

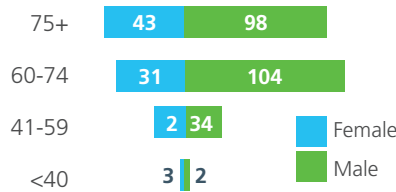
Primary Care Oesophageal Cancer Audit

As part of a Wessex Cancer Alliance Local Improvement Scheme, PCNs across Hampshire, Isle of Wight and Dorset completed a standardised audit template reviewing oesophageal cancers diagnosed between April 1st 2023 to March 31st 2024. These findings were analysed by WCA GPs, and a summary of findings are below.

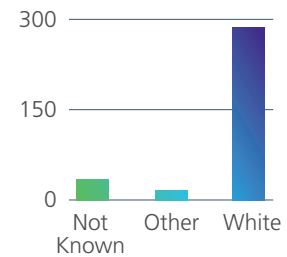
Demographics



75% of patients were male



Ethnicity



318 Total Patients



Investigations

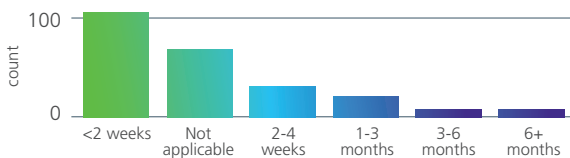
7% Raised Platelets

18% with previous endoscopy in the last 5 years

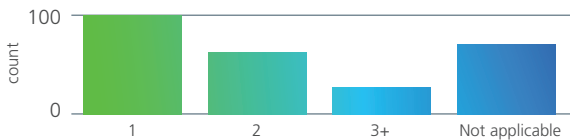
*excludes those not seen in primary care prior to diagnosis

Primary Care Interval

Time from first clinical contact to first referral



Number of clinical contacts prior to referral

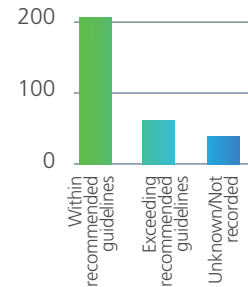


Risk Factors

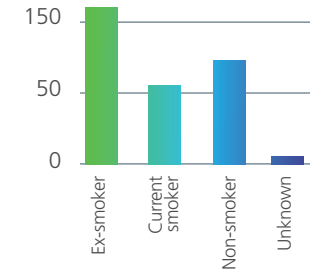
% with Barrett's oesophagus
16%

% of patients with GORD
30%

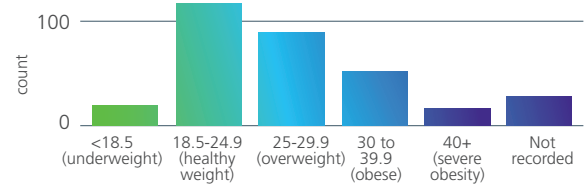
Alcohol



Smoking



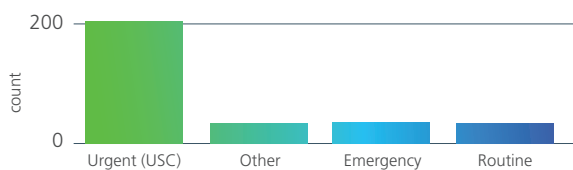
BMI



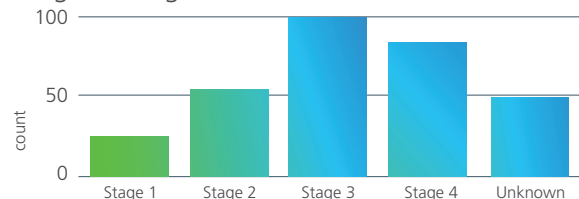
*where the clinician identified the consultation as related to oesophageal cancer diagnosis

Diagnosis

Route to diagnosis



Stage to diagnosis



Symptom Presentation

% with dysphagia
61%

% with weight loss
48%

% with reflux
40%

% with dyspepsia
39%

% with upper abdominal pain
32%

% with other symptoms
25%

% with nausea and/or vomiting
21%

% with haematemesis
3%

% with no symptoms
7%

Delay Themes

based on qualitative analysis of audit report
(in order of frequency they occurred)

Delays

% where there
was a delay

18%



1. Lack of safety netting

e.g. patients being treated with dyspepsia without safety netting.



2. Primary Care Delays

e.g. referred on a routine referral



3. Deviation from NICE

NICE guidance was not adhered to, and referrals could have been made earlier e.g. patient presenting with dysphagia not referred straight away.



4. Patient factors

e.g. patients not wanting investigation and delay in presentation.



5. Secondary care delays

Cases where delays were recorded in secondary care e.g. due to delay in surveillance of Barrett's.



6. Vague symptoms

Non-specific symptoms delayed referral.



7. Referred to another USC pathway

e.g. lung, urology, and lower GI following a positive FIT



8. Other factors

e.g. iron deficiency anaemia not fully investigated/longstanding

Next Steps / Recommendations

- Support for primary care around safety netting and reviewing of patients on long term PPI
- Following local pilot, explore the use of capsule sponge for patients on long term PPI
- Support the BEST4 Trial - exploring the use of the capsule sponge test, a quick and simple way to check the health of your oesophagus
- Identify opportunities to implement very brief advice (VBA) for smoking and Identification & Brief Advice (IBA) for alcohol in primary care