

Implementing Pathways for Cancer Early Diagnosis

I-PACED oesophageal and gastric cancers resource card



The I-PACED project is supported by the Victorian Government and aims to increase GP awareness about critical primary care points as outlined in the oesophagogastric cancer **optimal care pathway**

Prevention

- Offer all smokers advice on quitting
- Promote eating a healthy diet, including plenty of vegetables, fruit and wholegrains, while minimising intake of red and processed meat
- Encourage regular exercise
- Maintain a healthy body weight
- Avoid or limit alcohol intake



Risk Factors

Oesophageal Adenocarcinoma or Squamous Cell Carcinoma

- Age
- Male gender
- Barrett's oesophagus
- Smoking
- Obesity
- Gastro-oesophageal reflux
- Caustic injury
- Alcohol
- Achalasia

Gastric Cancer

- Age
- Helicobacter pylori (*H. pylori*)
- Previous partial gastrectomy
- Smoking
- Pernicious anaemia
- Family history
- Race (Asian descent)

Screening Recommendations

Oesophageal Adenocarcinoma or Squamous Cell Carcinoma

No formal population-based screening programs

Careful monitoring of **Barrett's oesophagus** may lead to early detection of cancer

- Regular surveillance – upper endoscopies or tissue biopsies
- Treatment of reflux symptoms
- Therapeutic intervention for high grade dysplasia

Gastric Cancer

No formal population-based screening programs

Patient resource checklist

- ✓ Factsheets and resources at www.livelifter.com.au
- ✓ Arrange referral for behavioural support via Quitline www.quit.org.au or individual/group stop smoking service **Quitline 13 7848**
- ✓ For additional practical and emotional support, encourage patients to call **Cancer Council 13 11 20** to speak with an experienced oncology nurse www.cancervic.org.au
 - For translator assistance call TIS on **13 14 50**
- ✓ 'What to expect' guides at www.cancerpathways.org.au



The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia.

For more information please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

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Signs and Symptoms

The following symptoms require urgent consultation within 2 weeks

- New onset or rapidly progressive dysphagia
- New onset or rapidly progressive epigastric pain (>2 weeks)

Other signs and symptoms

- Persistent epigastric pain/dyspepsia
- Pain on swallowing
- Food bolus obstruction
- Unexplained weight loss
- Haematemesis and/or melaena
- Early satiety
- Unexplained nausea/bloatedness or anaemia

Initial investigations

- Full blood count
- *H. pylori* (dyspepsia)
- Liver function test

Referral

- People with symptoms suggestive of oesophageal or gastric cancer should be referred for urgent triage
- Information should include:
 - Relevant psychosocial, medical and family history, current medications, allergies and results of clinical investigations (imaging and pathology reports)

Low haemoglobin <12 g/dL for women <13 g/dL for men	Raised platelets >400 x10 ⁹ /L	Constipation	Chest pain	Abdominal pain	Nausea or vomiting	Dyspepsia	Epigastric pain	Reflux	Weight loss	Dysphagia	PPV = Positive predictive value (%) or probability of Ca if Sx present	
0.2	0.5	0.2	0.2	0.3	0.6	0.7	0.9	0.6	0.9	4.8	PPV as a single symptom	
	0.6	0.4	0.3	0.5	0.9	1.0	1.6	0.9	1.0	4.6	Low haemoglobin	
		0.9	0.8	0.8	1.4	1.4	1.9	1.6	1.8	6.1	Raised platelets	
			0.4	0.4	0.6	0.8	1.4	0.7	1.1	4.2	Constipation	
				0.3	0.6	0.7	0.9	0.6	1.1	5.8	Chest pain	
					0.7	1.0	0.9	0.6	1.4	6.5	Abdominal pain	
						1.0	1.3	2.3	2.8	7.3	Nausea or vomiting	
							1.2	1.4	0.9	2.1	9.8	Dyspepsia
								1.5	4.2	9.3	Epigastric pain	
									3.1	5.0	Reflux	
										9.2	Weight loss	
										5.5*	Dysphagia	

Probability of cancer

≤1%
 1-2%
 2-5%
 >5%

* second presentation

Figure 1 shows the probability of oesophageal or gastric cancer for individual symptoms and pairs of symptoms, including second presentation* of same symptom in people over 55 years.¹

Probabilities highlighted in red are >5% and urgent referral should be considered.

Reference: 1. Stapley, S et al. The risk of oesophagogastric cancer in symptomatic patients in primary care: a large case-control study using electronic records. British Journal of Cancer. 2013;108, 25-31.