Guide for Referring Doctors - Oesophageal and Gastric Tumours

Quick Facts:
- Surgery is the only potentially curative option for most Patients presenting with localised Oesophageal and Gastric Tumours.
- Oesophagectomy and Radical Total and Subtotal Gastrectomy are complex major procedures with a 3-5% mortality and 40-50% morbidity even in High Volume Subspecialist Upper GI Units
- Most procedures can now be performed using minimally invasive laparoscopic +/- thoracoscopic surgery
- Endoscopic Self Expanding Metal Stents can provide relief for malignant obstruction with minimal risks and short length of stay.
- More information is available on our website [www.uppergiwest.com.au](http://www.uppergiwest.com.au)

Who to refer:
- All patients with newly diagnosed or suspected Oesophageal or Gastric Tumours without proven distant metastatic disease
  *(Patients with confirmed distant metastatic disease should be referred direct to a Medical Oncologist)*
- OR
- Any patients with obstructive symptoms or bleeding that may still benefit from palliative interventions including Endoscopy and stenting, bypass or palliative resection

Criteria for Resection:
- Tumours localised to the Oesophagus and/or Stomach and/or regional nodes
- No distant metastatic disease (eg Liver, Lungs, Bone)
- Considered fit for major surgery

Information required:
- Referral letter
- Gastroscopy Report (and photos/video are very useful if available)
- Histopathology Report
- Imaging Reports
- Recent Blood Tests (U&E, FBE, LFTs, Coags, CA19-9, CEA)

What you can do to help:
- Inform patients of the diagnosis so we can focus on discussing further management
- Advise smokers to quit (Smoking significantly increase the risks of surgery)
- Commence a Proton pump inhibitor (PPI)
- Encourage following a healthy diet and continuing regular exercise (where able) to maintain health and fitness
- Recommend nutritional supplements & multivitamins and involve a local dietician to prevent weight loss
- Provide support and information to the Patient and family
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What we will do:
We will assess the Patient including fitness for treatment and arrange further investigations to accurately stage the extent of disease. This may include:
- CT Neck, Chest, Abdo, Pelvis with Triple Phase Liver*
- Whole Body FDG PET Scan
- Staging Laparoscopy & Peritoneal lavage
- Endoscopic Ultrasound (selected cases)

* Note that CT Scans must be of high quality (at least 64 slice scanners) with fine slices and multiple contrast phases in order to exclude metastatic disease. This can be done at most tertiary hospital based radiology practices. Most suburban locations offering fast, bulk-billed, low-dose scans do not achieve adequate quality images for this purpose. If in doubt we can request and arrange an urgent scan prior to the initial appointment.

There is evidence that some patients will benefit from preoperative chemotherapy +/- radiotherapy. This will depend on the disease stage, patient fitness and co-morbidities. We will make the appropriate referrals after completing staging investigations.

All cases (Private and Public) will be reviewed and discussed in the Upper GI Multidisciplinary Cancer Meeting with Surgeons, Radiologists, Medical and Radiation Oncologists, Cancer Nurse Co-ordinator, Allied Health and allows an individualised management plan to be formed based on consensus of the team.

All Oesophagectomy procedures will be performed in our Specialised Upper GI Unit at Fiona Stanley Hospital. Most Gastrectomy procedures and Endoscopic stents can be performed at SJOG Murdoch for private patients.

More Information:
Patients should be aware that there may be out-of-pocket expenses for consultations, investigations and procedures performed in the private sector. Alternatively all medicare card holders are entitled to receive full treatment in public hospitals without additional expenses however there may be delays due to limited resources.

In addition some specialised tests and procedures are not available in the private sector and require management at a major tertiary teaching hospital unit eg. Fiona Stanley Hospital.

The Fiona Stanley Hospital Upper GI Cancer Nurse Co-ordinator, Briony McBride can provide additional information, support and resources and can be contacted directly on 0434 679 679.

Please contact us if you would like more information, need to discuss a specific case or have any concerns?