

# What's New in the World of Oesophageal Surgery?

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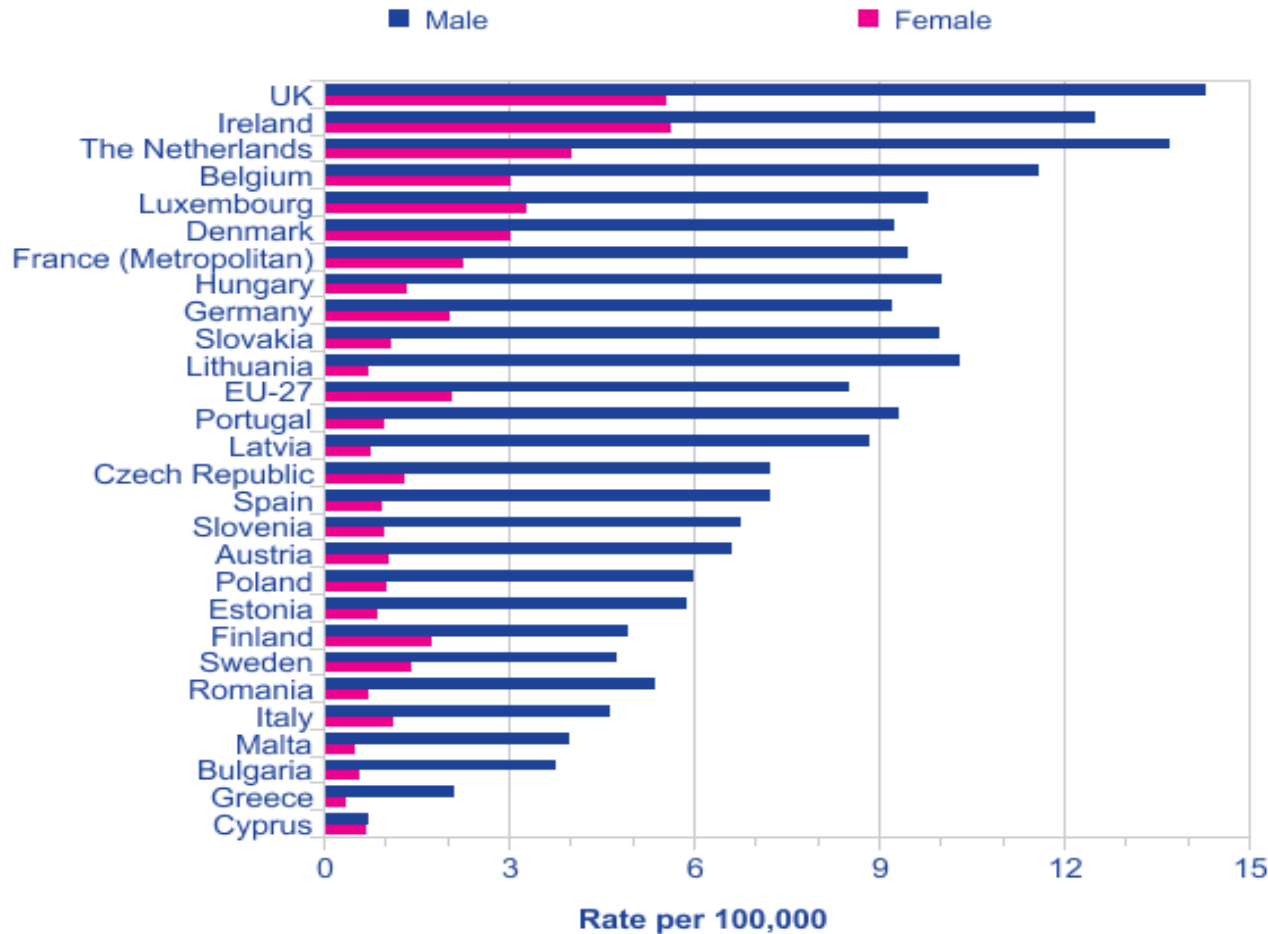
## Mr James Gossage

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Guy's & St Thomas' Hospitals NHS Trust  
Senior Lecturer, King's College University  
Senior Lecturer, Karolinska Institute, Sweden  
Cancer Lead, Association of Upper GI Surgery



# Oesophageal Cancer in the UK

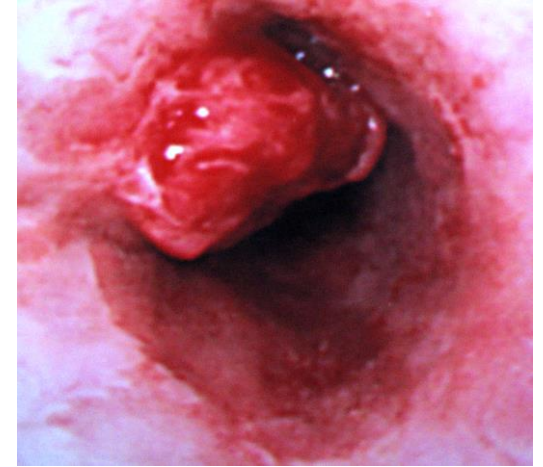


Oesophageal cancer is the 14th most common cancer in the UK, accounting for 3% of all new cancer cases (2017)

# Oesophageal Cancer

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- Peak incidence 50-70 years
- More common in Men
- Adenocarcinoma 75%
- Squamous cell carcinoma 25%



There are around 9,200 new oesophageal cancer cases in the UK every year, that's 25 every day (2015-2017)

# Why do people get Oesophageal Cancer?

## Smoking



Oesophageal cancer cases linked to exposure to tobacco smoke, UK

## Too few fruit and veg



Oesophageal cancer cases linked to eating too little fruit and vegetables, UK

## Excess bodyweight



Oesophageal cancer cases linked to excess bodyweight, UK

## Prevention

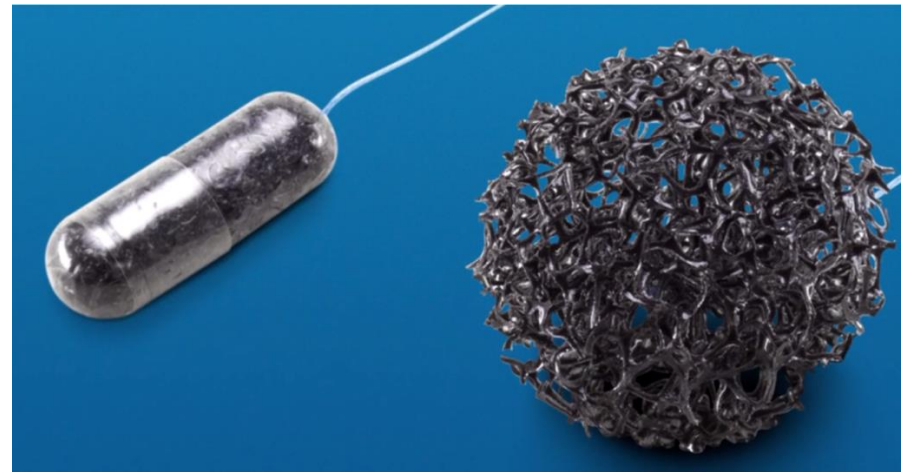


Preventable cases of oesophageal cancer, UK

# Cancer Detection and Screening

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**Medtronic FDA approval for  
Cytosponge Cell Collection  
Device, August 16, 2018.**



- **Used during Covid pandemic**
- **Under trial nationally**

# Cancer Detection and Screening

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## Breath Tests

**Detection of Barrett's oesophagus through exhaled breath using an electronic nose device.**

**Volatile organic compounds (VOCs) analysis.**

**Barrett's Oesophagus with good diagnostic accuracy**



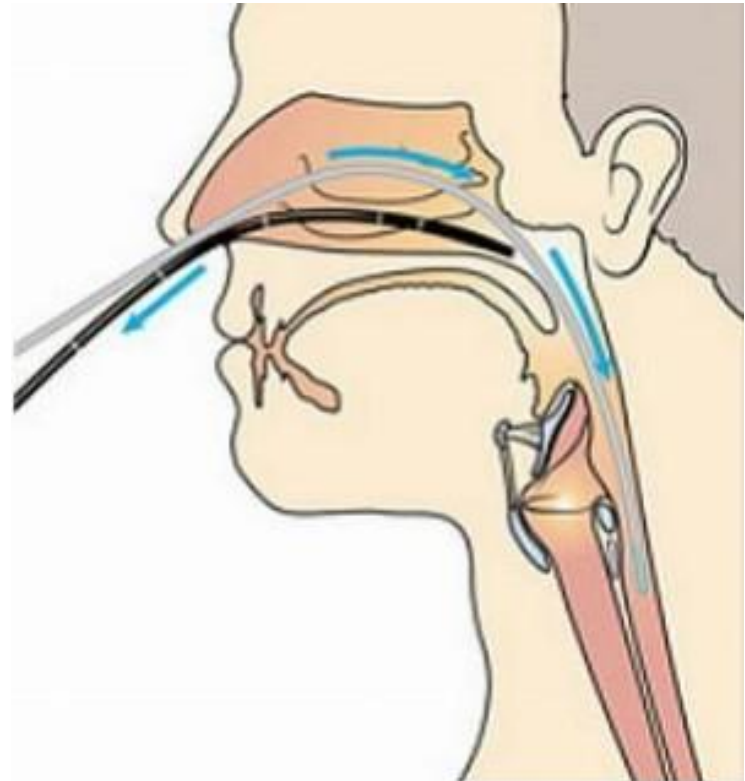
# Cancer Detection and Screening

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## Nasoendoscopy

- **Screening lists**
- **Better tolerated**

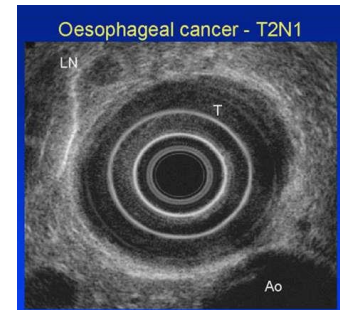
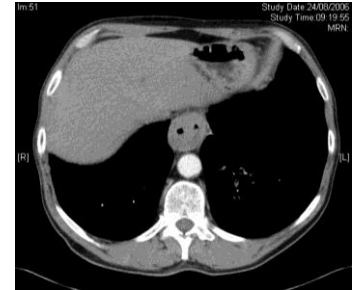
**Artificial Intelligence**



# What happens after diagnosis?

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- CT Scan - chest/abdomen/pelvis
- Endoscopic ultrasound (EUS)
- PET/CT
- Staging laparoscopy





# Why were there so many tests?

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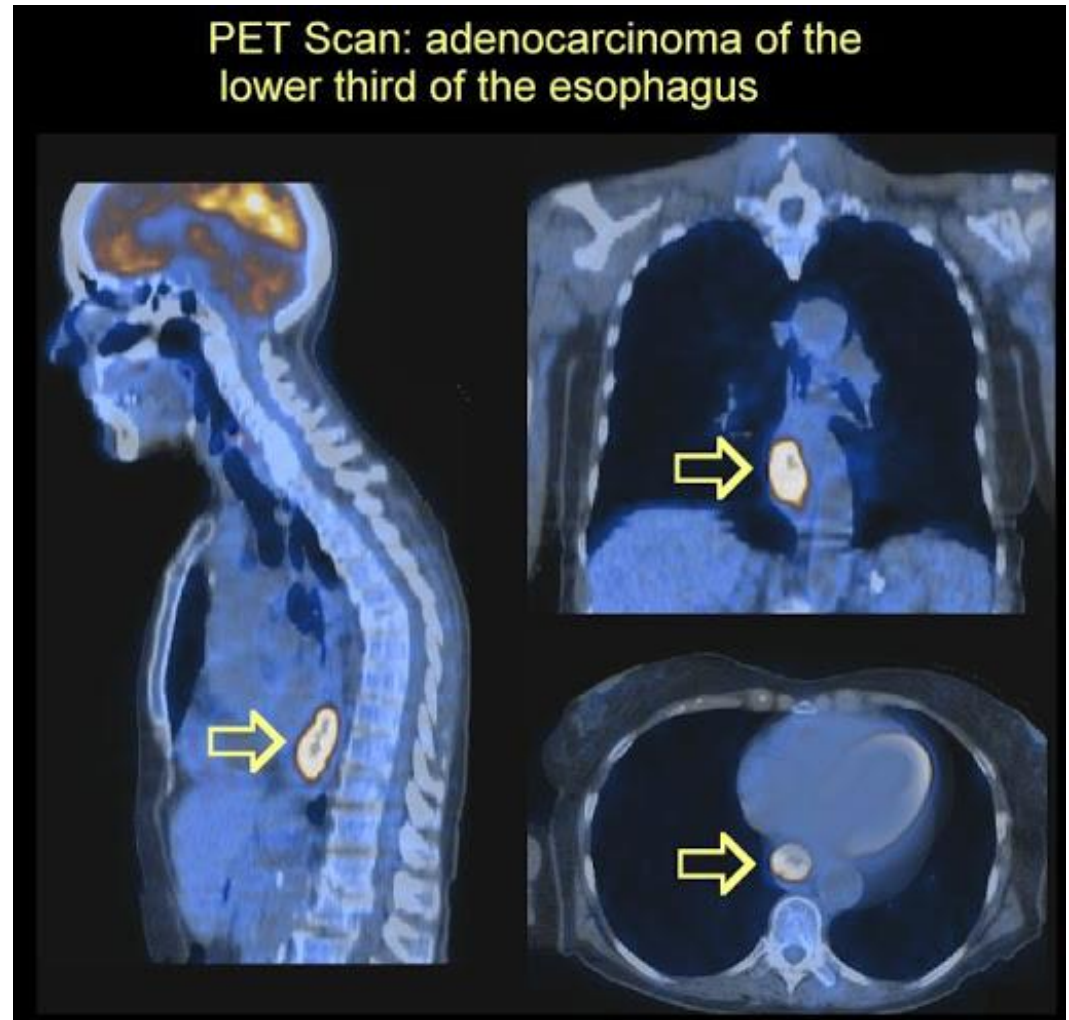
- Assess extent of disease as accurately as possible
- Avoid inappropriate surgery
- Prognostic information
- Compare outcomes
- Form definitive treatment plan at MDM



# What happens after diagnosis?

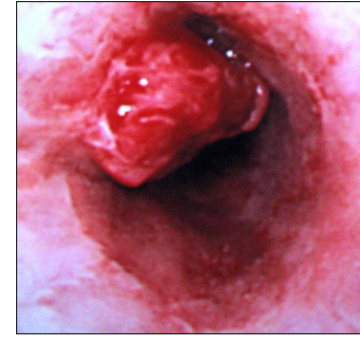
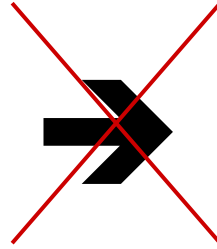
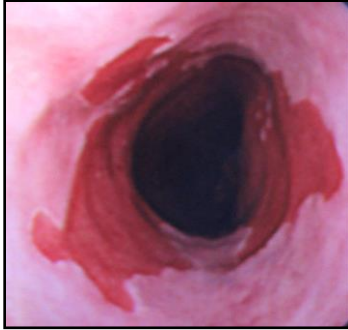
## PET/CT

- New Markers
- Improved Images



# Early Disease – Treatment and Prevention

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**RFA**



**EMR**

# Treatment before surgery?

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- Reduce the disease
- Clear cancer cells from circulation
- Assess response

Response to neo-adjuvant therapy - 30-50%

## New Trials & Treatments

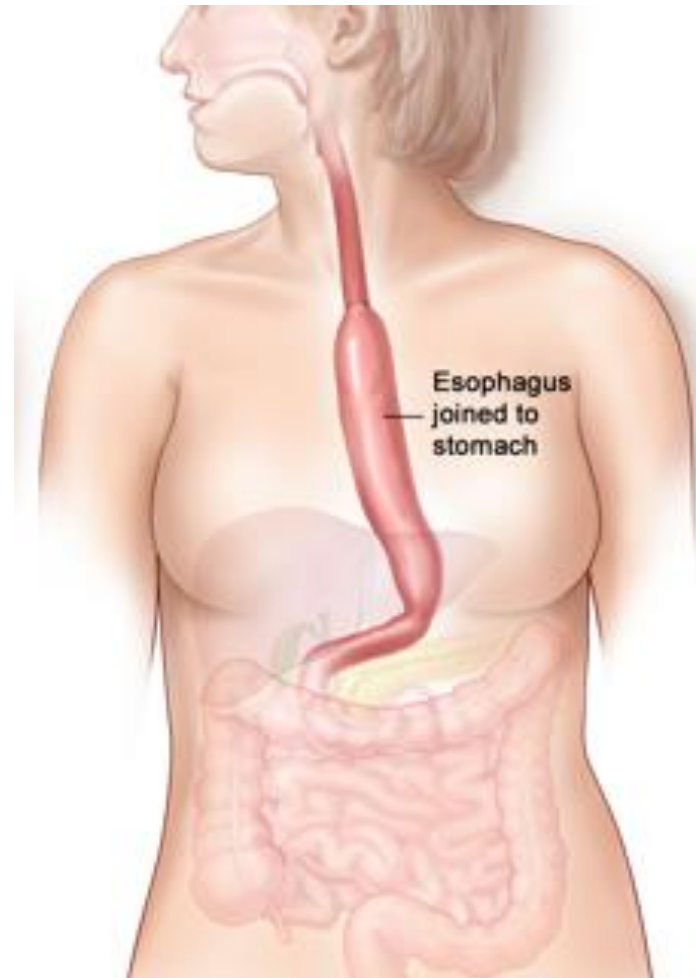
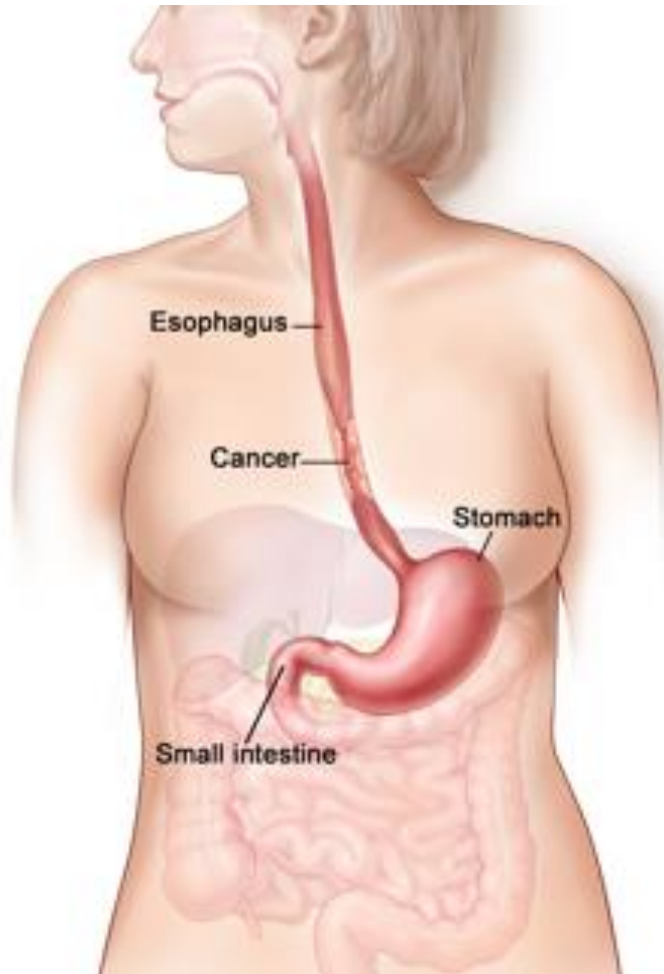
CROSS Study - Combination chemotherapy and radiotherapy

FLOT chemotherapy – Better overall survival compared to standard ECF/ECX

(5-FU/Leucovorin/Oxaliplatin/Docetaxel) presented at the European Society of Medical Oncology (ESMO) 2017 Congress in Spain

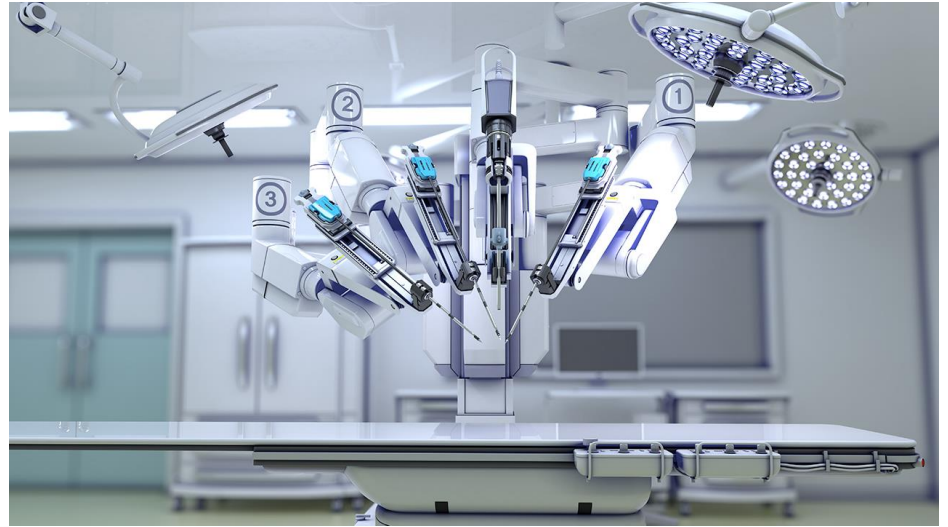
# Surgery

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# Robotic Surgery

- **Fine instrumentation**
- **Ergonomics**
- **Less fatigue**
- **Teaching**
  
- **Lacks haptics**
- **Expensive**





# Surgical Technology

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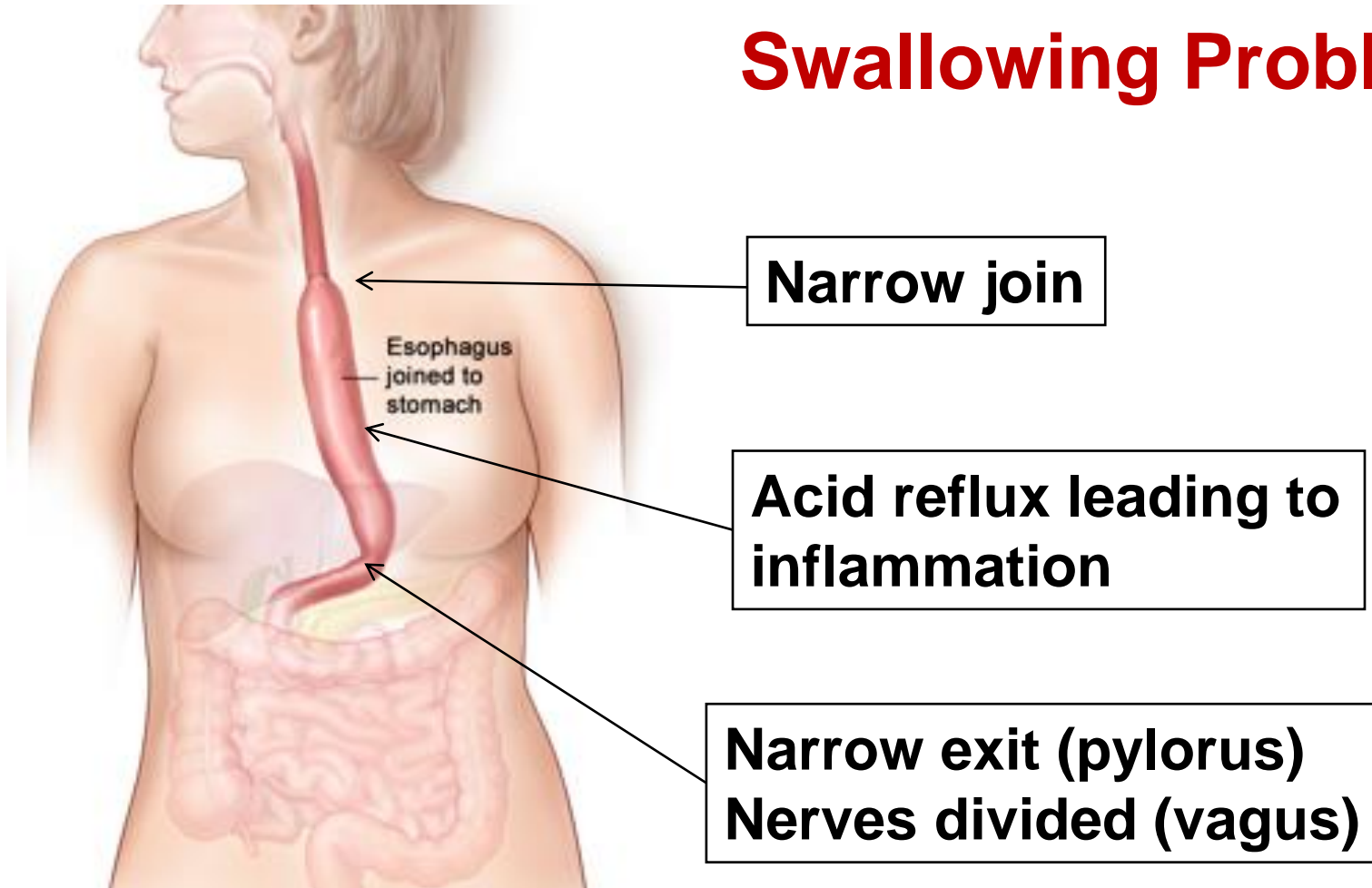
- **Intraoperative imaging**
- **Combination treatments**
  
- **Robotic assistance**
- **Feedback on performance**
- **Surgeon selection**



# Common problems after Surgery

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## Swallowing Problems



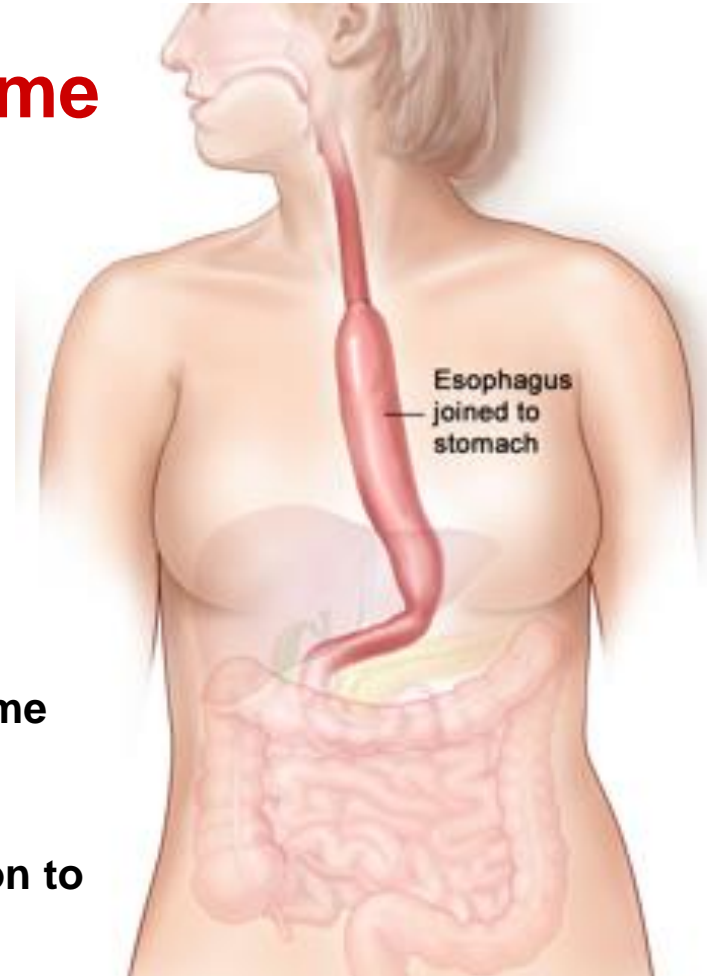
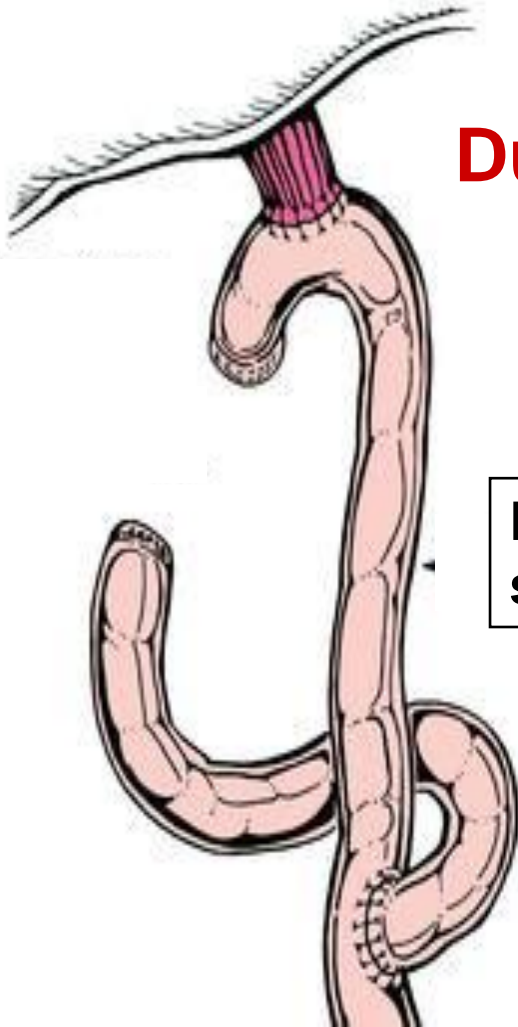


# 'I have to lie down after eating'

## Dumping Syndrome

**Food enters the small bowel rapidly**

- reduced stomach volume
- Loss of nerve fibres
- A (fast track) connection to the small bowel



# After Eating Problems

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## Dumping Syndrome

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graph TD; A[Dumping Syndrome] --> B[Early]; A --> C[Late];
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**Early**

**Rapid water movement  
into bowel**

**< 30 mins**

**Nausea, cramps,  
bloating, diarrhoea  
dizziness, fatigue**

**Late**

**High hormone levels  
(insulin) leads to fall in  
blood sugar**

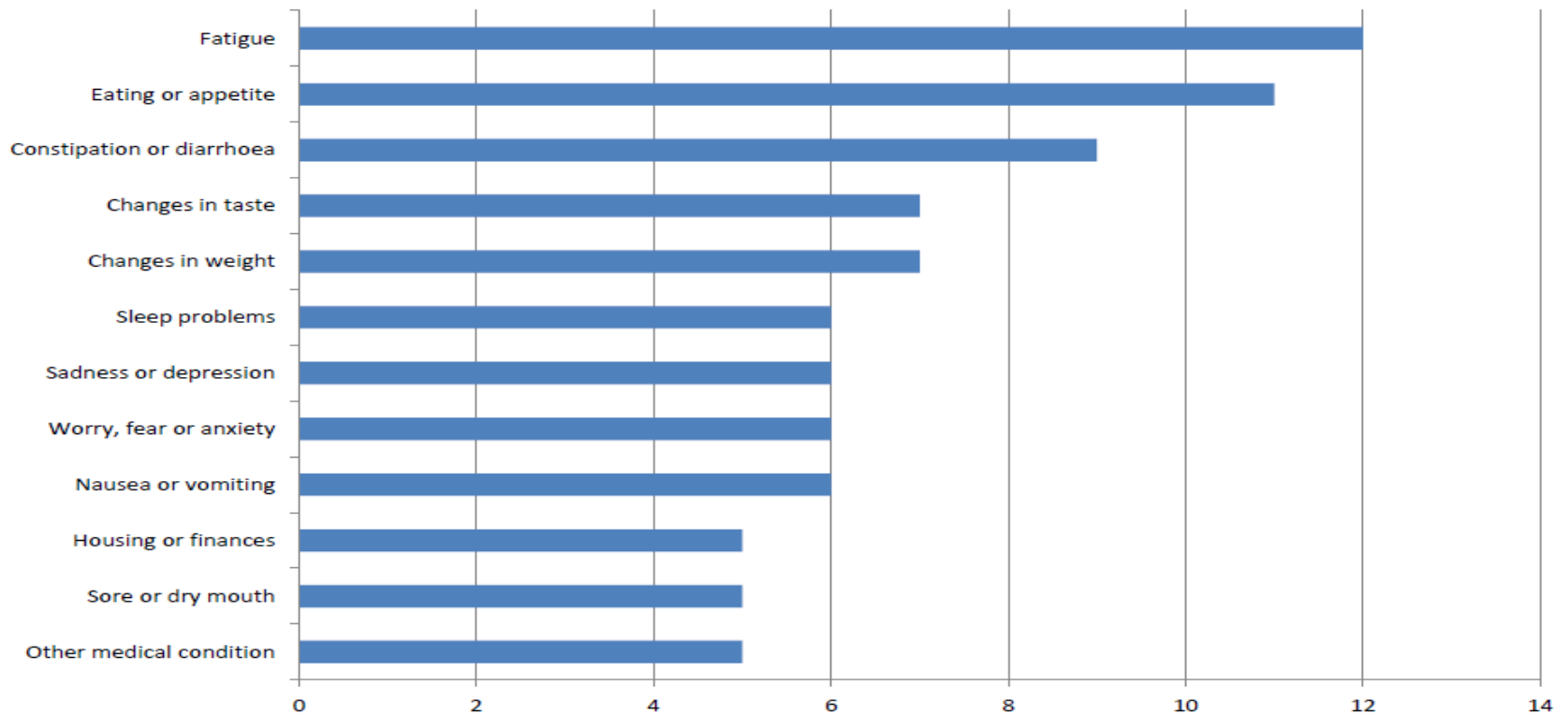
**2-4 hours**

**Weakness  
Sweating  
Dizziness**

# What's Important after surgery?

The London Cancer Alliance

## Top 10 Most Commonly Reported Concerns on Follow Up (n=22)



# Focus Groups – What do Patients Want?

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- Regular follow up initially
- Decreased frequency and phone clinic appointment – as agreed with patient
- Consistency around who they see – and those people having the right knowledge
- Clarity around follow up – what to expect, CT scans, blood tests
- Honesty about problems that might occur, disease recurrence

# What do patients need?

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(Cancer Strategy 2015-2020)

- Access to a patient education and support event, such as a Health and Well Being clinic
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- Access to a patient education and support event to prepare for the transition to self supported management
- Signposting to rehabilitation, work and financial support services

# What's the future?

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- Risk factor identification (genetics)
- Surveillance/early treatment
- Personalised therapy
- Personalised surgery – AI
- Early detection of relapse
- Maintenance therapies



Thank you

Any questions?

