

Abstract:

Early gastric cancer in County Durham and Tees Valley – an audit of clinical practice

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Introduction

Gastric Cancer (GC) is the fourth most common cancer worldwide, the eighth most common cancer in males and thirteenth most common in females in the United Kingdom. In some countries, particularly Japan, the endoscopic detection and treatment of early gastric cancer (EGC) is increasing at a faster pace than any other malignancy. There is a general perception that this condition is an “eastern” disease and does not occur in the Western countries

Aim:

To audit the annualised incidence, investigations, treatment and outcomes of early gastric cancer in our cancer locality.

Method

105 patients with gastric cancer were identified from the James Cook University Hospital Central Upper GI Cancer MDT database between January 2011 – January 2012. This included patients from County Durham and Darlington Foundation Trust, North Tees and Hartlepool Foundation Trust, and James Cook University Hospital. Out of these 105 patients, only 12 were diagnosed to have early gastric cancer based on the following criteria: patients presenting with High Grade Dysplasia to T1/T2-NO-MO staging. A 13 point proforma was created to collect data on clinical presentation, smoking, alcohol and family history, route of referral, endoscopy findings, pre and post interventional histology, other investigations, final MDT decision and survival in months.

Results

Twelve of 105 gastric cancers were EGC (11.4%) with a mean age of 74.8 years (range 62-83), Male:female ratio was 9:3.5. Patients were detected as part of a routine dyspepsia endoscopy or surveillance for Barrett’s oesophagus, two patients presented with haematemesis. Three patients had a family history of gastric cancers. Six patients were referred under the “two week wait” rule. Endoscopic findings showed a suspicious lesion in ten, while two patients had an ulcer. Five of these lesions were in the proximal stomach, three in the distal, and the remaining four had no comments of the site. Pre-op endoscopic histology showed an adenocarcinoma in four patients, five high grade dysplasia and the remaining three were suspicious for malignant cells. On CT staging, all lesions were T1/T2, N0, M0 lesions. Endoscopic resection was carried out in only one patient - all others had surgery.

Conclusions

Approximately 10% of gastric cancers are early gastric cancers in our region. Endoscopic treatment is not frequently carried out as in Japan. There may be an opportunity to increase endoscopic resections for these lesions.