

Poster Presentation

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| TITLE | Inadequate biopsy numbers are an important factor in failure of histological confirmation of gastro-oesophageal cancer at endoscopy |
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| ABSTRACT DETAILS: | |
| Background: | Histological confirmation of suspected gastro-oesophageal cancer is an important quality assurance parameter; the Scottish Cancer Taskforce Upper GI Cancer Quality Performance Indicator (QPI) for Endoscopy states that 90% of patients should receive a histological diagnosis at initial endoscopy. The accuracy of diagnosis increases with the number of biopsies taken; national guidelines advise a minimum number of 6 (BSG) to 8 (SIGN) biopsies. The aim of this audit was to determine if the number of endoscopic biopsies was a factor in meeting the QPI for the proportion of patients with gastro-oesophageal cancer with histological confirmation of diagnosis at index endoscopy. |
| Method: | All patients who had a diagnosis of oesophageal or gastric cancer in 2014 were identified from the local cancer database. Data was extracted from the electronic patient records (including endoscopy reports) for the number of biopses taken at initial and any subsequent endoscopy, histological results, grade and speciality of endoscopist. Junctional cancers were classified as oesophageal. |
| Results: | <p>Of the 160 patients with gastro-oesophageal cancer, 7 were excluded as the endoscopy had been performed in the private sector and details of the procedure were not available; a further 6 patients were excluded as they did not undergo endoscopy having the diagnosis made radiologically +/- laparotomy. Of the remaining 147 patients, 112 (76.2%) had oesophageal cancer and 35 (23.8%) had gastric cancer.</p> <p>Histological confirmation of malignancy at the initial endoscopy occurred in 112 (76.2%) patients. Of the remaining 35 patients, 30 underwent repeat endoscopy: Overall, 137 (93.2%) of the 147 patients with gastro-oesophageal cancer had histological confirmation, after a total of 184 endoscopic procedures.</p> <p>The median number of biopsies in those procedures with histological confirmation was 8 (range 1 – 16) compared to 4 (range 1 – 8) in those without. 57% of procedures where ≥ 8 were taken had histological confirmation compared to 43% when <8 biopsies were taken ($p < 0.05$).</p> |
| Conclusions: | Inadequate biopsy numbers are an important factor in failure of histological confirmation of gastro-oesophageal cancer at endoscopy. Our results suggest that adherence to national recommendations for minimum biopsy numbers should be improved |
| References: | <ol style="list-style-type: none"> 1. W Allum et al, 2011, Guidelines for the management of oesophageal and gastric cancer, Gut 2011;60:1449-1472 2. SIGN Guideline, 2006, Management of Oesophageal and Gastric Cancer |