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# Treatment for oesophageal cancer, Barrett's oesophagus varies significantly across England

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New figures released today show that the treatment received by patients for oesophageal cancer, and its precursor condition Barrett's oesophagus, varies significantly across England.

This postcode lottery has been uncovered by the Oesophageal Cancer Westminster Campaign in their new report: *Incidence of oesophageal cancer and Barrett's oesophagus, and variations in their treatment*. The report found significant geographical variation in the use of effective and minimally invasive endoscopic therapies for Barrett's oesophagus and early cancer, with 43% of patients in London receiving this treatment compared to only 3.2% in the West Midlands and 6% in the East Midlands.

The Oesophageal Cancer Westminster Campaign is a coalition of patient groups that have come together to campaign to raise awareness of oesophageal cancer, to support earlier diagnosis and improved patient access to treatment. The report, using data obtained through the Freedom of Information Act, set out to show how the diagnosis and treatment of Barrett's Oesophagus and oesophageal cancer varies across England. They have found regional variation in treatment, worrying lapses in the recording of important data and possible deficiencies in surveillance of patients.

The main findings of the report are:

- Many Trusts are unable to provide detailed data on Barrett's oesophagus and oesophageal cancer, which may reflect inaccurate acquisition, recording and reporting of data as well as inadequate resource allocation to these conditions.
- Only a minority of patients with Barrett's oesophagus ever receive a formal diagnosis.
- Very few Trusts were able to provide evidence of recording and tracking patients who progressed from Barrett's oesophagus to oesophageal cancer.
- The proportion of patients treated with endoscopic therapies (treatment is carried out via an endoscope) for Barrett's oesophagus has increased over the last three years, from 18% of patients with Barrett's oesophagus in 2011/12 to 30% of patients with Barrett's oesophagus in 2013/14.
- There is significant geographical variation in the application of endoscopic therapies for Barrett's oesophagus and early cancer.

Oesophageal cancer claims the lives of almost 8,000 people in the UK every year, with survival rates of only 1 in 15. The UK has the highest incidence of oesophageal adenocarcinoma in the world and the number of people diagnosed in the UK is rising every year. It has been estimated that around 950 lives could be saved in this country each year if our survival rates matched the best in Europe. This report shows that there are clear improvements that can be made.

The OCWC recommends the following:

- Access to endoscopic therapies for Barrett's oesophagus and oesophageal cancer should be improved across the country to prevent the current "postcode lottery" of provision. Endoscopic Mucosal Resection and Radio Frequency Ablation should be restricted to resectional cancer centres to ensure quality and allow the appropriate discussion of all treatment options.
- There should be greater professional awareness of treatment options, including endoscopic options such as EMR and RFA, with emphasis being placed on Clinical Commissioning Groups favouring such practices for Barrett's and early oesophageal cancer.
- A simple best practice pathway should be developed by Clinical Commissioning Groups for Trusts to follow.
- NICE guidelines around early intervention and treatment should be strengthened and structures should be put in place to ensure these are followed.
- There should be enhanced emphasis on, and training for, the diagnosis and treatment of Barrett's oesophagus with the aid of improved diagnosis tools and options.
- Trusts should be encouraged to record not only total numbers of those with oesophageal conditions, but also the type and stage.

- There should be better monitoring and recording, and visible annual reporting of all cases and stages of Barrett's, oesophageal cancer and the number of patients progressing from the former to the latter.
- There should be a reassessment of current reimbursement systems and an analysis of whether this creates a barrier to the adoption of some vital treatments.
- All diagnosed cases of Barrett's oesophagus should be registered with the UK National Barrett's Oesophagus Registry to ensure surveillance is managed by one specialist entity across the country.

Quote from Tim Underwood, Chair of the OCWC.

The UK has the highest rate of oesophageal cancer patients in the world, with this terrible disease killing 7,000 people every year. So much more needs to be done to make sure we improve the way we diagnose and treat this cancer and I believe that the recommendations we've made can make a big step towards saving hundreds of lives. In particular the postcode lottery of treatment needs to be ended, with specialist treatment available across the country.

The OCWC represents patients and families who have been affected by this disease, campaigning for raise awareness of oesophageal cancer, to support earlier diagnosis and improved patient access to treatment. We hope that this report can shine a light on this disease and help bring about improvements in care.

Quote from Colette Skilling

Having received treatment for Barrett's oesophagus I am worried by the findings of the report. With a significant chance of becoming cancer every patient needs to be diagnosed early and treated in the best way possible.

I referred myself for the treatment I needed and I am worried that people in other areas of the country may not simply because of their postcode or the knowledge that the treatment is available. We need to make sure that all patients diagnosed with Barrett's or oesophageal cancer have the option of endoscopic treatment rather than surgery and are under proper surveillance.

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Source:

<http://www.ocwcampaign.org/>

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