# Clinical outcomes following definitive chemoradiotherapy for oesophageal cancer.

**Descriptor:**

To determine if outcomes of patients treated with definitive chemoradiotherapy for oesophageal cancer are comparable with nationally published standards. Overall survival (OS) rates and early mortality rates will be used to do this.

**Background:**

Surgical resection in conjunction with neo-adjuvant or peri-operative chemotherapy is considered the gold standard management for patients with resectable oesophageal cancer treated in the United Kingdom. There is increasing use of definitive chemoradiation (CRT) as an alternative strategy in patients who have potentially unresectable locally advanced disease, in those who are unsuitable for surgery owing to medical co-morbidities or in those who wish to pursue an organ preserving approach. The SCOPE 1 trial, although showing a detrimental effect for the addition of cetuximab to standard therapy, has led to standardisation of radiotherapy technique across the UK and showed improved outcomes in comparison to previously published data. Improved clinical staging, multidisciplinary discussion and assessment of patients and improvement in radiotherapy planning and QA have all contributed to the improvement in survival rates following this treatment.

## The Cycle

**The standard:**

Median OS and 2 year OS comparable to the Cardiff 1995-2009 series [1] and SCOPE 1 trial [2] at 20.6 - 25.4 months and 43.6 - 56% respectively. 5 year OS comparable to Cardiff series at 19.5%.24 week mortality comparable to SCOPE 1 trial at 6%.

**Target:**

Comparable to outcomes and mortality rates given above.

## Assess local practice

**Indicators:**

• Overall survival - median OS, and both 2 and 5 year OS rates

• 24 week mortality

• Collecting data on inpatient stays, and nutritional support, may help with planning for additional patient support/resources required

**Data items to be collected:**

Demographics:

   - Age

   - Gender

   - Performance status

Cancer details:

   - Date of diagnosis

   - Histology

   - Staging investigations performed

   - Site of tumour (upper/middle/lower third)

   - TNM stage of tumour

   - Length of tumour

   - Reason for non-surgical approach (medically inoperable, surgically inoperable due to locally advanced disease, patient choice)

   - Date of treatment start

      • Chemotherapy details - neoadjuvant/concurrent

      • Radiotherapy dose, fractionation, duration

Outcomes:

   - Completion of treatment

   - Inpatient stay during/within 6 weeks

   - Need for supplemental feeding

   - Persistent disease Y/N

   - Recurrence Y/N (local/distant/both)

   - Date of recurrence

Survival details:

   - Alive Y/N

   - Date of death

   - Date of last review

**Suggested number:**

40+

**Suggestions for change if target not met:**

• Review of patient selection process - are all suitable for combined modality treatment

• Review of MDM and staging process - e.g. is PET available for staging?

• Review of patient support - e.g. CNS, regular dietitian support, SLT input where required, policy and provision for supplemental feeding

• Review of radiotherapy planning process - role for peer review of target volumes, radiology input?

**Resources:**

• Administrative support to identify relevant patients

• Access to patient records and time to extract data

• Statistical support may be required to generate survival data

**References:**

1. Gywnne S, Hurt C, Evans M, et al. Definitive chemoradiation for oesophageal cancer – a standard of care in patients with non-metastatic oesophageal cancer. Clin Oncol 2011;23:182-88.
2. Crosby T, Hurt CN, Falk S, et al. Chemoradiotherapy with or without cetuximab in patients with oesophageal cancer (SCOPE1): a multicentre, phase 2/3 randomised trial. Lancet Oncol 2013;14:627-37.

**Editor's comments:**

To be completed after editor review.

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