

# Oesophago-gastric cancer

Quality standard

Published: 13 December 2018

[www.nice.org.uk/guidance/qs176](https://www.nice.org.uk/guidance/qs176)



# Contents

Quality statements .....	5
Quality statement 1: Clinical nurse specialist .....	6
Quality statement.....	6
Rationale .....	6
Quality measures.....	6
What the quality statement means for different audiences.....	7
Source guidance.....	8
Equality and diversity considerations .....	8
Quality statement 2: Multidisciplinary review.....	9
Quality statement.....	9
Rationale .....	9
Quality measures.....	9
What the quality statement means for different audiences.....	10
Source guidance.....	11
Definitions of terms used in this quality statement .....	11
Quality statement 3: Assessment after endoscopy and CT scan .....	13
Quality statement.....	13
Rationale .....	13
Quality measures.....	13
What the quality statement means for different audiences.....	15
Source guidance.....	16
Definitions of terms used in this quality statement .....	16
Quality statement 4: Dietetic support .....	17
Quality statement.....	17
Rationale .....	17
Quality measures.....	17
What the quality statement means for different audiences.....	19

Source guidance.....	19
Definitions of terms used in this quality statement .....	19
Equality and diversity considerations .....	20
Update information .....	21
About this quality standard .....	22
Resource impact.....	22
Diversity, equality and language.....	23

This standard is based on NG83.

This standard should be read in conjunction with QS13, QS124 and QS96.

## Quality statements

Statement 1 Adults with oesophago-gastric cancer have access to an oesophago-gastric clinical nurse specialist.

Statement 2 Adults with oesophago-gastric cancer have their treatment reviewed by a multidisciplinary team that includes an oncologist and a specialist radiologist who both have an interest in oesophago-gastric cancer.

Statement 3 Adults with oesophageal or oesophago-gastric junctional tumours (except T1a tumours) for whom radical treatment is suitable, have 18-fluorodeoxyglucose positron emission tomography requested and reported within 1 week.

Statement 4 Adults with oesophago-gastric cancer have tailored specialist dietetic support before and after radical treatment.

# Quality statement 1: Clinical nurse specialist

## Quality statement

Adults with oesophago-gastric cancer have access to an oesophago-gastric clinical nurse specialist.

## Rationale

Adults with oesophago-gastric cancer need information and support to help them adapt to physical changes and reduced quality of life. A clinical nurse specialist in oesophago-gastric cancer can provide consistent and tailored information throughout care, potentially reducing the impact of these changes.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of the availability of clinical nurse specialists who specialise in the care and support of adults with oesophago-gastric cancer.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from workforce plans or staff rotas.

## Process

Proportion of adults with oesophago-gastric cancer who have contact details for an oesophago-gastric clinical nurse specialist.

Numerator – the number in the denominator who have contact details for an oesophago-gastric clinical nurse specialist.

Denominator – the number of adults with oesophago-gastric cancer.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from records of contact details, such as name and telephone number, being given for clinical nurse specialists in patient records.

## Outcome

a) Patient satisfaction with the availability of a clinical nurse specialist, reported by adults with oesophago-gastric cancer.

**Data source:** The [National Cancer Patient Experience Survey](#) contains the following questions: Did you have a main contact person within the team looking after you, such as a clinical nurse specialist, who would support you through your treatment, and How easy has it been to contact your main contact person?

b) Patient satisfaction with information provided by the clinical nurse specialist, reported by adults with oesophago-gastric cancer.

**Data source:** The [National Cancer Patient Experience Survey](#) contains the following question: Overall, how helpful was the advice you received from your main contact person?

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary care centres) ensure that they have the capacity and expertise for adults with oesophago-gastric cancer to have access to a clinical nurse specialist at all stages of their care.

**Healthcare professionals** (members of oesophago-gastric cancer multidisciplinary teams) ensure that adults with oesophago-gastric cancer have access to a clinical nurse specialist. The clinical nurse specialist should provide support and consistent information

for adults with oesophago-gastric cancer, as well as details of how to contact them in the future. This means that people have support at all stages of their care.

**Commissioners** ensure that they commission services that can provide clinical nurse specialists with expertise in oesophago-gastric cancer to support all adults with oesophago-gastric cancer throughout all stages of care.

**Adults with oesophago-gastric cancer** are able to contact a clinical nurse specialist (a nurse experienced in treating oesophago-gastric cancer) who can provide information, advice and support throughout their care.

## Source guidance

Oesophago-gastric cancer: assessment and management in adults. NICE guideline NG83 (2018, updated 2023), recommendation 1.1.1

## Equality and diversity considerations

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.



# Quality statement 2: Multidisciplinary review

## Quality statement

Adults with oesophago-gastric cancer have their treatment reviewed by a multidisciplinary team (MDT) that includes an oncologist and a specialist radiologist who both have an interest in oesophago-gastric cancer.

## Rationale

Adults with oesophago-gastric cancer have their care reviewed in an MDT meeting so that their treatment can be planned. Including a radiologist and an oncologist who both have a specialist interest in oesophago-gastric cancer means that the MDT has a range of specialist expertise. When these 2 roles and associated specialist expertise are included in local MDTs, this can help reduce time to treatment and unnecessary referrals to specialist MDTs.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence that an oncologist and a radiologist who both have a specialist interest in oesophago-gastric cancer take part in multidisciplinary team meetings.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from attendance records or minutes of MDT meetings.

## Process

Proportion of adults with newly diagnosed oesophago-gastric cancer whose treatment is reviewed at a multidisciplinary meeting that includes an oncologist and a radiologist who both have a specialist interest in oesophago-gastric cancer.

Numerator – the number in the denominator whose treatment is reviewed at a multidisciplinary meeting that includes an oncologist and a radiologist who both have a specialist interest in oesophago-gastric cancer.

Denominator – the number of adults with newly diagnosed oesophago-gastric cancer.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from attendance records, or minutes of MDT meetings.

## Outcome

a) Rates of referral from a local MDT to a specialist oesophago-gastric cancer MDT.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Average time from MDT to first treatment for oesophago-gastric cancer.

**Data source:** The [National Oesophago-Gastric Cancer Audit](#) collects and displays data on waiting times between key dates in the patient pathway by treatment modality in England and Wales, including the date the treatment plan was decided at the treatment MDT meeting and the date of first treatment.

## What the quality statement means for different audiences

**Service providers** (secondary care services) ensure that arrangements are in place for MDTs planning and reviewing treatment for adults with oesophago-gastric cancer to have an oncologist and a radiologist who both have a specialist interest in oesophago-gastric cancer as core members of the team. When these core members are unable to attend

meetings, they arrange cover from oncologists and radiologists with the same specialist interest.

**Healthcare professionals** (oncologists and radiologists with a specialist interest in oesophago-gastric cancer) take part in MDT reviews of treatment for adults with oesophago-gastric cancer and are core members of the team.

**Commissioners** have clinical protocols and network policies in place to ensure that MDTs responsible for planning and reviewing treatment for adults with oesophago-gastric cancer include as core members an oncologist and radiologist who both have a specialist interest in oesophago-gastric cancer. Their attendance at MDT reviews is monitored.

**Adults with oesophago-gastric cancer** are cared for by a team of healthcare professionals who have training and experience in caring for people with oesophago-gastric cancer. The team is responsible for planning care.

## Source guidance

Oesophago-gastric cancer: assessment and management in adults. NICE guideline NG83 (2018, updated 2023), recommendation 1.2.1

## Definitions of terms used in this quality statement

### Multidisciplinary team

The focus of the statement is on the roles of the oncologist and specialist radiologist. The core roles of the full MDT would include:

- clinical nurse specialist
- specialist clinical oncologist with an interest in oesophago-gastric cancer
- gastroenterologist
- specialist medical oncologist (if the responsibility for chemotherapy is not undertaken by the clinical oncologist) with an interest in oesophago-gastric cancer
- palliative care specialist

- specialist radiologist with an interest in oesophago-gastric cancer
- upper gastrointestinal surgeon.

Other roles will form part of an extended local or specialist MDT [expert opinion].

# Quality statement 3: Assessment after endoscopy and CT scan

## Quality statement

Adults with oesophageal or oesophago-gastric junctional tumours (except T1a tumours) for whom radical treatment is suitable, have 18-fluorodeoxyglucose positron emission tomography (F-18 FDG PET-CT) requested and reported within 1 week.

## Rationale

F-18 FDG PET-CT staging after endoscopy and whole-body CT allows the more accurate detection of metastatic disease. This helps to determine whether the disease is suitable for radical treatment, or whether it is too advanced. Timely requesting and reporting of F-18 FDG PET-CT will help avoid unnecessary investigations for staging (such as endoscopic ultrasound) in adults with metastatic oesophago-gastric cancer and oesophago-gastric junctional cancer, and delays to treatment.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

a) Evidence of the availability of equipment and systems to request and report the results of F-18 FDG PET-CT scans.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols and referral pathways.

b) Evidence of local processes to identify F-18 FDG PET-CT scans reported more than

1 week after they have been requested.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service specifications and local protocols.

## Process

Proportion of adults with oesophageal or oesophago-gastric junctional cancer for whom radical treatment is suitable who have staging using F-18 FDG PET-CT with results reported within 1 week of the decision to request the scan.

Numerator – the number of adults in the denominator who have the results of F-18 FDG PET-CT staging reported within 1 week of the decision to request the scan.

Denominator – the number of adults with oesophageal or oesophago-gastric junctional cancer for whom radical treatment is suitable.

**Data source:** The [National Oesophago-Gastric Cancer Audit](#) collects data for use of PET-CT for people with a curative treatment plan.

## Outcome

a) Proportion of adults with oesophageal or oesophago-gastric junctional cancer who have accurate staging.

Numerator – the number in the denominator who have accurate staging.

Denominator – the number of adults with oesophageal or oesophago-gastric junctional cancer who have staging data recorded at diagnosis.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. The [National Oesophago-Gastric Cancer Audit](#) collects data on the stage of the cancer.

b) Proportion of adults with metastatic oesophageal or oesophago-gastric junctional cancer who have endoscopic ultrasound.

Numerator – the number in the denominator who have endoscopic ultrasound.

Denominator – the number of adults with metastatic oesophageal or oesophago-gastric junctional cancer.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, patient records.

## What the quality statement means for different audiences

**Service providers** (specialist oesophago-gastric cancer centres, tertiary care centres) have systems in place for adults with oesophageal and oesophago-gastric junctional tumours (apart from T1a tumours) to have staging using F-18 FDG PET-CT, with results reported within 1 week of the decision to scan, if radical treatment is considered suitable after endoscopy and whole-body CT. This allows accurate diagnosis, classification and staging before treatment planning.

**Healthcare professionals** (radiologists and nuclear medicine physicians) report the results of staging using F-18 FDG PET-CT for adults with oesophageal or oesophago-gastric junctional tumours (apart from T1a tumours) within 1 week of the decision to scan. F-18 FDG PET-CT more accurately detects metastatic disease, avoids unnecessary further testing and supports treatment planning.

**Commissioners** ensure that they commission services in which adults with oesophageal or oesophago-gastric junctional tumours (apart from T1a tumours) have staging using F-18 FDG PET-CT, with results reported within 1 week of the decision to scan, if radical treatment is considered suitable after endoscopy and whole-body CT.

**Adults with oesophageal or oesophago-gastric junctional cancer** who are being considered for treatment to remove the cancer have a scan, with the results reported within 1 week of the decision to arrange it. The aim of the scan is to show how far the cancer has spread. If the scan shows that the cancer is advanced, palliative care (for example, palliative radiotherapy) should be planned.

## Source guidance

Oesophago-gastric cancer: assessment and management in adults. NICE guideline NG83 (2018, updated 2023), recommendation 1.3.1

The timeframe of 1 week is based on expert consensus. NHS England's Implementing a timed oesophago-gastric diagnostic pathway: a handbook for local health and care systems (pages 9 and 11, footnote 8) aligns with this timeframe.

## Definitions of terms used in this quality statement

### Radical treatment is suitable

The suitability of radical treatment depends on people having none of the following:

- metastatic disease identified during earlier staging investigations (whole-body CT scan)
- comorbidities, reduced fitness or performance status
- personal preference to avoid surgery or chemoradiotherapy
- tumour-related issues.

[Adapted from NICE's full guideline on oesophago-gastric cancer, glossary, section 9.1.1; and expert opinion].



# Quality statement 4: Dietetic support

## Quality statement

Adults with oesophago-gastric cancer have tailored specialist dietetic support before and after radical treatment.

## Rationale

Nutrition plays an important role in the management of oesophago-gastric cancer because of the physical changes associated with this type of cancer such as difficulty swallowing, loss of weight and malnutrition. Specialist dietetic support, tailored to the person's clinical situation, can help manage specific difficulties associated with the complex nutritional needs of adults with oesophago-gastric cancer. This support would be ideally provided by a dietitian. People with better nutrition are more likely to have an improved quality of life.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of the availability of tailored, specialist dietetic support for adults with oesophago-gastric cancer before and after radical treatment.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from local protocols and staff rotas.

## Process

a) Proportion of adults with oesophago-gastric cancer with radical treatment planned who have tailored, specialist dietetic support.

Numerator – the number in the denominator who have tailored, specialist dietetic support before radical treatment.

Denominator – the number of adults with oesophago-gastric cancer who have radical treatment planned.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records (such as a documented discussion with a dietitian or an individualised care plan).

b) Proportion of adults with oesophago-gastric cancer who have tailored specialist dietetic support after radical treatment.

Numerator – the number in the denominator who have tailored specialist dietetic support after radical treatment.

Denominator – the number of adults with oesophago-gastric cancer who have radical treatment.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records (such as a documented discussion with a dietitian or an individualised care plan).

## Outcome

Health-related quality of life for adults who have radical treatment for oesophago-gastric cancer.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, using patient surveys on health-related quality-of-life scores for adults with oesophago-gastric cancer, for example, [ECOG \(Eastern Cooperative Oncology Group\) performance status](#) scores from a survey of quality-of-life questionnaire.

## What the quality statement means for different audiences

**Service providers** (specialist oesophago-gastric cancer centres, tertiary care centres) ensure that they have the expertise and capacity to support delivery of tailored specialist dietetic support before and after radical treatment for oesophago-gastric cancer in adults.

**Healthcare professionals** (such as dietitians and clinical nurse specialists) provide specialist tailored dietetic support to adults with oesophago-gastric cancer before and after radical treatment. The support should be tailored to individual needs, depending on the stage of disease and its effects. An optimal nutritional status helps people to complete a treatment that aims to remove or destroy the cancer completely.

**Commissioners** ensure that they commission services with capacity and expertise to enable adults with oesophago-gastric cancer to access tailored, specialist dietetic support before and after radical treatment. They should monitor contracts and seek evidence of support being provided.

**Adults with oesophago-gastric cancer** are helped with any problems they have eating or drinking both before and after treatment to remove the cancer (radical treatment). This should enable them to get the most from their diet so they are in the best possible health to start and recover from the treatment.

## Source guidance

Oesophago-gastric cancer: assessment and management in adults. NICE guideline NG83 (2018, updated 2023), recommendation 1.6.1

## Definitions of terms used in this quality statement

### Tailored specialist dietetic support

Specialist dietetic support could consist of:

- advice about routes for delivering nutrition (including oral supplements, tube feeding, surgical jejunostomy, total parenteral nutrition) and their management in hospital and community settings (including support from home enteral feeding teams)
- support (counselling, advice) to help adults with oesophago-gastric cancer adjust their diet to maximise their nutritional input after radical treatment. Examples include supporting them to choose suitable food and change the size of portions and frequency of meals in response to changes in tolerance of food after treatment.

The support should be tailored to the dietary requirements of the individual adult with oesophago-gastric cancer. It is important before, during and after radical treatment.

[Adapted from [NICE's full guideline on oesophago-gastric cancer](#), sections 5.1.7.2, 10.1.1, 10.1.7.6; and expert opinion].

## Equality and diversity considerations

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#).

# Update information

## Minor changes since publication

**July 2023:** Terminology in statement 3 has been updated to align this quality standard with an editorial change to [NICE's guideline on oesophago-gastric cancer: assessment and management](#). Data sources and references have been updated throughout.

**January 2022:** A link was added to the source guidance section of statement 2 to highlight alignment with [NHS England's Implementing a timed oesophago-gastric diagnostic pathway: a handbook for local health and care systems](#).

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available on the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource

impact work for the source guidance. Organisations are encouraged to use the [resource impact statement for the NICE guideline on oesophago-gastric cancer](#) to help estimate local costs.

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-3194-1

## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Society of Gastroenterology](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Action Against Heartburn](#)
- [The Oesophageal Patients Association](#)
- [Royal College of Physicians \(RCP\)](#)
- [British Society of Gastrointestinal and Abdominal Radiology](#)