

SURGICAL PRIORITY IN OESOPHAGEAL AND GASTRIC CANCER

Introduction

The effect of the Covid 19 pandemic is already being felt significantly across the NHS with restrictions on available treatments. The situation is rapidly evolving on a day by day basis and varies across the UK. Patients will continue to present with cancer and we will need to continue to treat these cases with the highest standards of care available to us.

NHS England is shortly to publish general guidance on the priorities for treating cancer patients. The guidance below will address specific requirements for oesophageal and gastric cancer surgical patients.

Surgical Priority

This guidance should be considered in the context of previous AUGIS / NICE Guidelines.

- All patients should be discussed as currently by the MDT.
- Staging tests may need to be limited.
- Clinical and preoperative assessment of all patients is important in treatment planning but patient contact should be minimal and telephone consultation used where possible.

There are likely to be situations where there is a restriction on critical care support which will require some difficult decisions on selection for surgery.

1. Priority 1 - Emergency Cases

- Emergency surgery is rare in OG cancer, endoscopic and interventional radiology options should be used where possible.
- Oesophageal Perforation - Acceptance and management of this condition should be considered on a case by case basis depending on patient co-morbidity and available critical care services. If critical beds are limited due to a high volume of Covid 19 positive patients, then a local conservative approach maybe more appropriate.
- Postoperative complications - Patients requiring return to theatre or critical care support are more common in this specialty. If these facilities become limited then elective surgical resection should be limited to patients where this risk is low.

2. Priority 2 - Elective Cases

- There is variation in the postoperative care requirements for OG patients. Where level 1 facilities are required, each facility will need to assess their critical care bed status and services available for post-operative care. If this is limited or unavailable then alternative treatment should be considered.
- When the pressure on level 2/3 is modest it may be appropriate to continue with surgery in low risk patients.
- If there is pressure on level 2/3 beds, then priority should be determined by symptoms, performance status and tumour biology.
- In patients where there is a prediction of prolonged recovery based on performance score, consideration should be given to non-surgical treatment. In many cases patients will have received neoadjuvant chemotherapy and this should be considered as an option to continue in discussion with the MDT.
- Chemoradiotherapy should be considered either as definitive treatment or as a neoadjuvant.
- In both oesophageal and gastric cancer, T1a and T1b disease could be potentially treated by endoscopic therapies. In addition, a delay in treatment of up to 3 months could be considered for early oesophageal / gastric cancer (which includes N1 disease).
- Post neoadjuvant stage II and III disease should, if possible, continue to be treated surgically but priority can be determined based on likely nodal involvement and poorly differentiated histology.

GIST Tumours

- The treatment plan should be discussed by both the OG and Sarcoma MDT.
- Delay in surgery should be considered for those GISTs < 5cm.
- Those presenting with bleeding can also be considered for delay but this should be supplemented with endoscopic assessment, high dose PPI and risk assessment.
- Larger tumours require consideration for oncological treatment or surgery depending on available facilities.

Comment

These measures are intended to guide surgical priority planning but it is fully recognised that there will be local pressures which will contribute to the decision processes. Decisions should be made through an MDT process and patients should be made aware of the additional surgical risk posed by Covid 19.