Oesophago-gastric cancer: assessment and management in adults

Appendix K

NICE Guideline NG83
Clinical article selection
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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 K: Included studies

K.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?

Titles and abstracts identified, N= 3338

Full copies retrieved and assessed for eligibility, N= 46

Publications included in review, N= 7

Publications excluded from review, N= 39 (refer to excluded studies list)

Excluded, N= 3292 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)
K.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?

K.3 MDT

What is the most effective organisation of local and specialist MDT services for adults with oesophago-gastric cancer?
K.4  Surgical services

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

- Titles and abstracts identified, N=4592
- Full copies retrieved and assessed for eligibility, N=78
  - Excluded, N=4514 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)
  - Publications included in review, N=9
  - Publications excluded from review, N=69 (refer to excluded studies list)
K.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?

- Titles and abstracts identified, N=6389
- Full copies retrieved and assessed for eligibility, N=219
  - Excluded, N=6170 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)
- Publications included in review, N=52
- Publications excluded from review, N=167 (refer to excluded studies list)
K.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?

- Titles and abstracts identified, N= 6389
  - Full copies retrieved and assessed for eligibility, N= 219
    - Excluded, N=6170 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)
  - Publications included in review, N= 52
  - Publications excluded from review, N= 167 (refer to excluded studies list)
K.7 HER2 testing in adenocarcinoma

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

- Titles and abstracts identified, N= 2606

  - Full copies retrieved and assessed for eligibility, N= 7
  - Excluded, N=2599 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)

- Publications included in review, N= 0
- Publications excluded from review, N= 7 (refer to excluded studies list)
K.8 T1N0 oesophageal cancer

What is the optimal management of T1N0 oesophageal cancer?

Promotion Image

Titles and abstracts identified, N= 3326

Full copies retrieved and assessed for eligibility, N = 65

Excluded, N = 3261 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve, duplicates)

Publications included in review, N= 2

Publications excluded from review, N = 63 (refer to excluded studies list)
K.9 Surgical treatment of oesophageal cancer

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

![Flowchart showing the process of included and excluded studies](chart.png)
K.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?

![Flowchart showing the process of included and excluded studies]
K.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?

K.12 Gastric Cancer

What is the optimal choice of chemotherapy of chemoradiotherapy in relation to surgical treatment for gastric cancer?
K.13 Squamous cell carcinoma of the oesophagus

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

K.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?
K.15 First-line palliative chemotherapy

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

Titles and abstracts identified, N= 2099

Full copies retrieved and assessed for eligibility, N= 129

Excluded, N= 2070 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)

Publications included in review, N= 18

Publications excluded from review, N= 111 (refer to excluded studies list)
K.16 Second-line palliative chemotherapy

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

Titles and abstracts identified, N= 629

Full copies retrieved and assessed for eligibility, N= 149

Publications included in review, N= 16

Publications excluded from review, N= 133 (refer to excluded studies list)

Excluded, N=480 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)

K.17 Luminal obstruction

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

Titles and abstracts identified, N= 3491

Full copies retrieved and assessed for eligibility, N= 209

Publications included in review, N= 16 (includes SR from which other studies extracted)

Publications excluded from review, N= 193 (refer to excluded studies list)

Excluded, N=3282 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)
K.18 Curative treatment

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

1. Titles and abstracts identified, N= 4284
2. Full copies retrieved and assessed for eligibility, N= 148
3. Excluded, N=4136 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)
4. Publications included in review, N= 32
5. Publications excluded from review, N= 116 (refer to excluded studies list)
K.19  Palliative care

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

Titles and abstracts identified, N= 323

Full copies retrieved and assessed for eligibility, N= 12

Excluded, N= 311 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve)

Publications included in review, N= 0

Publications excluded from review, N= 12 (refer to excluded studies list)

K.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?

Titles and abstracts identified, N = 5586

Full copies retrieved and assessed for eligibility, N = 158

Excluded, N = 5428 (not relevant population, design, intervention, comparison, outcomes, unable to retrieve, duplicates, conference)

Publications included in review, N = 42

Publications excluded from review, N = 116 (refer to excluded studies list)