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MSD has had no editorial control or input into the contents of the report.

Senedd Briefing: A Burning Issue

Improving Oesophageal and Stomach Cancer Outcomes in Wales



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Cancer, as a whole, is not as deadly as it once was, with survival rates for most cancer types showing remarkable progress over the last 40 years. There is, however, a subset of six cancers which remain incredibly deadly with poor survival rates; lung, pancreatic, liver, brain, oesophageal and stomach. Together are referred to as ‘*Less Survivable Cancers*’.

Less survivable cancers account for **a quarter of cancer cases** in Wales but are responsible for **half of all cancer related deaths**.

Cancers of the oesophagus and stomach have some of the poorest cancer patient outcomes in Wales, and are uniquely underserved.

19% of people with oesophageal and stomach cancer receive their diagnosis in A&E, when the cancer has spread to other parts of the body, triggers an emergency and is incurable. Treatment is likely palliative and a person’s remaining time with family and friends may be measured in months.

This is unacceptable. Wales needs to improve outcomes. Tenovus Cancer Care has set out to do so through our report, *Making Change*. Starting to improve oesophageal and stomach cancer outcomes in Wales begins with better understanding the pathway in which these cancers are diagnosed and treated.

Based on this evidence base *Making Change* calls on policy makers to make the early diagnosis of stomach and oesophageal cancer a national priority – now, and four recommendations for making this happen. We welcome your support to turn these findings into reality.

The Case for Change

Oesophageal Cancer

In 2020, 445 people in Wales were diagnosed with oesophageal cancer, 136 women and 309 men.

In 2020, 449 people died from oesophageal cancer, 129 women and 320 men.

71% of people are diagnosed at stage three and above, fewer than 3% are diagnosed at stage one.

Stomach Cancer

In 2020, 348 people in Wales were diagnosed with stomach cancer, 104 women and 244 men,

In 2020, 248 people died from stomach cancer, 93 women and 155 men.

Diagnosed at stage one 1yr survival is 82%, when diagnosed at stage four, 1 yr survival from stomach cancer is 19%.

While oesophageal and stomach cancers accounted for just 4.5% of cancer across Wales in 2020, they disproportionately contributed to 7.7% of all cancer deaths.

A Burning Issue

Tenovus Cancer Care recommends that the early diagnosis of oesophageal and stomach cancer is made a national priority.

This will be demonstrated through implementation of the following interventions:

Increase awareness of the vague and non-specific symptoms of oesophageal and stomach cancer

Public awareness of oesophageal and stomach cancer remains low especially for the vague and non-specific symptoms, such as heartburn.

Public awareness campaigns can be utilised at both a national level and within local communities to increase health education and symptom awareness, and pharmacy interventions can be employed to specifically target people with persistent heartburn symptoms at point display/purchase of heartburn medication. This will raise awareness of vague cancer symptoms and promote help-seeking behaviour to ensure patients consult their GP.

Increase and expand the capacity of endoscopy in Wales with a focus on embedding innovative diagnostic technologies

The need for endoscopy has increased substantially since the COVID-19 pandemic. Innovative technologies will be required to tackle this backlog and ensure that patients can undergo diagnostic testing and surveillance promptly.

Innovative technologies, such as trans-nasal endoscopy, and the swallowable sponge test should be rolled out across Wales to triage and safeguard endoscopy services. This will contribute to an efficient diagnostic service, ensuring patients promptly undergo diagnostic testing and early diagnosis.

Create a national registry for Barrett's oesophagus patients in Wales

To understand the impact of Barrett's oesophagus (the only known precursor to oesophageal cancer) improved data collection is needed. The creation of a national registry for Barrett's oesophagus will standardise the collection of data between local health boards.

In the absence of a national screening programme for oesophageal cancer, Barrett's oesophagus represents a unique opportunity to identify patients most at risk of oesophageal cancer and diagnose these patients at the earliest possible opportunity.