

Oesophageal and gastric cancers



A resource card for general practitioners

This resource has been developed as part of the Implementing PATHways for Cancer Early Diagnosis (I-PACED) project supported by the Victorian Government. It aims to increase GP awareness about critical primary care points as outlined in the oesophagogastric cancer Optimal Care Pathway - a nationally endorsed resource.

Summary statistics

- In Victoria 2018, there were 271 new cases of oesophageal cancer in males and 120 new cases in females. For gastric cancer, there were 393 new cases in males and 217 new cases in females
- The five-year survival for people with oesophageal cancer is 24%, and 32% for people with gastric cancer.

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

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.



Figure 1: Risk assessment tool

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	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

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.

Referral pathway

- Prior to referral, discuss the cost implications to enable patients to make an informed decision regarding their choice of specialist and health service, including out of pocket costs: for example, radiological tests and specialist appointments
- People with symptoms suggestive of oesophageal or gastric cancer should be referred for urgent triage
- Refer to the 2018 upper gastrointestinal endoscopy guidelines on information from GP referrals used to determine urgency www2.health.vic.gov.au/about/publications/policiesandguidelines/gastrointestinal-endoscopy-categorisation-guidelines-adults-2018
- Information should include:
 - ▶ Relevant psychosocial, medical and family history, current medications, allergies and results of clinical investigations (imaging and pathology reports).

Local referral process and proformas can be found at:

To gain access to your local HealthPathways visit <https://vtphna.org.au/care-pathways-and-referral/> or equivalent care pathways site.

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 78 48**
- ✓ For additional practical and emotional support, encourage patients to call **Cancer Council 13 11 20** to speak with an experienced oncology nurse or visit www.cancervic.org.au for more information about oesophageal and gastric cancers. **For translator assistance call TIS on 13 14 50**
- ✓ Download the 'What to expect - Oesophagogastric cancer' guide 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 on the Optimal Care Pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

