Overall survival days**



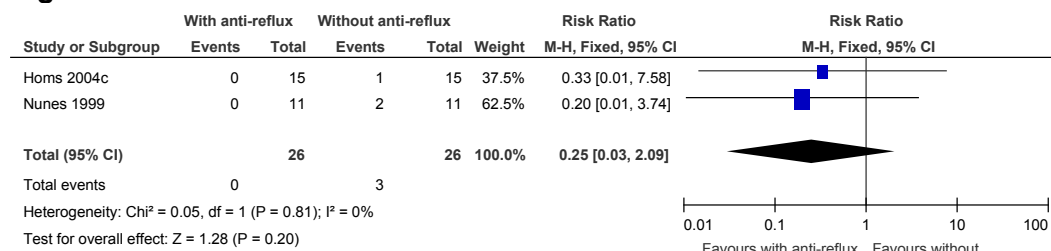
**Figure 276: Reflux scores**



**Figure 277: Procedure-related morbidity**

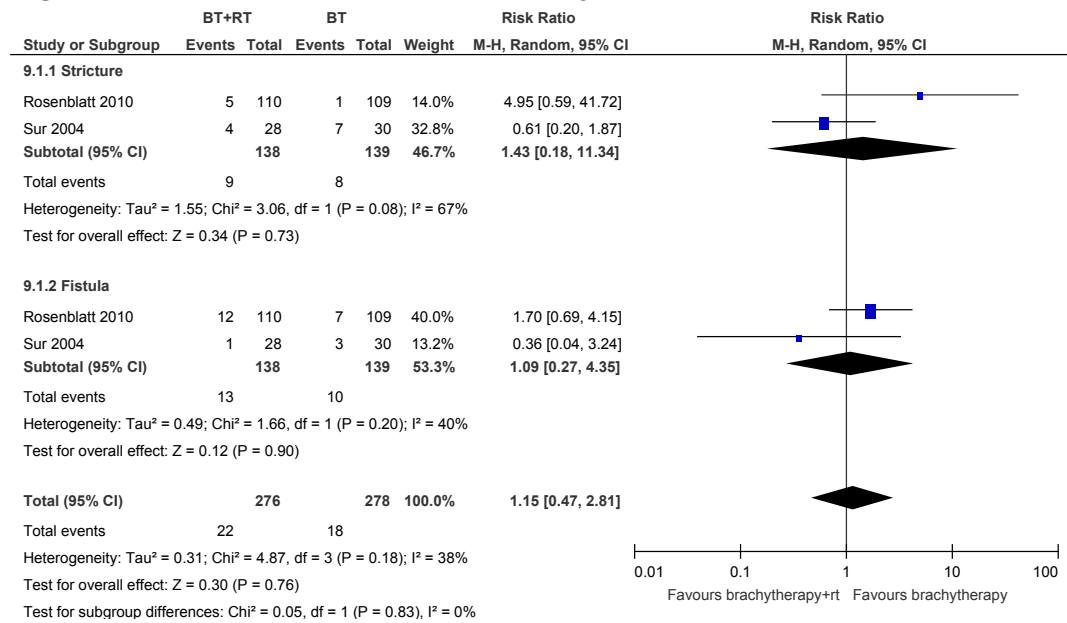


**Figure 278: Pneumonia**



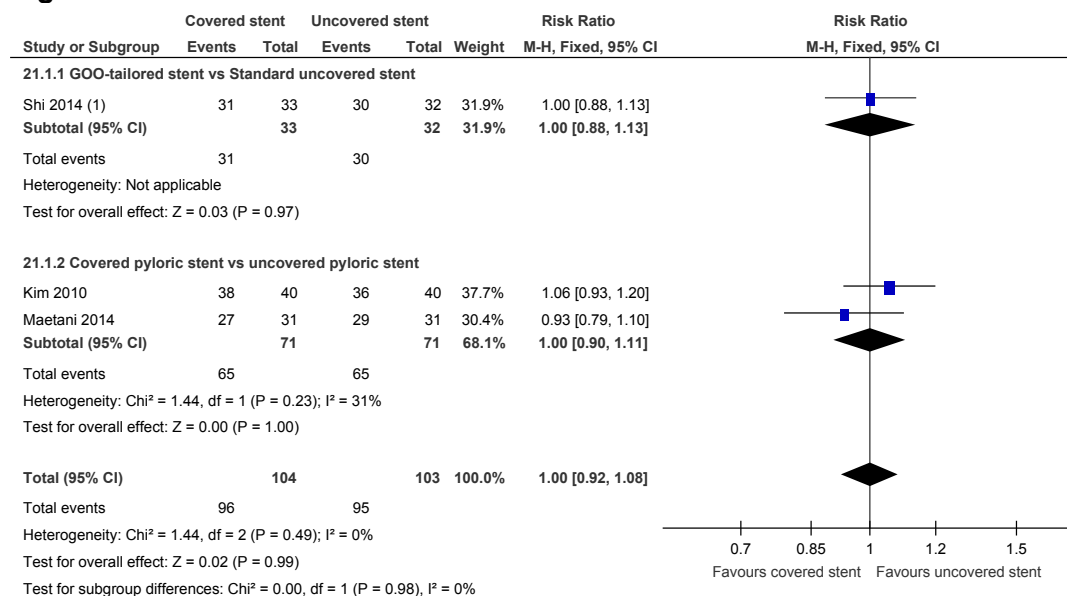
## H.17.8 Brachytherapy versus brachytherapy plus radiotherapy

**Figure 279: Procedure-related morbidity**



## H.17.9 Covered stent versus uncovered stent for gastric outlet obstruction

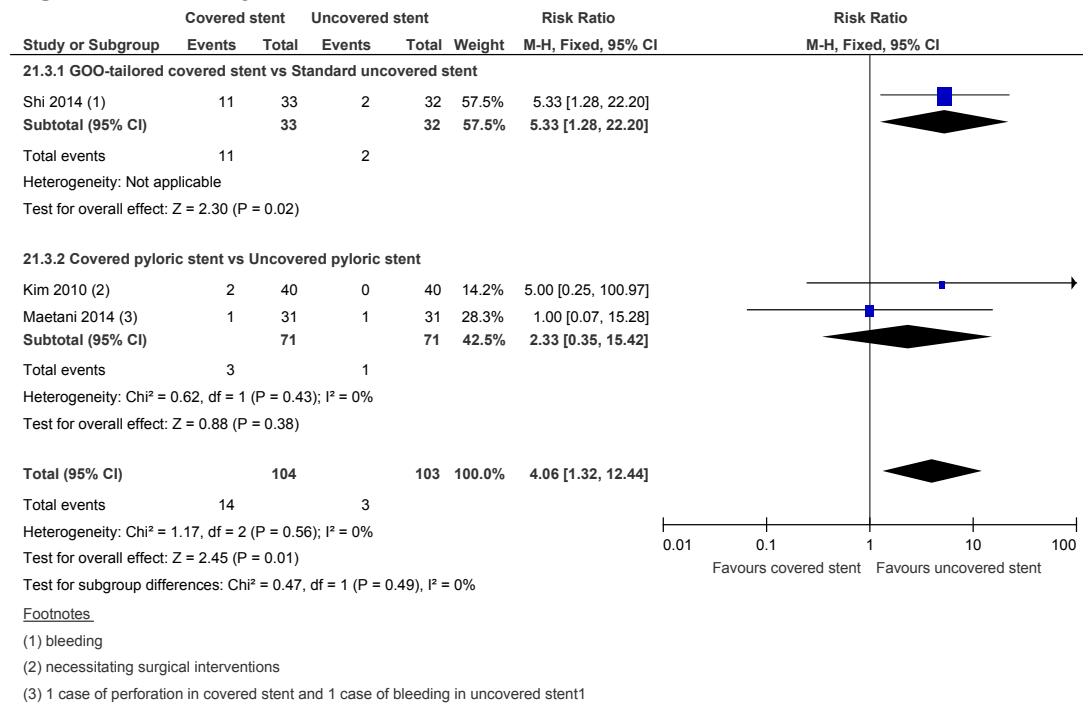
**Figure 280: Clinical success**



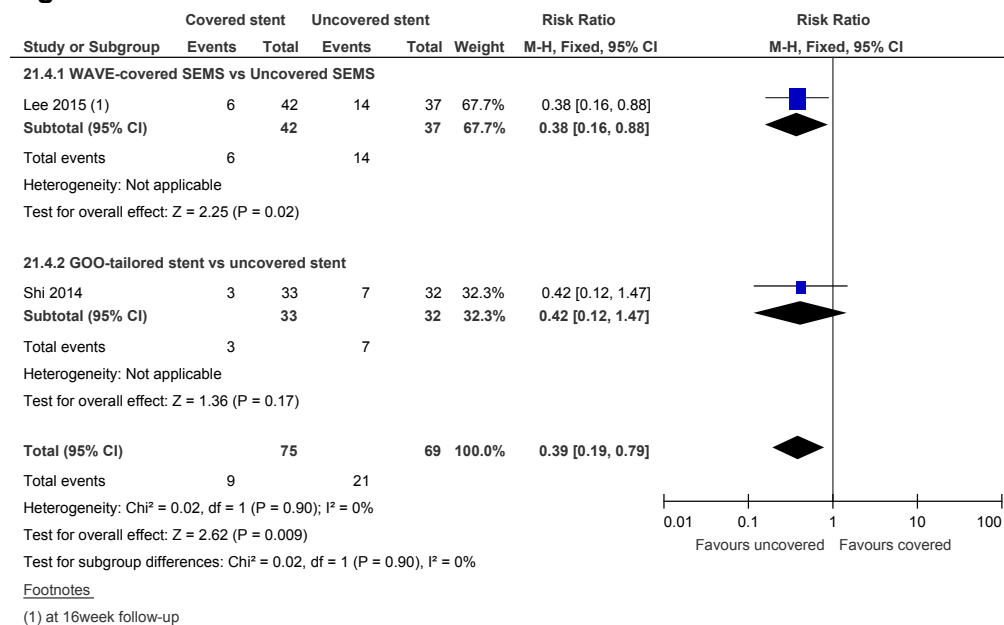
**Footnotes**

(1) resolution of dysphagia and the ability to restart a low residue diet after stent placement

**Figure 281: Major complications**

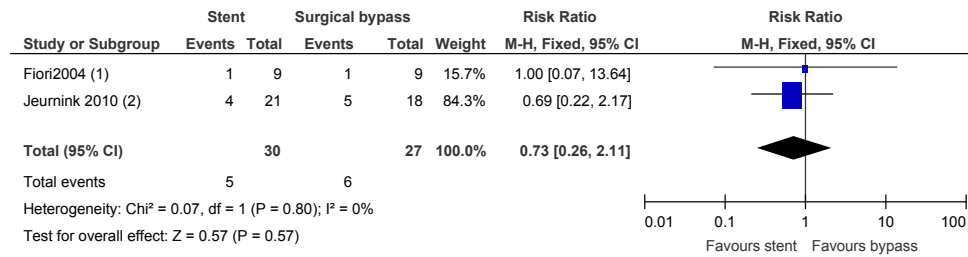


**Figure 282: Re-intervention rate**



## H.17.10 Stent versus bypass surgery for obstructive gastric cancer

**Figure 283: Minor complications**

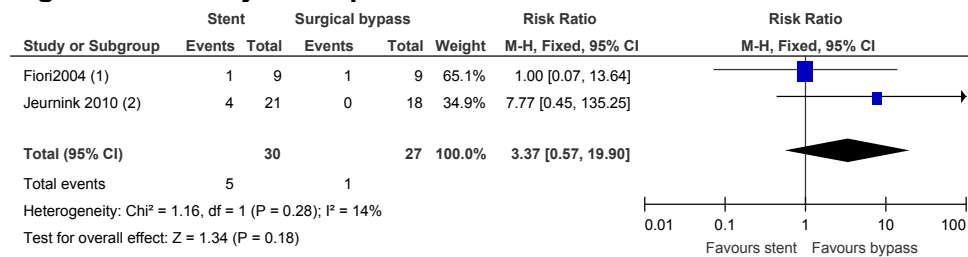


Footnotes

(1) one case of pain in stent and one case of wound infection in bypass

(2) moderately severe complications not requiring hospital admission

**Figure 284: Major complications**



Footnotes

(1) one case of dislocation in stent and one case of haemorrhage in bypass surgery

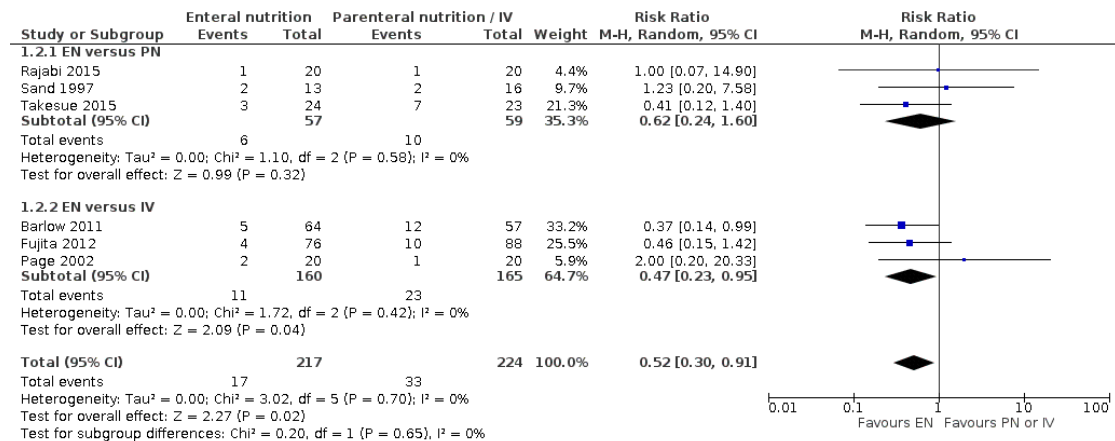
(2) severe complications requiring treatment and/or hospitalisation

## H.18 Curative treatment

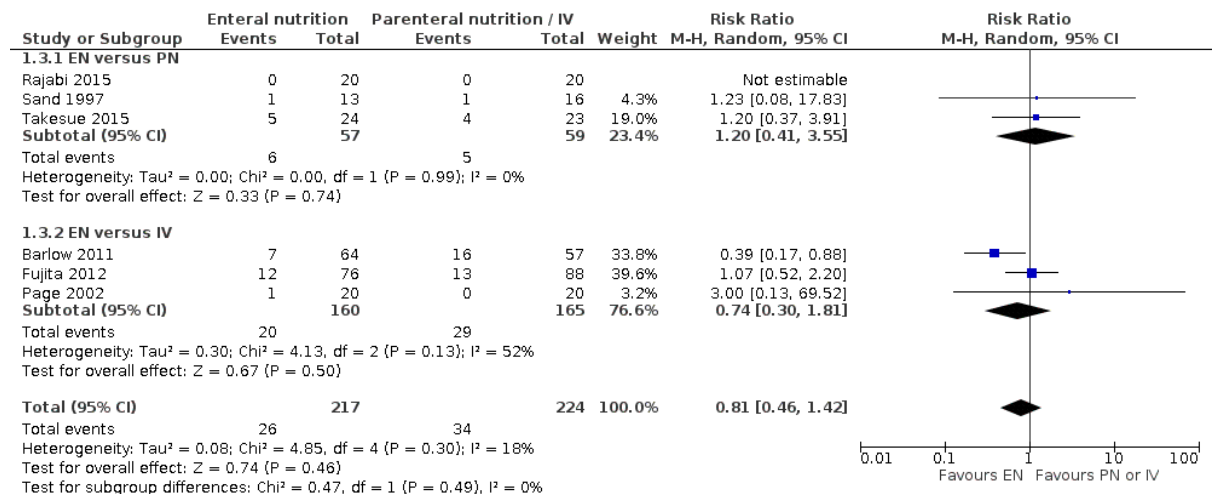
What is the effectiveness of nutritional support interventions for adults undergoing curative treatment for oesophago-gastric cancer?

### H.18.1 Enteral nutrition versus parenteral nutrition or IV support after surgery

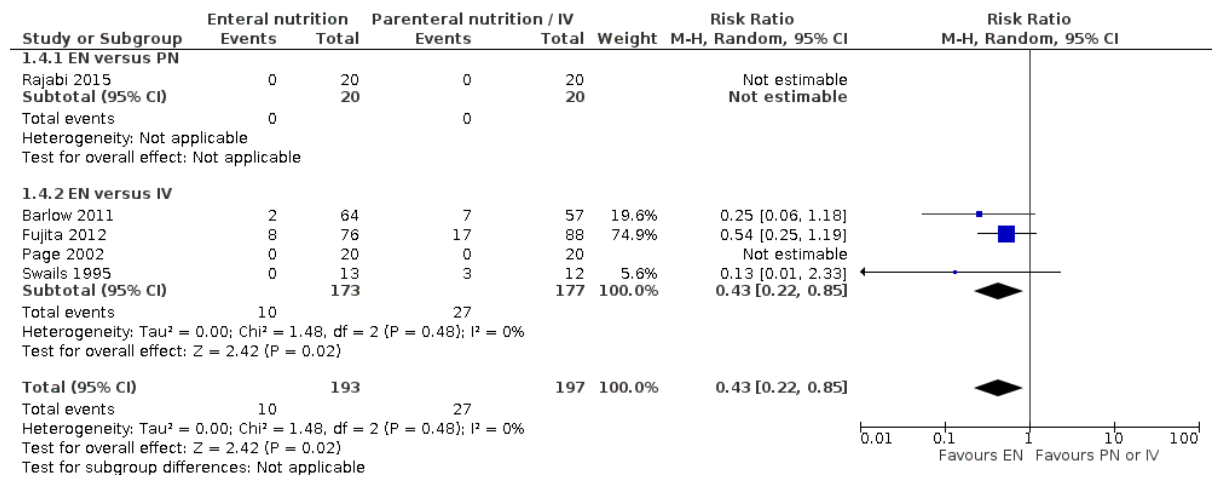
**Figure 285: Pneumonia: enteral nutrition versus parenteral nutrition or IV support in people with oesophago-gastric cancer after surgery**



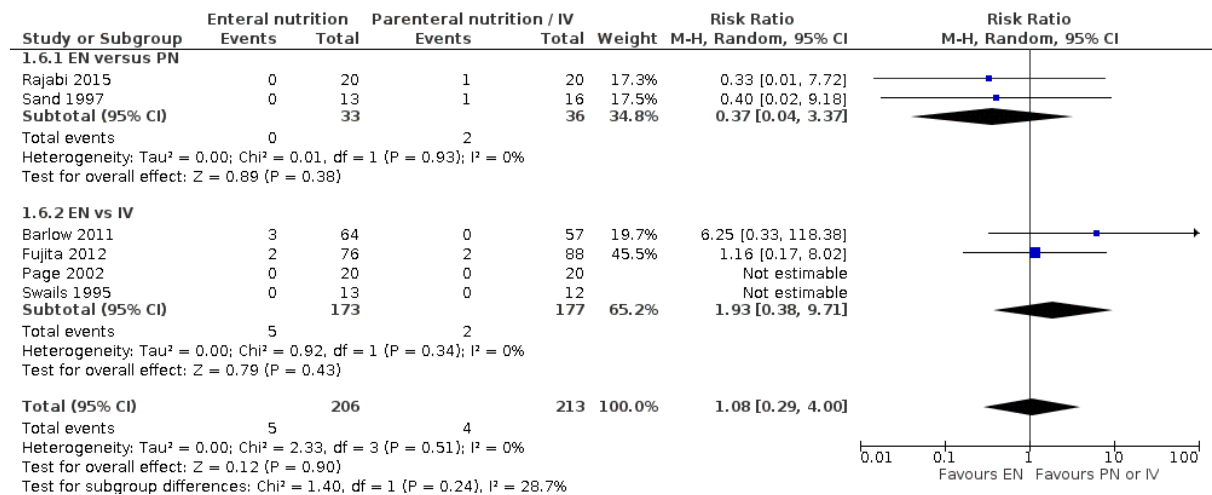
**Figure 286: Surgical site infection: enteral nutrition versus parenteral nutrition or IV support in people with oesophago-gastric cancer after surgery**



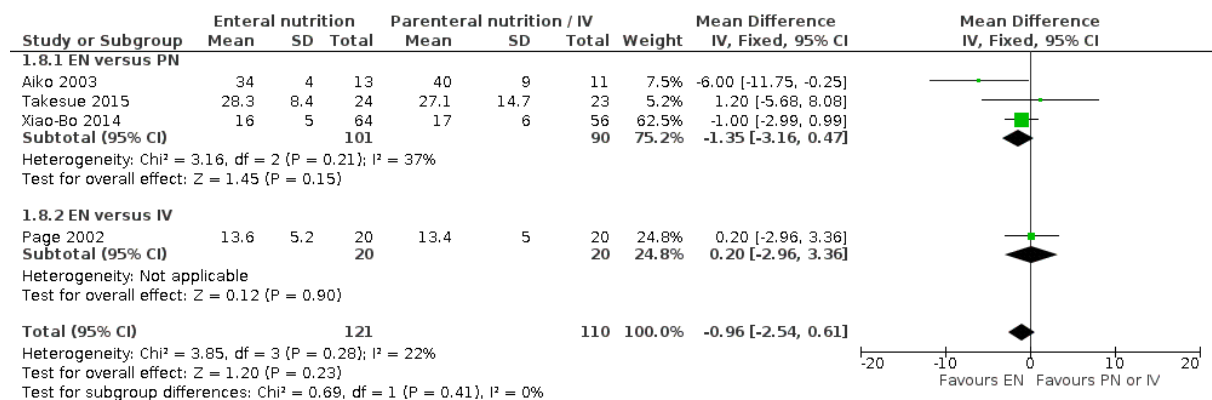
**Figure 287: Anastamotic leaks: enteral nutrition versus parenteral nutrition or IV support in people with oesophago-gastric cancer after surgery**



**Figure 288: Short term mortality: enteral nutrition versus parenteral nutrition or IV support in people with oesophago-gastric cancer after surgery**



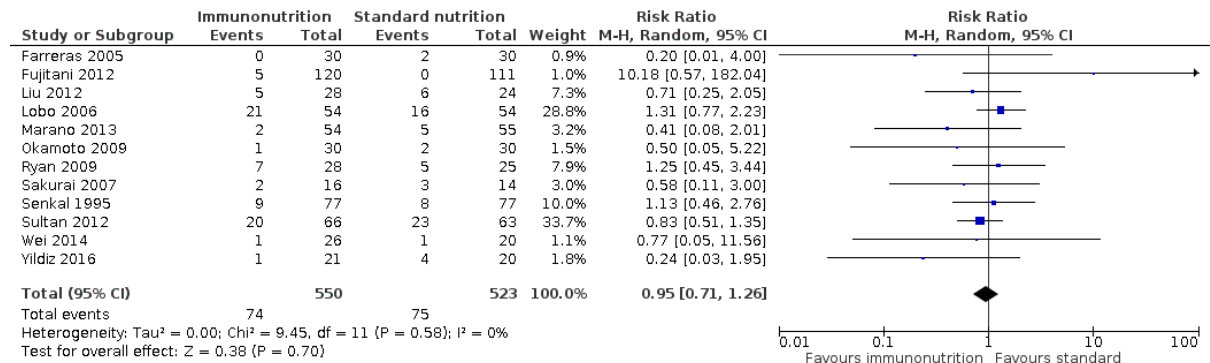
**Figure 289: Length of hospital stay: enteral nutrition versus parenteral nutrition or IV support in people with oesophago-gastric cancer after surgery**



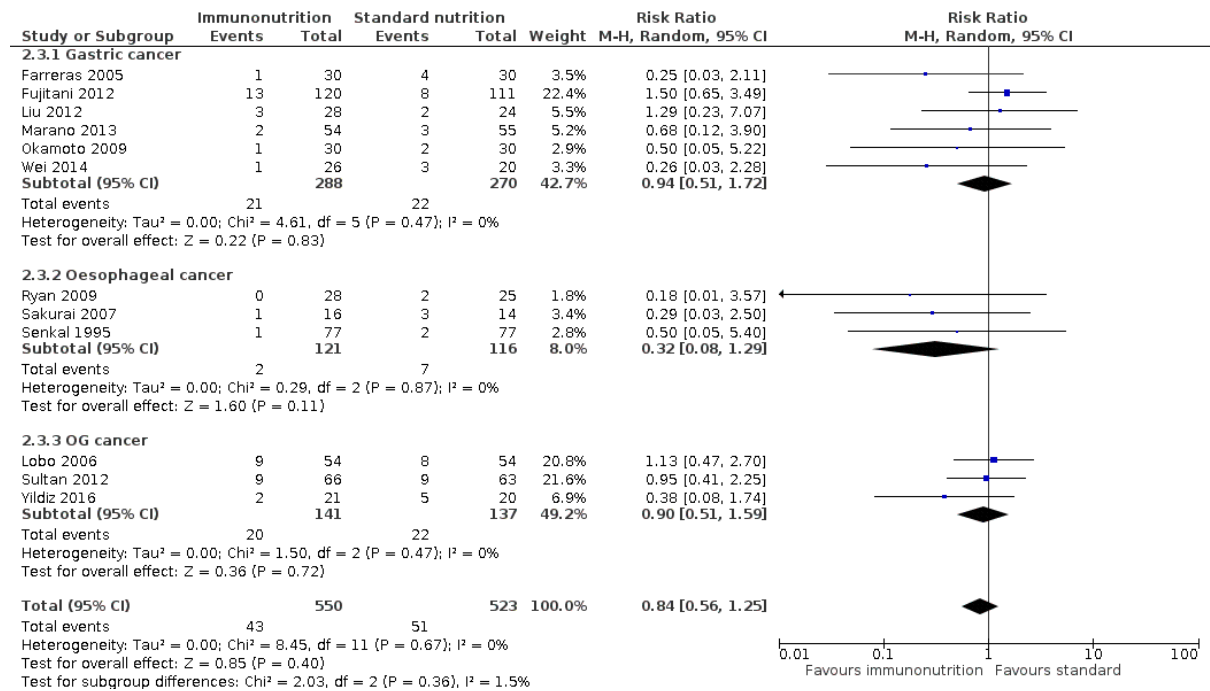


## H.18.2 Immunonutrition in the perioperative period

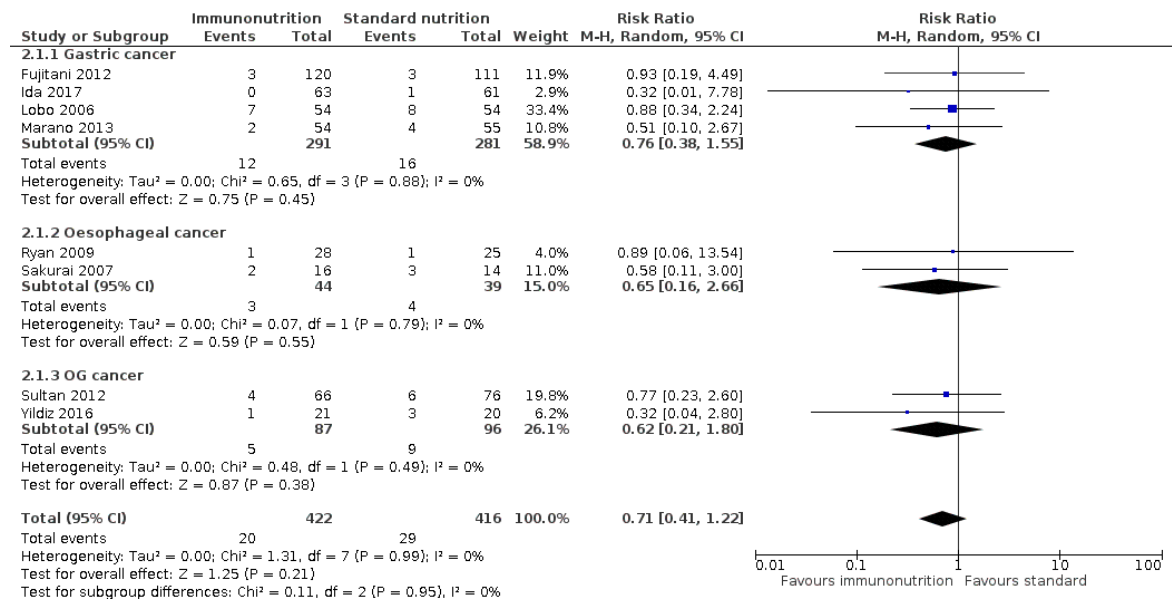
**Figure 290: Pneumonia: immunonutrition versus standard nutrition in people with oesophago-gastric cancer in the perioperative period**



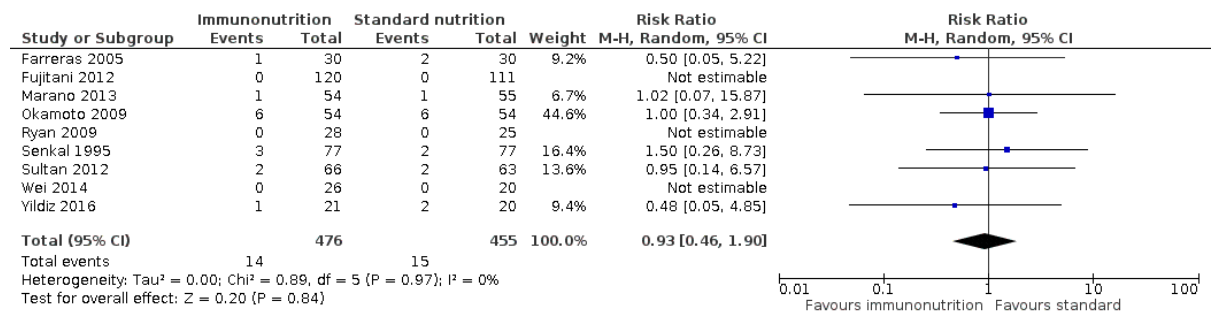
**Figure 291: Surgical site infection: immunonutrition versus standard nutrition in people with oesophago-gastric cancer in the perioperative period**



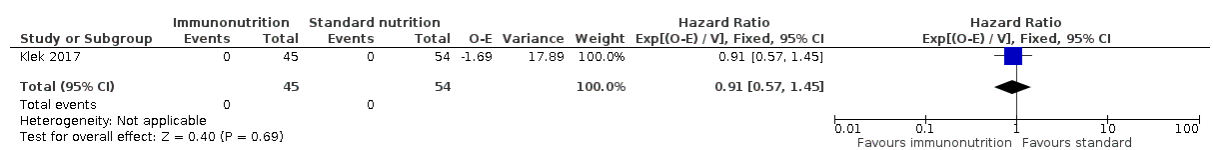
**Figure 292: Anastamotic leaks: immunonutrition versus standard nutrition in people with oesophago-gastric cancer in the perioperative period**



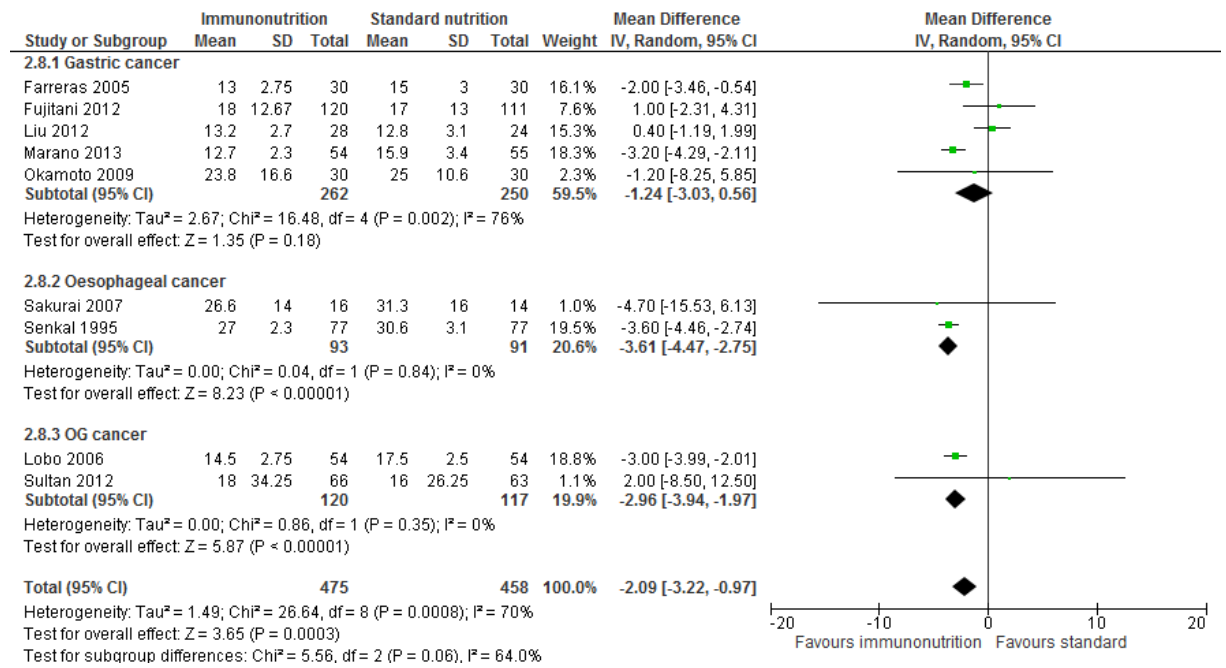
**Figure 293: Short term mortality: immunonutrition versus standard nutrition in people with oesophago-gastric cancer in the perioperative period**



**Figure 294: Overall survival: immunonutrition versus standard nutrition in people with oesophago-gastric cancer – 5 years follow up**

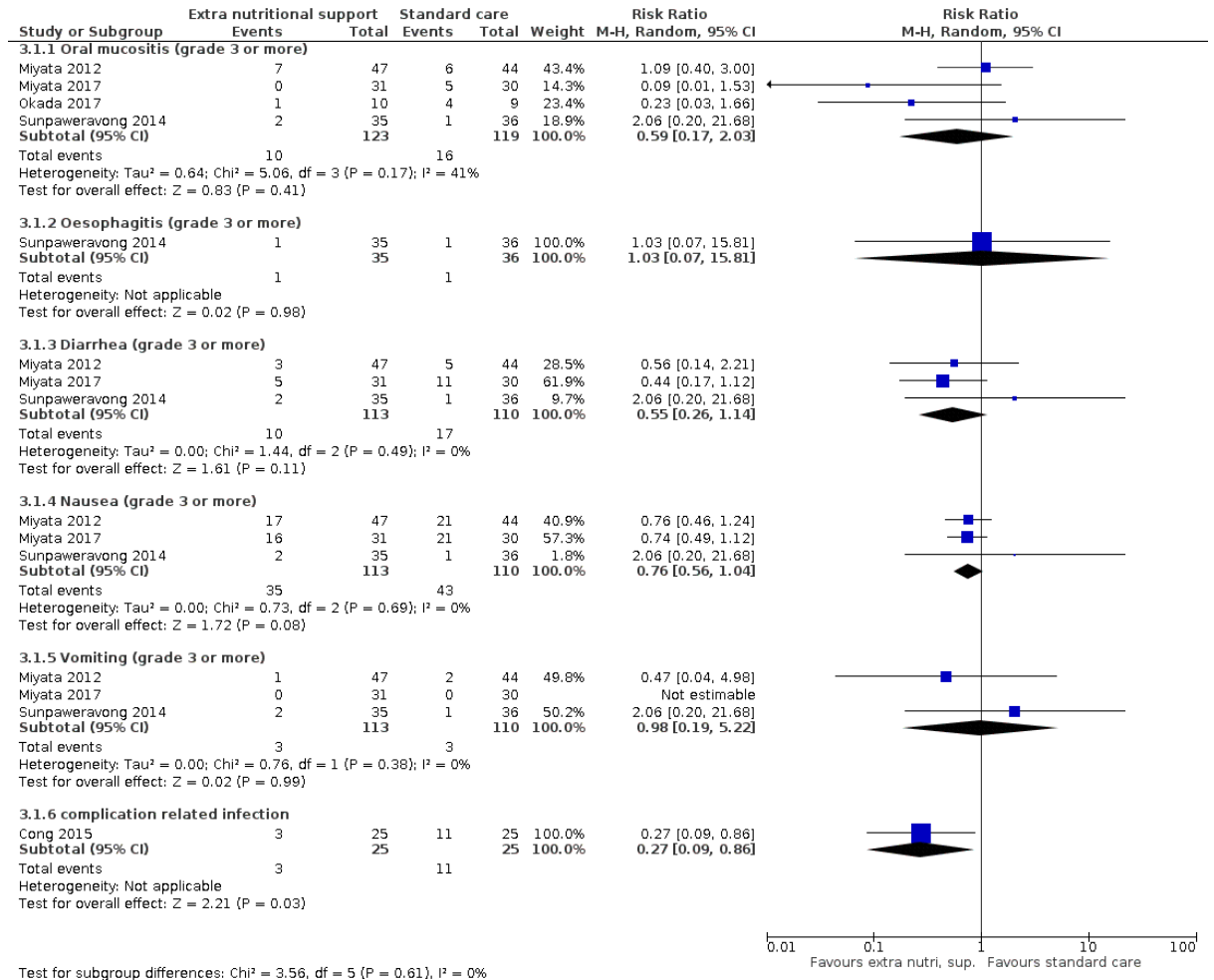


**Figure 295: Length of hospital stay: immunonutrition versus standard nutrition in people with oesophago-gastric cancer in the perioperative period**



### H.18.3 Additional nutritional support to mitigate toxicity during chemotherapy or chemoradiotherapy

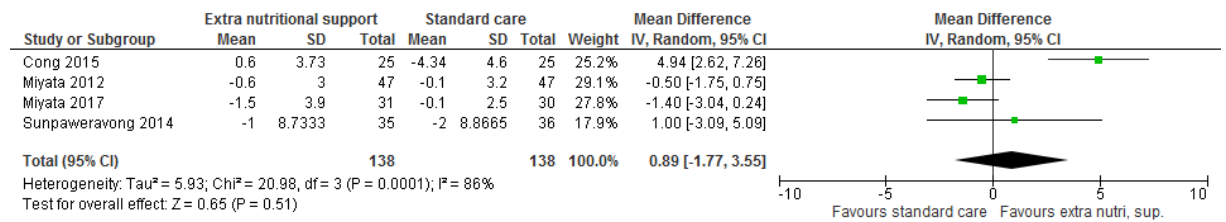
**Figure 296: Treatment toxicities: additional nutritional support versus standard nutritional support during chemotherapy or chemoradiotherapy**



**Figure 297: Completion of planned treatment: additional nutritional support versus standard nutritional support during chemotherapy or chemoradiotherapy**

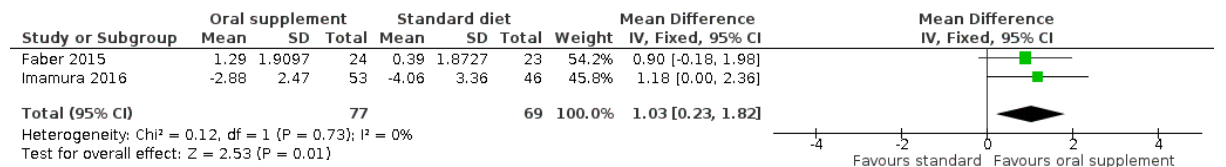


**Figure 298: Weight change: additional nutritional support versus standard nutritional support during chemotherapy or chemoradiotherapy**



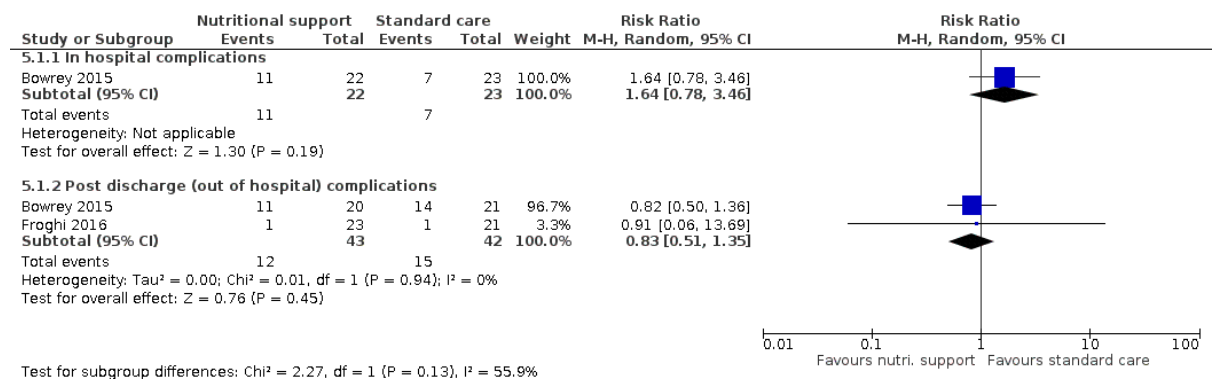
### H.18.4 Oral nutrition supplements

**Figure 299: Weight change from baseline: oral nutritional support versus standard care, before or after curative treatment**

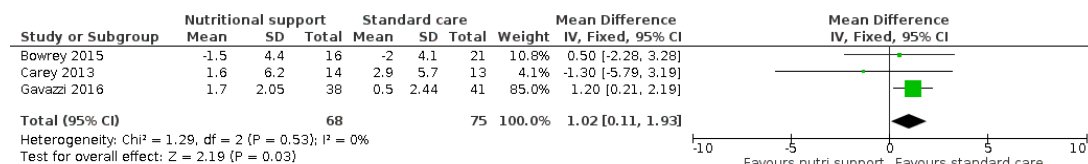


### H.18.5 Continued nutrition support after discharge from hospital

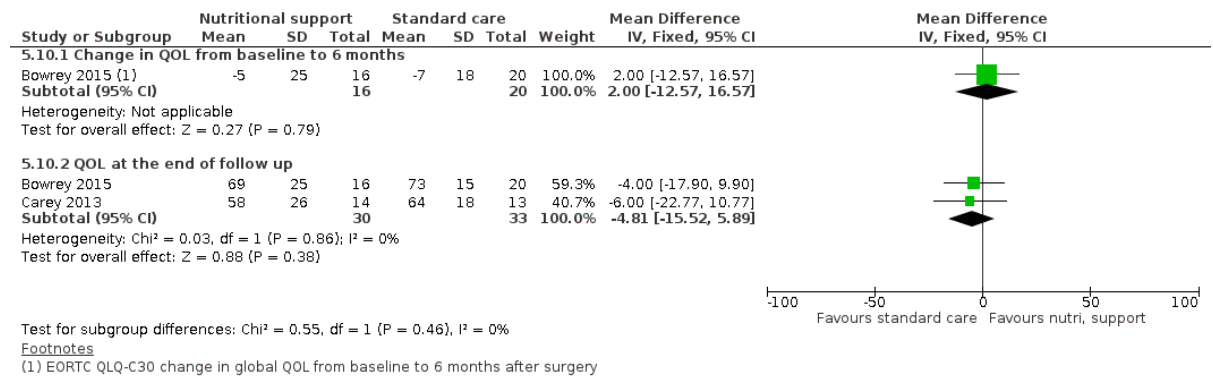
**Figure 300: Complications: continued nutrition support after discharge from hospital versus standard care**



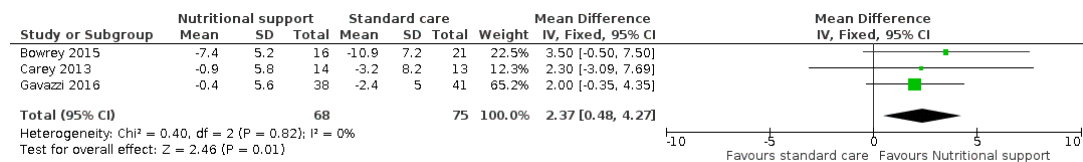
**Figure 301: Sarcopenia (change in grip strength in kg): continued nutrition support after discharge from hospital versus standard care**



**Figure 302: Quality of life: continued nutrition support after discharge from hospital versus standard care**



**Figure 303: Weight change: continued nutrition support after discharge from hospital versus standard care**



## H.19 Palliative care

**What is the effectiveness of nutritional interventions in adults with oesophago-gastric cancer receiving palliative care?**

No evidence was identified for this review.

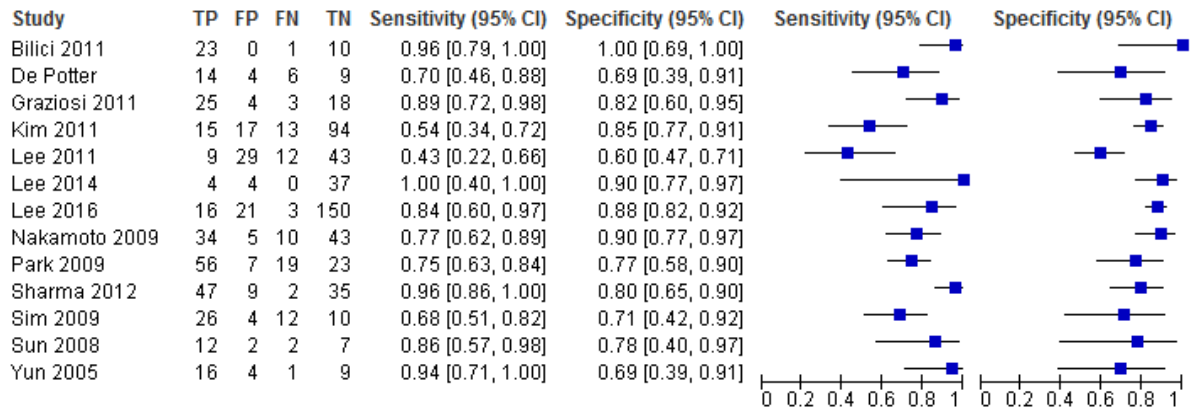
## H.20 Routine follow-up

**In adults who have undergone treatment for oesophago-gastric cancer with curative intent, with no symptoms or evidence of residual disease, what is the optimal**

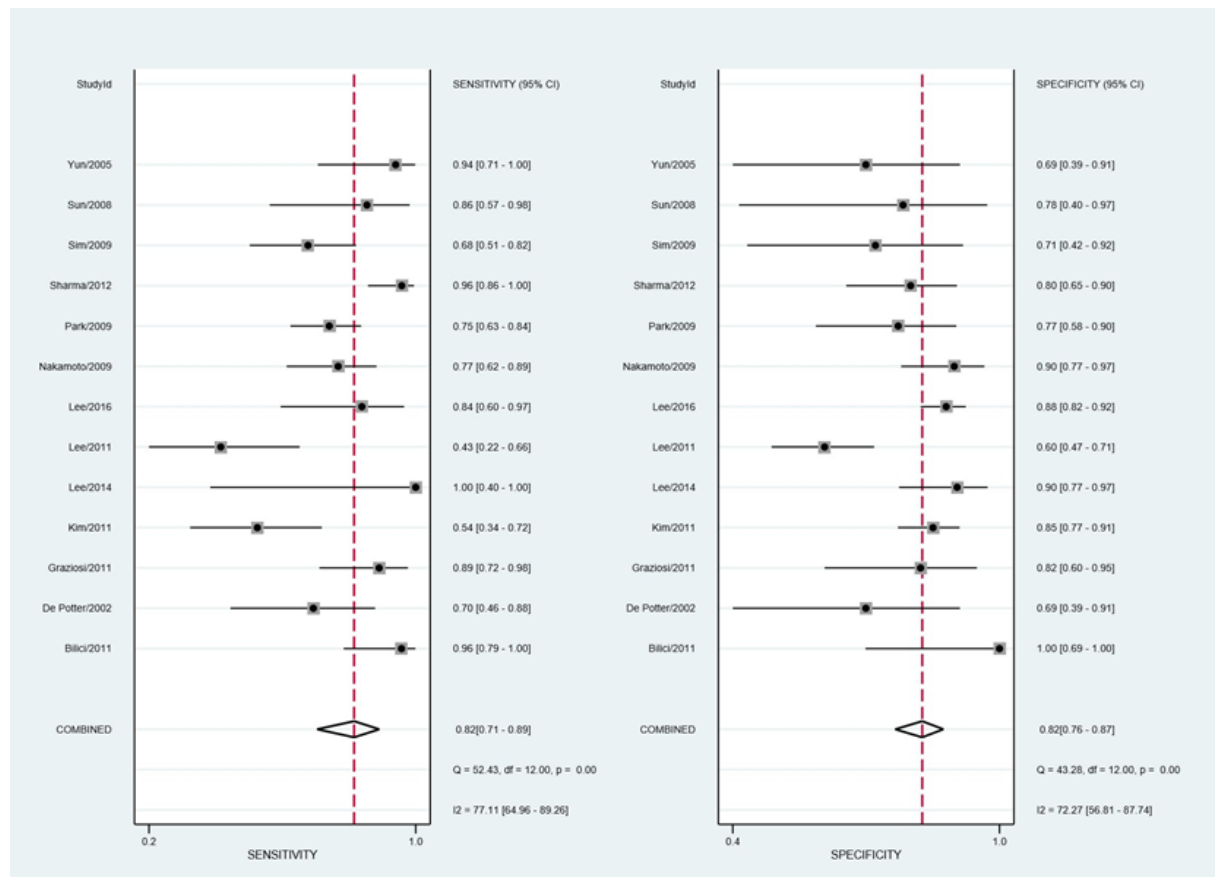
**method(s), frequency, and duration of routine follow-up for the detection of concurrent disease?**

**H.20.1 PET/CT for gastric cancer**

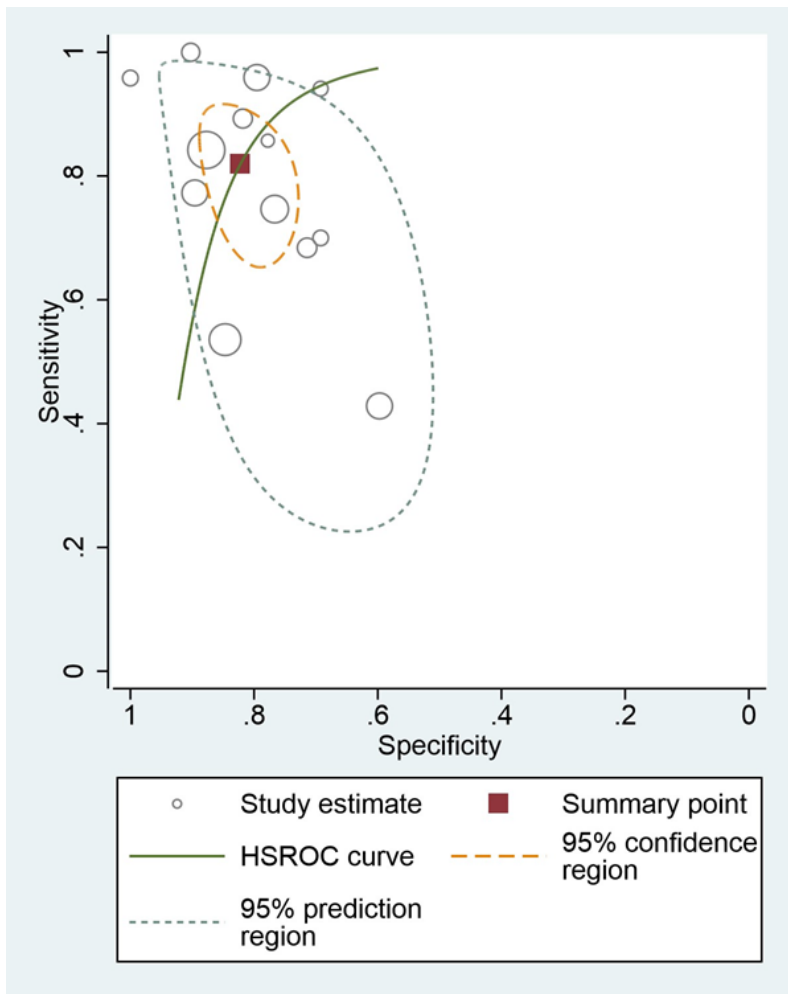
**Figure 304: PET/CT for any site recurrence (all studies)**



**Figure 305: Bivariate analysis: PET/CT for any site recurrence (all studies)**

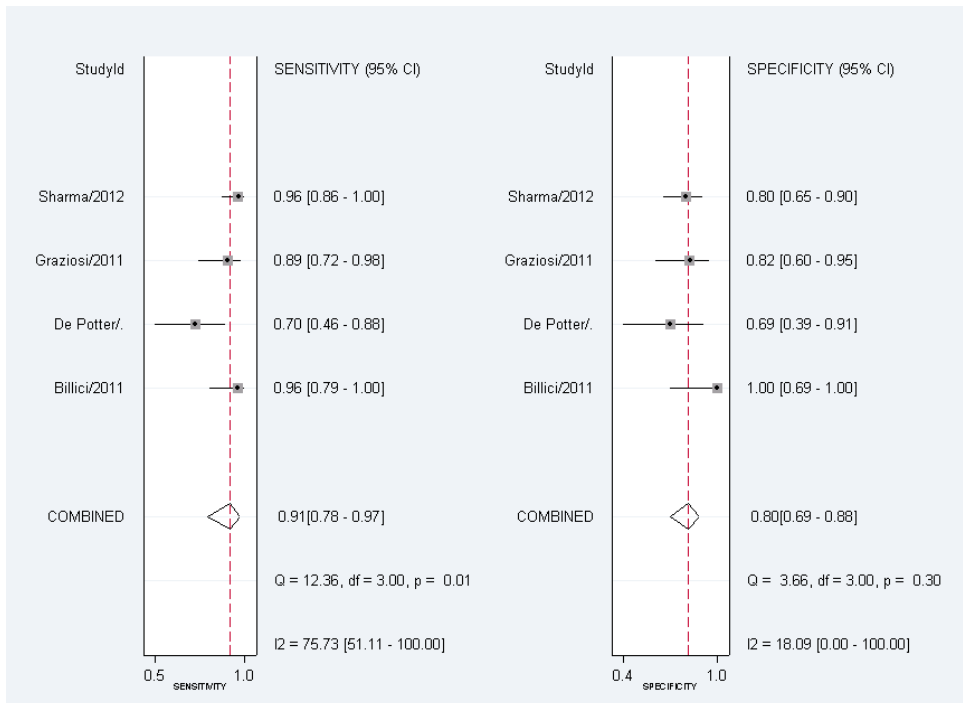


**Figure 306: HSROC curve: PET/CT for gastric cancer any site recurrence (all studies)**

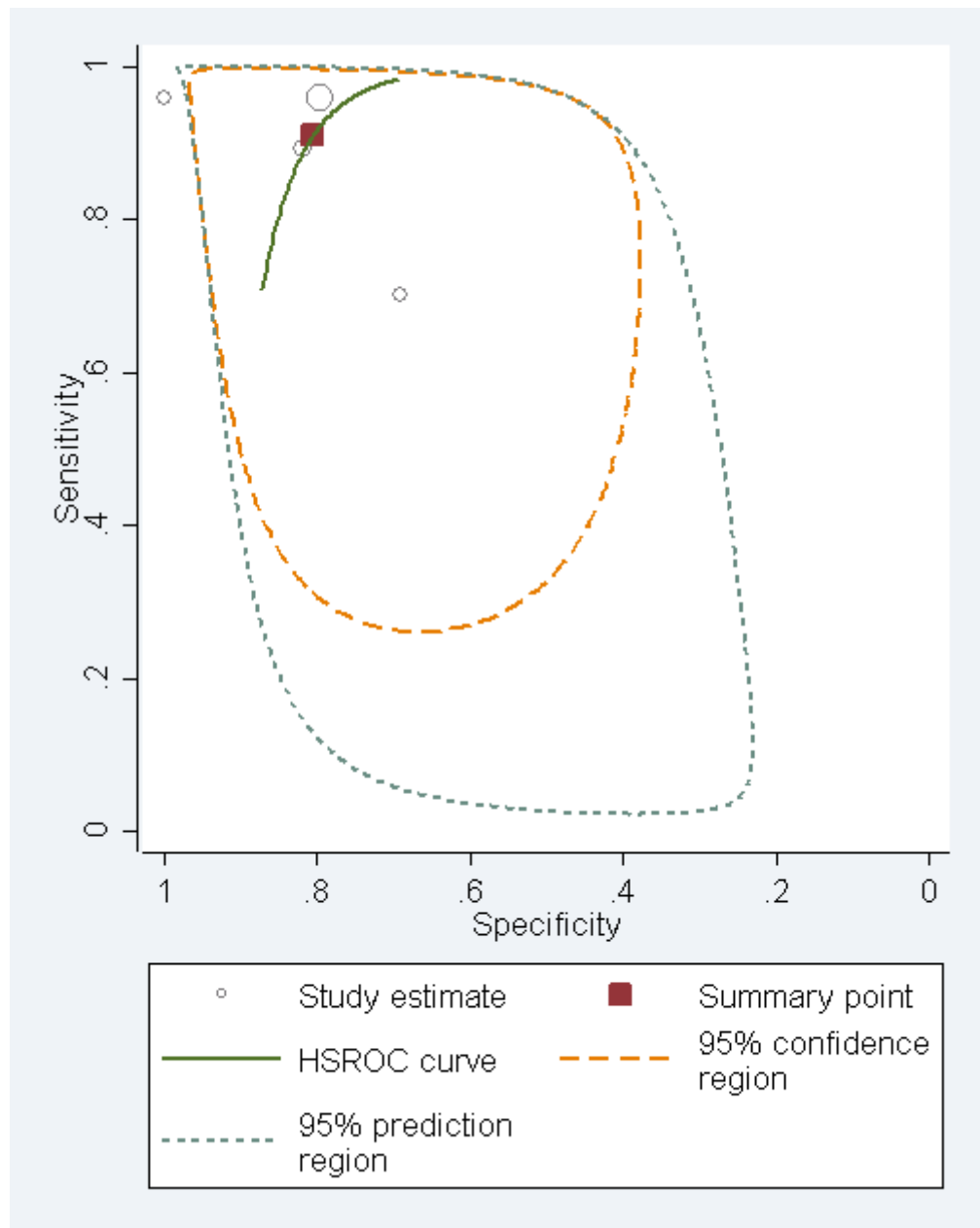




**Figure 307: Bivariate analysis: PET/CT for any site recurrence (excluding studies from China, Japan or Korea)**

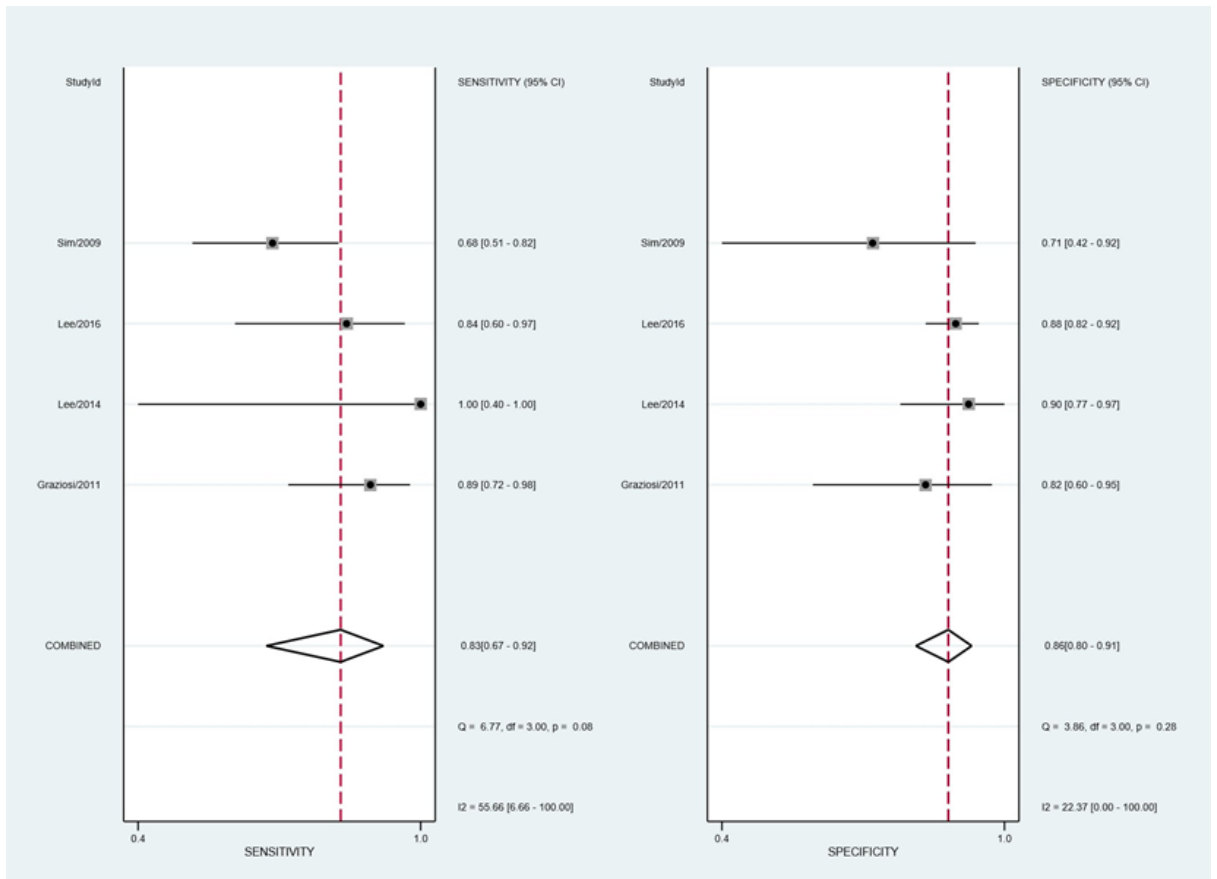


**Figure 308: HSROC curve: PET/CT for gastric cancer any site recurrence (excluding studies from China, Japan or Korea)**

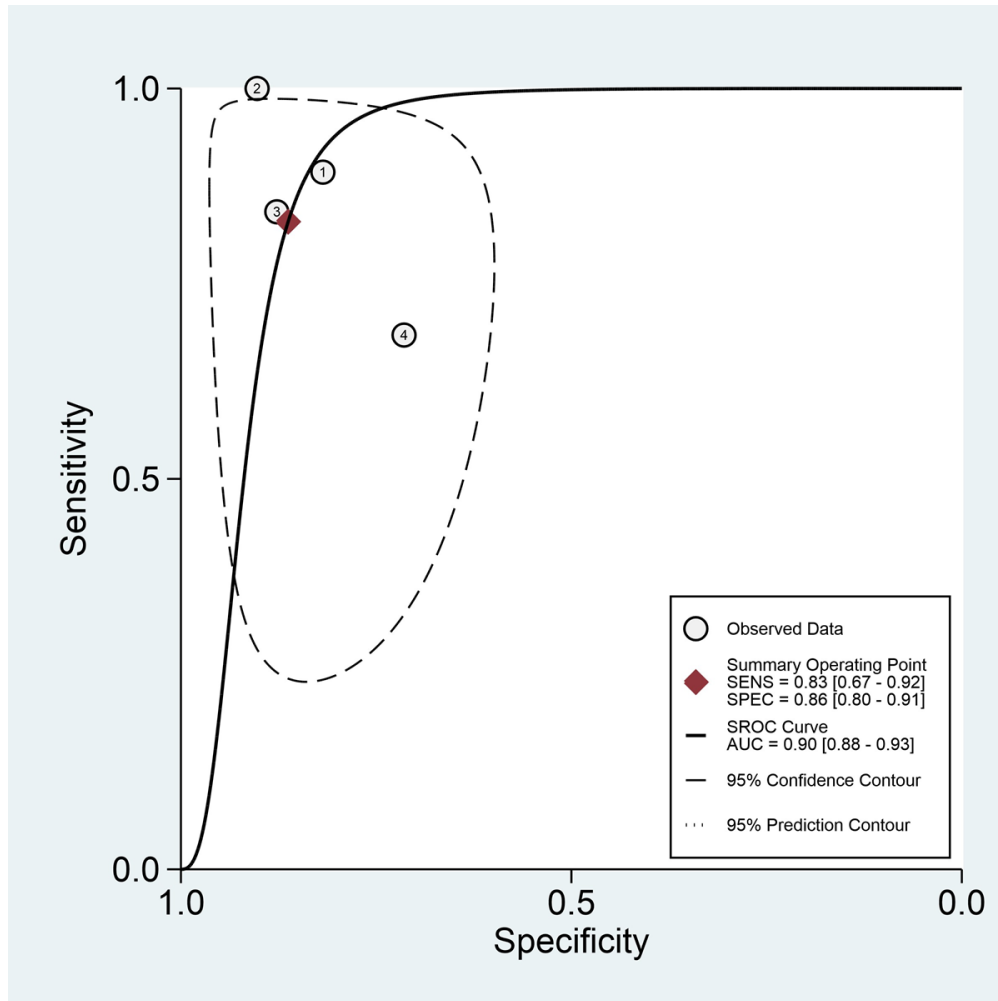


**Figure 309: Bivariate analysis: PET/CT for gastric cancer any site recurrence (PET/CT conducted routinely only)**

Appendix H  
Forest Plots



**Figure 310: HSROC curve: PET/CT any site recurrence (PET/CT conducted routinely only)**



**Figure 311: PET/CT for local recurrence**

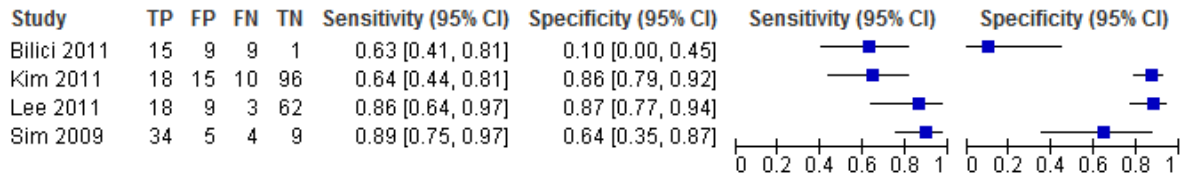
Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Lee 2014	1	3	0	42	1.00 [0.03, 1.00]	0.93 [0.82, 0.99]		

**Figure 312: PET/CT for distant recurrence**

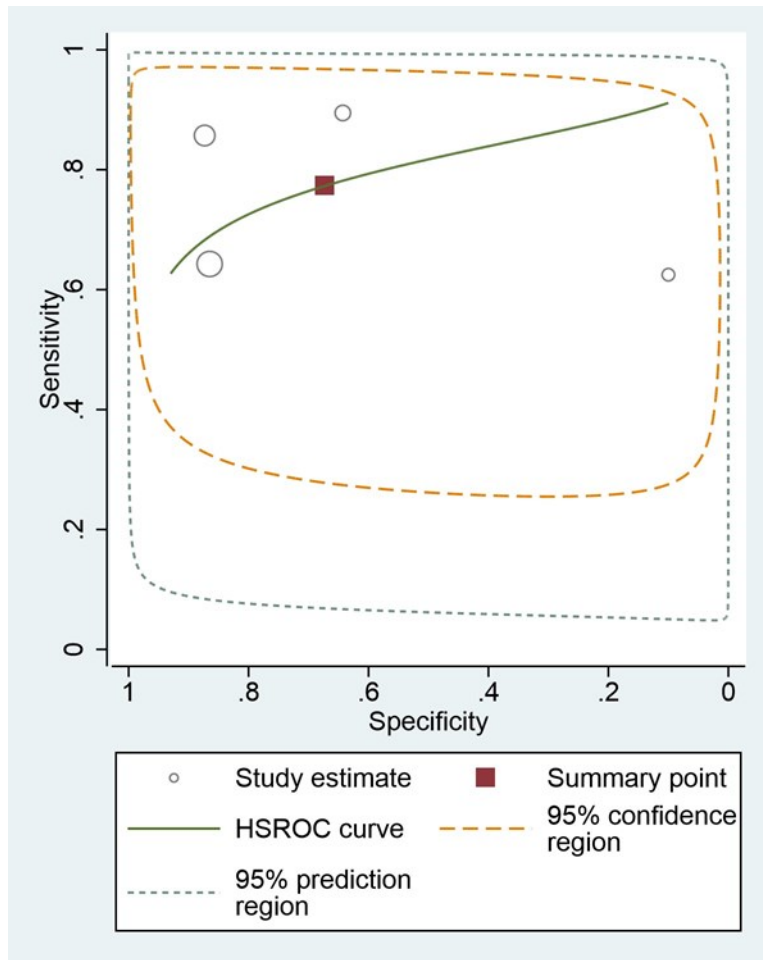
Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Lee 2014	3	0	3	40	0.50 [0.12, 0.88]	1.00 [0.91, 1.00]		

## H.20.2 CT for gastric cancer

**Figure 313: CT for any site recurrence**



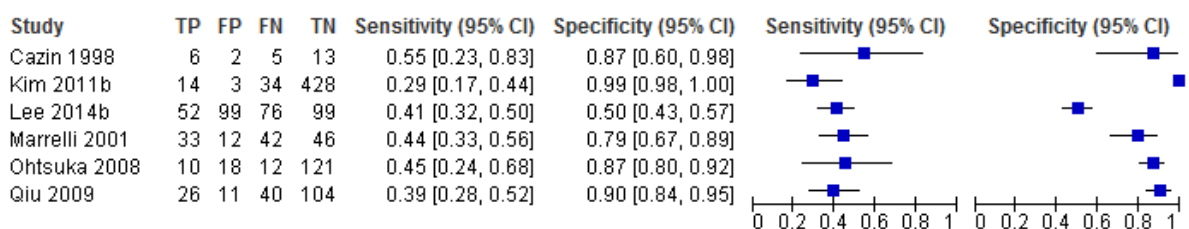
**Figure 314: HSROC curve: CT for any site recurrence**



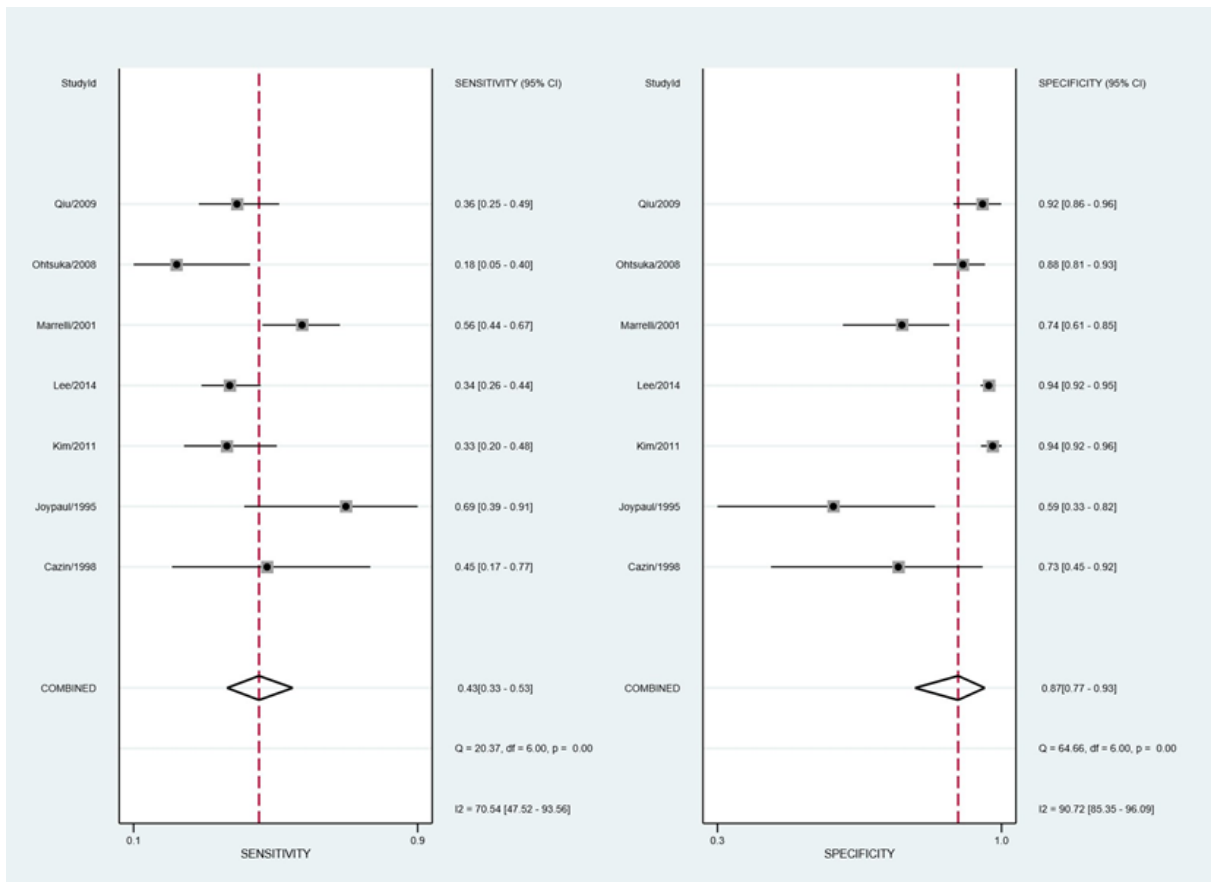
Note: Bivariate analysis not reported due to high heterogeneity.

## H.20.3 CEA for gastric cancer

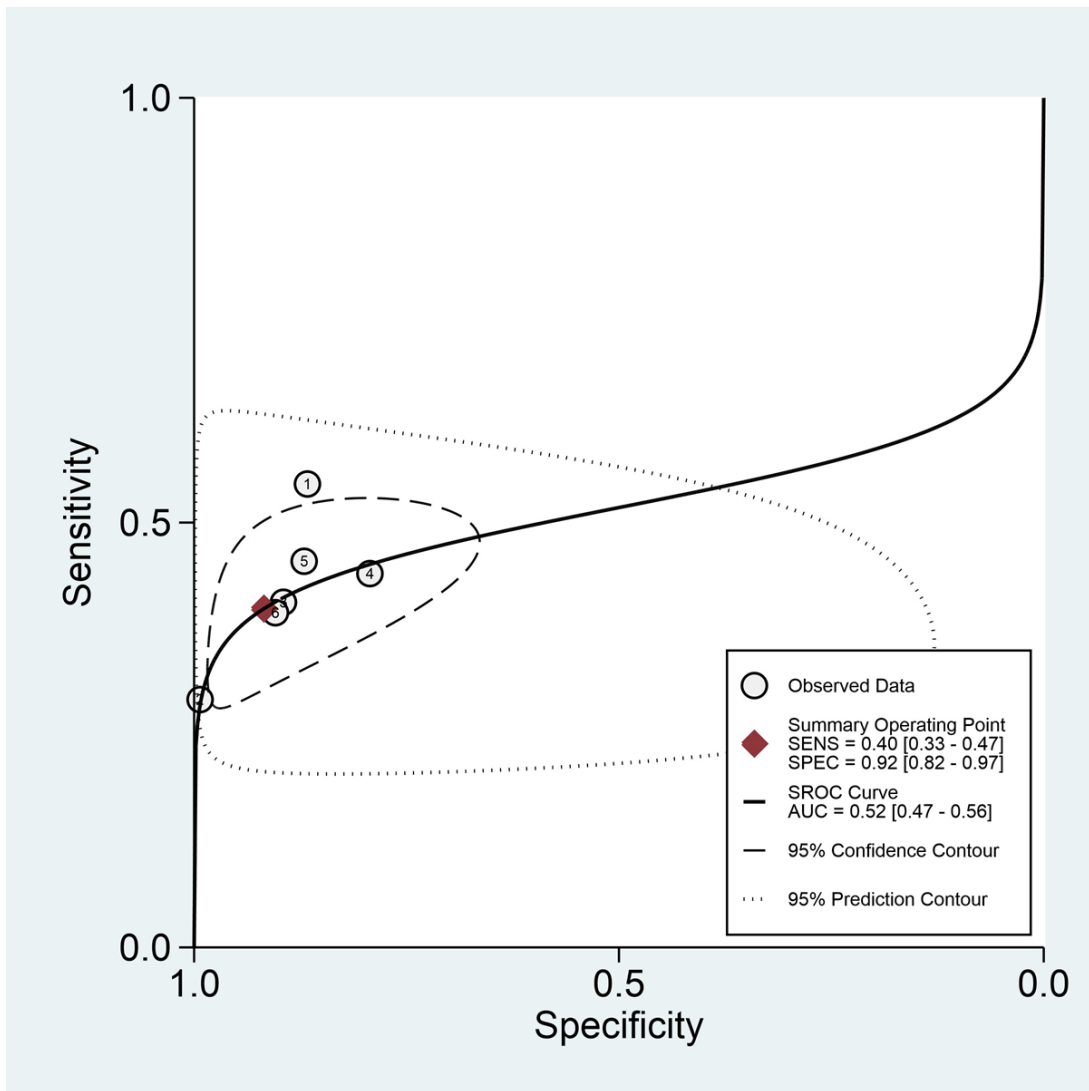
**Figure 315: CEA for any site recurrence (all studies)**



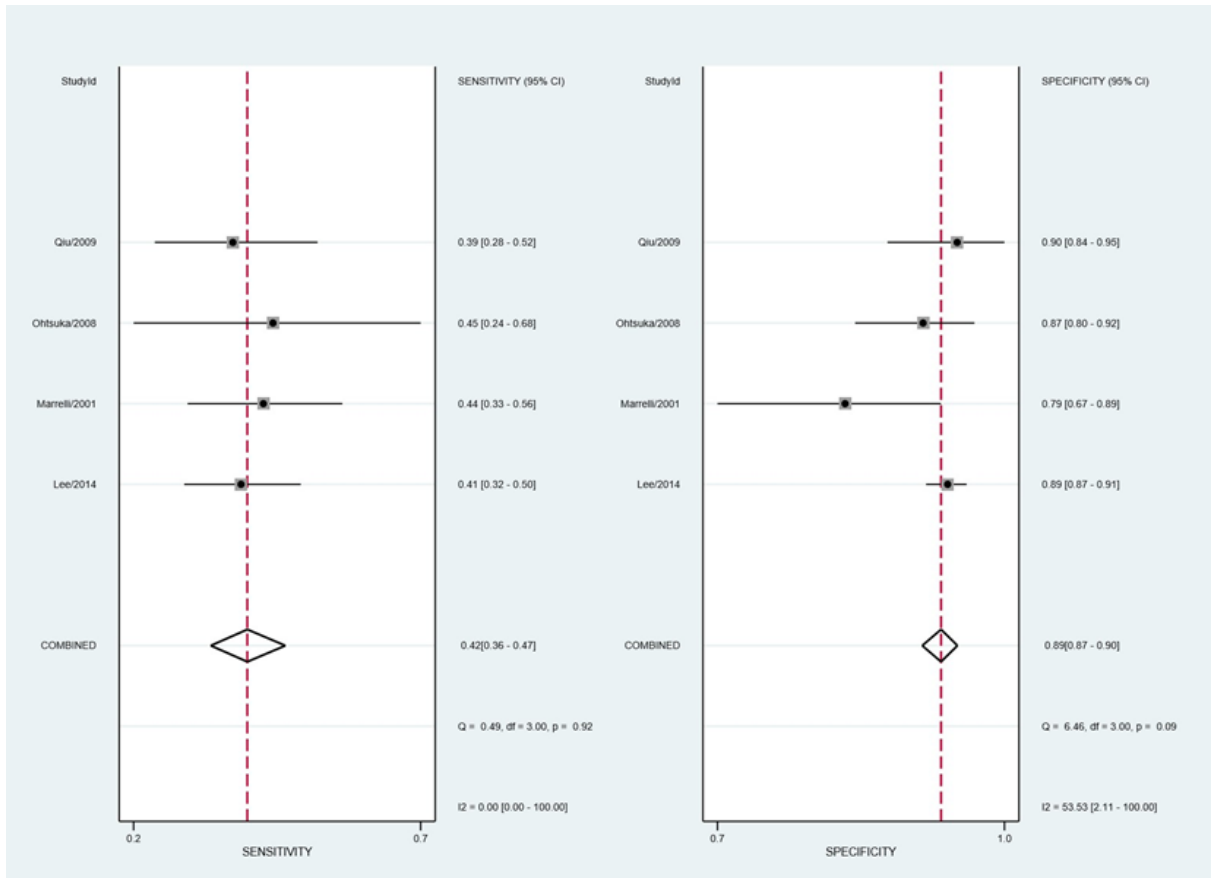
**Figure 316: Bivariate analysis: CEA for any site recurrence (all studies)**



**Figure 317: HSROC curve: CEA for any site recurrence (all studies)**

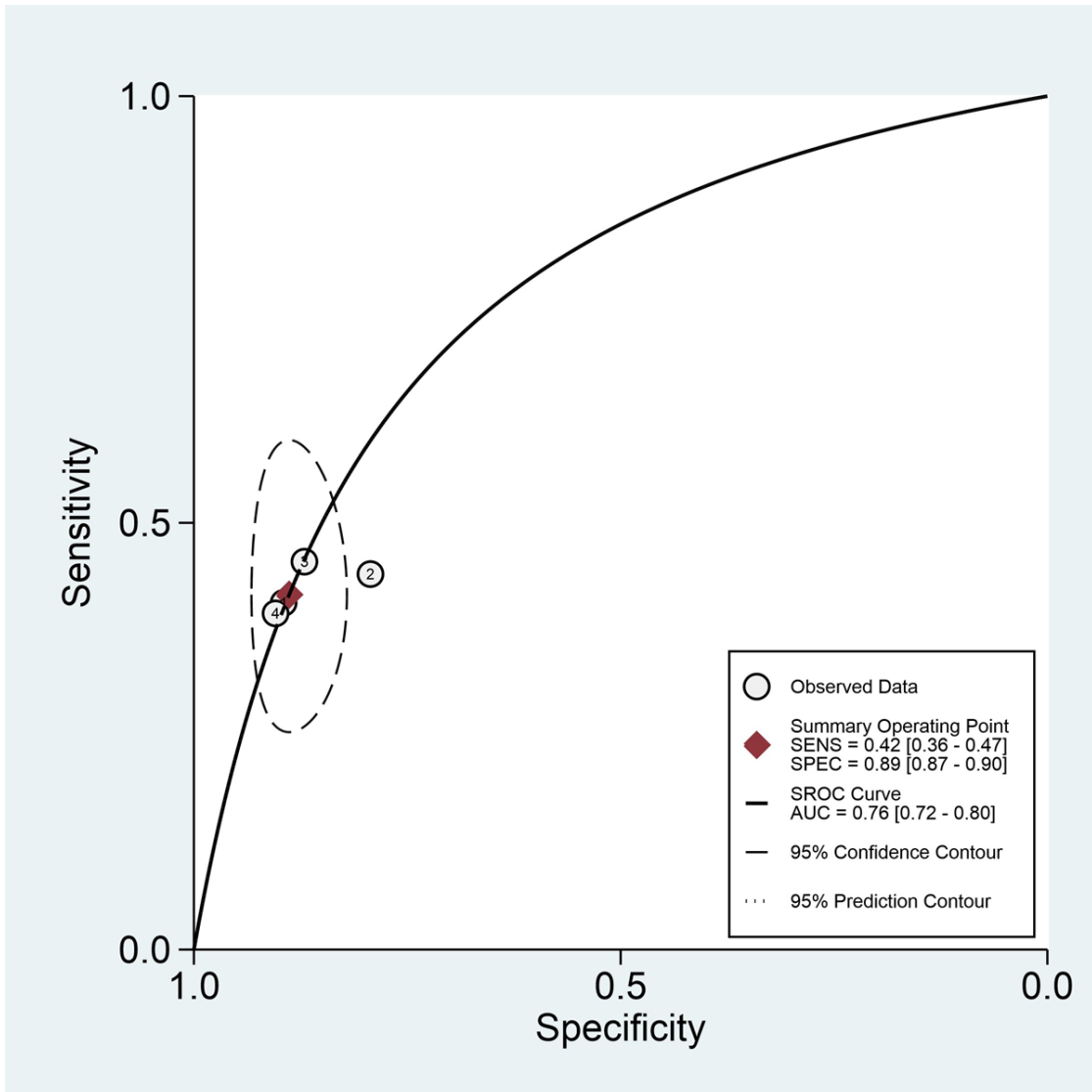


**Figure 318: Bivariate analysis: CEA for any site recurrence (CEA cut-off 5ng/mL only)**





**Figure 319: HSROC curve: CEA for any site recurrence (5ng/mL cut off only)**



**Figure 320: CEA for locoregional recurrence**

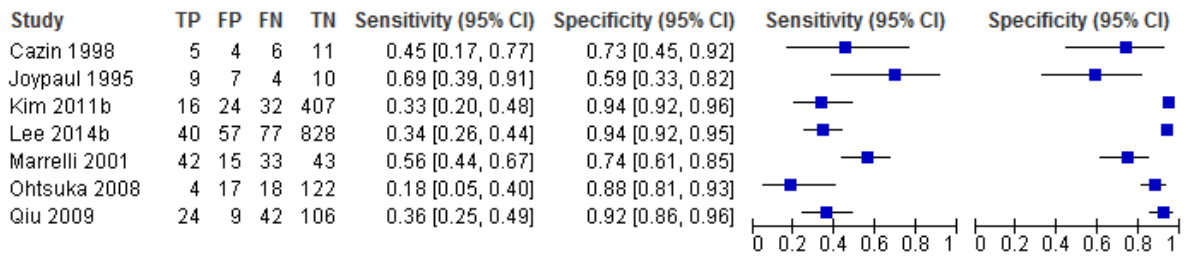
Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Kim 2011b	0	17	3	459	0.00 [0.00, 0.71]	0.96 [0.94, 0.98]		

**Figure 321: CEA for distant lymph node recurrence**

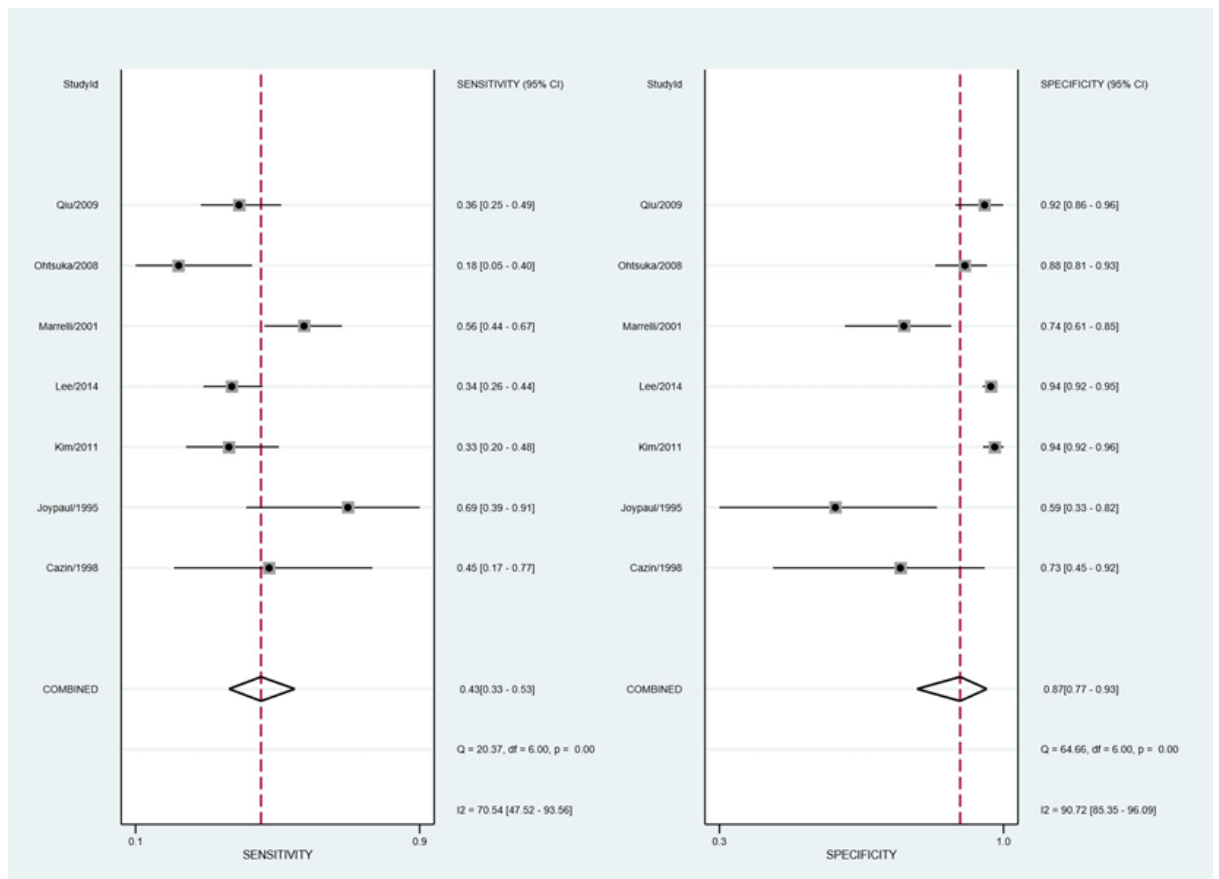
Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Kim 2011b	2	15	3	459	0.40 [0.05, 0.85]	0.97 [0.95, 0.98]		

## H.20.4 CA 19-9 for gastric cancer

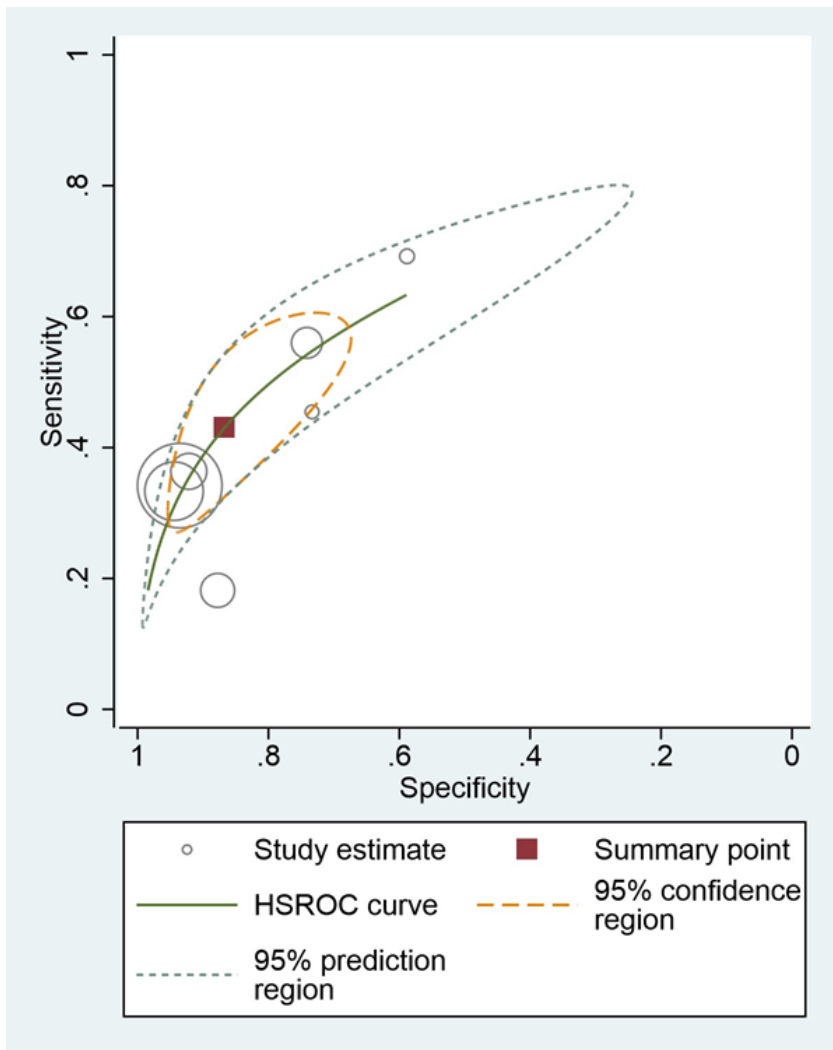
**Figure 322: CA 19-9 for any site recurrence (all studies)**



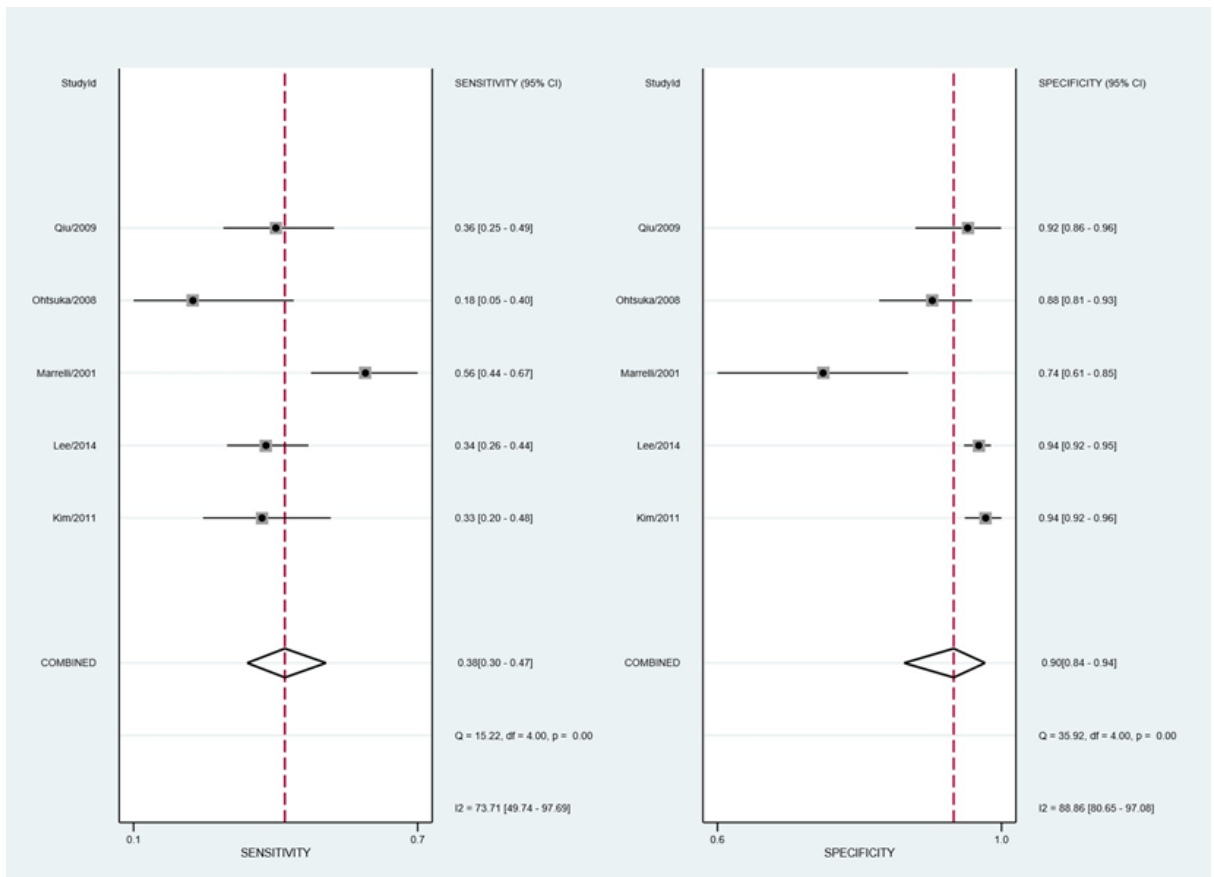
**Figure 323: Bivariate analysis: CA 19-9 for any site recurrence (all studies)**



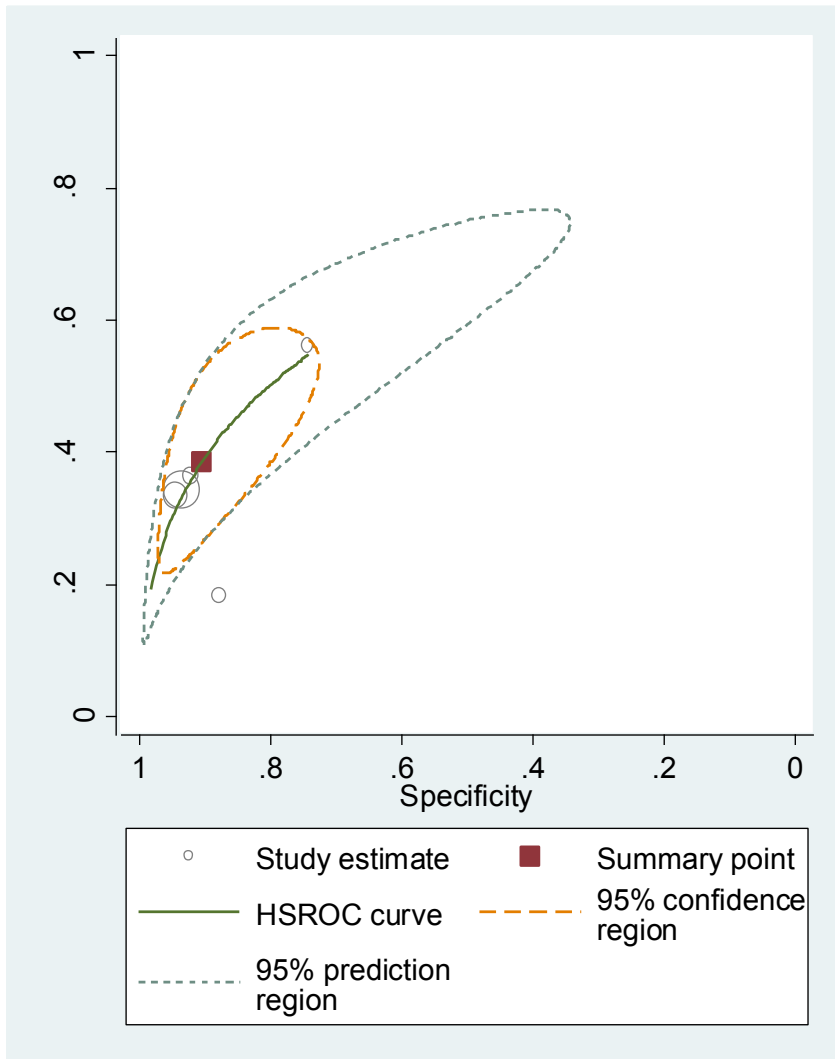
**Figure 324: HSROC curve: CA19-9 for any site survival (all studies)**



**Figure 325: Bivariate analysis: CA 19-9 for any site recurrence (CA 19-9 cut off 35-37 U/mL only)**



**Figure 326: HSROC curve: CA 19-9 for any site recurrence (with CA19-9 35-37 U/mL cut off only)**



**Figure 327: CA 19-9 for locoregional recurrence**

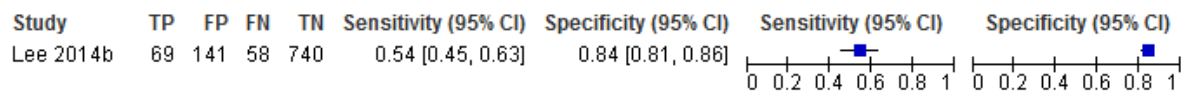
Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Kim 2011b	0	40	3	436	0.00 [0.00, 0.71]	0.92 [0.89, 0.94]		

**Figure 328: CA 19-9 for distant lymph node recurrence**

Study	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Kim 2011b	1	39	4	435	0.20 [0.01, 0.72]	0.92 [0.89, 0.94]		

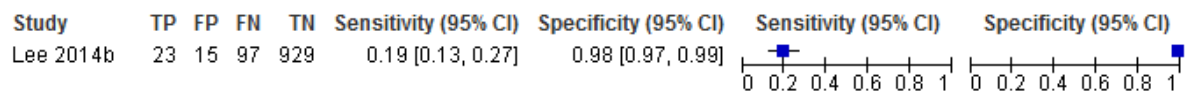
## H.20.5 CEA and CA19-9 used in combination for gastric cancer

**Figure 329: CEA and CA19-9 combination for any site recurrence**



Note: Positive test result= both CEA and CA19-9 levels are elevated.

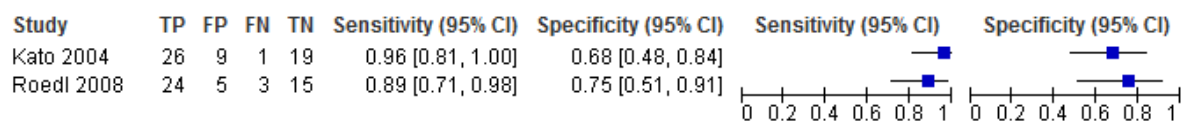
**Figure 330: Either CEA or CA 19-9 for any site recurrence**



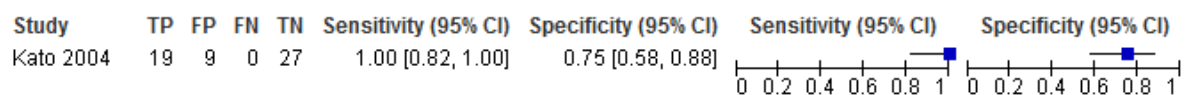
Note: Positive test result= either CEA or CA19-9 levels are elevated.

## H.20.6 PET/CT for oesophageal cancer

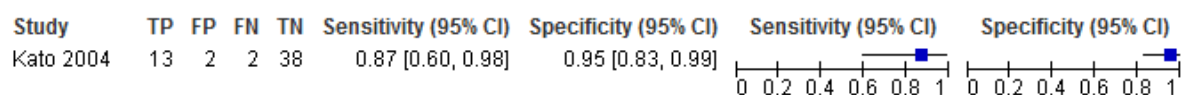
**Figure 331: PET/CT for any site recurrence**



**Figure 332: PET/CT for locoregional recurrence**

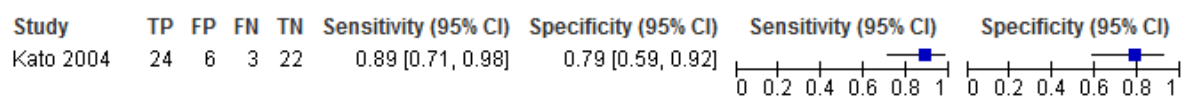


**Figure 333: PET/CT for distant recurrence**

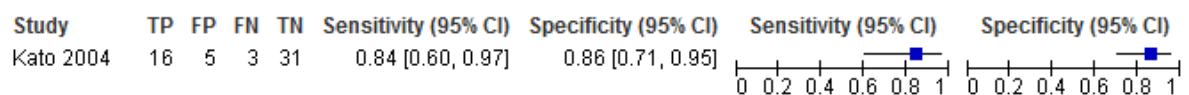


## H.20.7 CT for oesophageal cancer

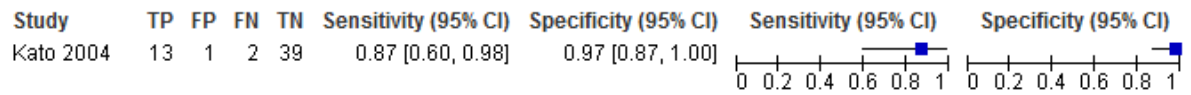
**Figure 334: CT for any site recurrence**



**Figure 335: CT for locoregional recurrence**

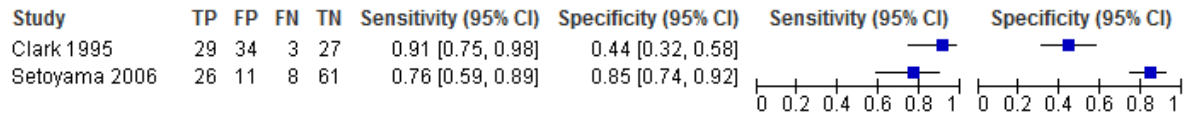


**Figure 336: CT for distant recurrence**



## H.20.8 Serum CEA for oesophageal cancer

**Figure 337: serum CEA for any site recurrence**



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