# Radical Chemo-Radiotherapy for Oesophageal Cancer

**Descriptor:**

This audit will review the timeliness and dose-fractionation schedules of chemo-radiotherapy for oesophageal cancer.

**Background:**

Chemoradiotherapy is a radical treatment option for patients with oesophageal cancer. It is increasingly considered for patients with squamous cancers and may be an alternative for patients with adenocarcinoma who are not suitable for surgery. The RCR Guidelines include both squamous cell carcinoma and adenocarcinoma of the oesophagus as Category 1 tumour types and overall treatment time should not be extended when treating with curative intent [1]. The RCR guidelines state that within any audit there should be no prolongation of overall treatment time in excess of two days, for 95% of the patient group [1].

## The Cycle

**The standard:**

1. Patients should have dose fractionation schedules which comply with RCR national guidelines

2. Patients should not have a prolongation of overall treatment time in excess of two days

**Target:**

1. Most patients - suggest 90-95%

2. 95%

## Assess local practice

**Indicators:**

1. The percentage of patients treated with a dose-fractionation regime in accordance with RCR guidelines (50.4Gy in 28# or 50Gy in 25#)

2. The percentage of patients who have not had a prolongation of overall treatment time in excess of two days

**Data items to be collected:**

• Patient Demographics

• Histology

   - Date of 1st fraction

   - Date of last fraction

   - Total time taken for treatment (days)

   - No of Fractions

   - Dose (Gy)

• Date last seen

• Date of relapse/Date of death

**Suggested number:**

Suggest audit all patients treated in department within 12 month time period.

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

• Distribute audit results at local/departmental audit meetings

• Identify reasons why targets not met and discuss if any further changes could be made to practice

• Agree date to re-audit and assess impact of changes

**Resources:**

• Data collection can be completed by person completing the audit, using electronic records of treatment and patient files

• Assistance with retrieval of patient notes would be beneficial where possible

• Time approximate - 10 mins per patient, then 6 hours for analysis and report writing

**References:**

1. The timely delivery of radical radiotherapy: standards and guidelines for the management of unscheduled treatment interruptions, Third edition, 01 December 2008. RCR Guidelines.RCR Dose Fractionation Guidelines, June 2006.
2. The timely delivery of radical radiotherapy: standards and guidelines for the management of unscheduled treatment interruptions, Third edition, 2008. RCR Guidelines.
3. Chemoradiotherapy with or without Cetuximab in patients with oesophageal cancer (SCOPE1): a multicentre, phase 2/3 randomised trial. Crosby T, Hurt CN, Falk S, Gollins S, Mukherjee S, Staffurth J, Ray R, Bashir N, Bridgewater JA, Geh JI, Cunningham D, Blazeby J, Roy R, Maughan T, Griffiths G. Lancet Oncol. 2013 Jun;14(7):627-37. doi: 10.1016/S1470-2045(13)70136-0. Epub 2013 Apr 25.

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**Published Date:**

Wednesday 30 April 2014

**Last Reviewed:**

Wednesday 30 April 2014