

Presenting symptoms among oesophagogastric cancer patients diagnosed at a regional Victorian hospital

Optimal care pathway for people with oesophagogastric cancer



Michael Leach¹, Carol Gibbins¹, Ilana Solo¹, Yachna Shethia¹, Amanda Robinson¹, Mwila Kabwe¹, Carol Parker^{1,2}

1. Loddon Mallee Integrated Cancer Service (LMICS), Bendigo

2. Bendigo Health, Bendigo

Aim:

The Loddon Mallee region (LMR) covers 26% of Victoria yet is home to only 5% of the state's population (Figure 1). Between 2011 and 2015, the average annual incidence of oesophagogastric (OG) cancers in LMR residents was 63. These types of cancers impact on quality of life and have low survival rates. As OG cancers are uncommon and have some non-specific symptoms (e.g. weight loss), they can be challenging to detect early. This study aimed to quantify the extent of presenting symptoms among OG cancer patients at the LMR's largest hospital, Bendigo Health (BH), and to compare findings with a UK study.

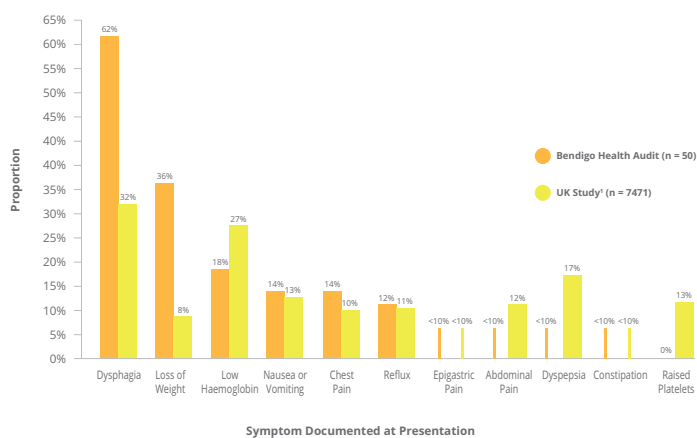
Method:

The Victorian Cancer Registry (VCR) was used to identify those diagnosed with OG cancer (International Classification of Diseases and Related Health Problems-10 diagnosis codes C15 and C16) at BH over 1/7/2016-31/12/2017. An audit of presenting symptoms was conducted in electronic hospital systems. Proportions of OG cancer patients who presented with each individual symptom, and each two-way combination of dysphagia with another symptom, were calculated. Numbers <5 (<10%) were censored to meet VCR privacy requirements.

Results:

Fifty OG cancer patients were diagnosed at BH. The median age of subjects was 70 years and 78% were male. Metastatic disease at diagnosis was documented for 36% of the cohort. The most commonly observed symptoms at presentation were dysphagia (62%) and weight loss (36%) [Figure 2]. Dysphagia and weight loss were more common in this study than in a UK cohort (Figure 2). Dysphagia was observed in combination with all other symptoms, mostly weight loss (28%) [Figure 3].

Figure 2: Symptoms at presentation among OG cancer patients at Bendigo Health compared with a UK sample



1. Stapley et al. British Journal of Cancer. 2013; 108: 25-31

Note: 14% of BH patients had no record of any symptom

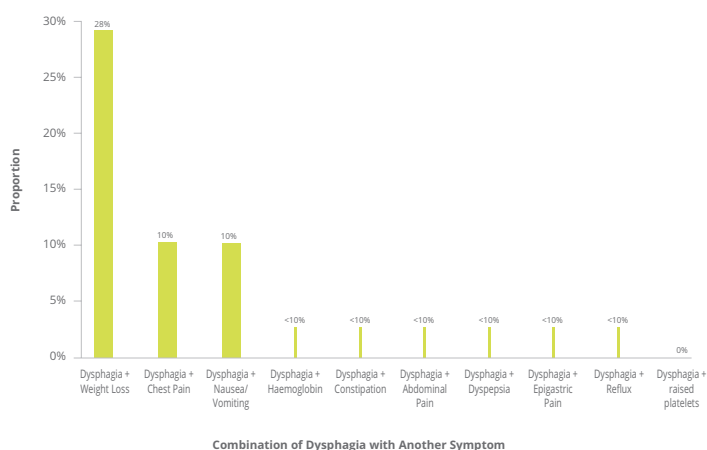
Conclusion:

Among OG cancer patients diagnosed at BH, the most common presenting symptoms were dysphagia and weight loss. This proportion was greater than in a UK study, likely reflecting the relatively high proportion of metastatic disease in our cohort (36%) relative to the UK cohort (<1%). General practitioners and the general public ought to be vigilant for high-risk OG cancer symptoms such as dysphagia and weight loss, and should also record any associated symptoms of epigastric or abdominal pain, dyspepsia, constipation and raised platelets in referrals.

Figure 1: LMR within Victoria



Figure 3: Dysphagia-other symptom pairs at presentation among OG cancer patients at Bendigo Health



This project was funded by LMICS. LMICS acknowledges the support of the Victorian Government.



For further information about this poster, please contact Michael Leach: mleach@bendigohealth.org.au