

Glossary

Endoscopy	An endoscopy is a test where a thin flexible tube with a camera at the end is used to look inside the oesophagus (gullet), stomach or bowel. This test is not painful but you may be given a sedative to help you relax. You should be able to go home on the same day.
Laparoscopy	Laparoscopy allows a surgeon to access the inside of the stomach without having to make large incisions in the skin. A small tube with a light and a camera is inserted through a small incision and sends images of the inside of the stomach to a television monitor.
CT scan	A CT scan uses x-rays to take detailed pictures of your body from different angles. A computer then puts them together to give a series of pictures.
Endoscopic ultrasound (EUS)	EUS is a type of endoscopic examination (see above). At the tip of the tube is a small ultrasound probe that emits sound waves which bounce off your organs and are recaptured by the probe. These are converted into black and white images that are then interpreted by your doctor.
Biopsy	A biopsy is a sample of tissue taken from the body in order to examine it more closely. A doctor may recommend a biopsy where there is a suggestion that an area of tissue in the body isn't normal. Most biopsies are done under local anaesthetic or during an endoscopy/EUS.
MDT (Multi-disciplinary Team)	An MDT meeting is a meeting of the group of professionals who together make decisions regarding recommended treatment of individual patients. This includes consultant oncologists, surgeons, specialist nurses and imaging specialists.
Specialist centres	Some hospitals provide specialist treatment for patients with oesophago-gastric cancer. You may be referred to one of these hospitals if this is the best place for your diagnosis and treatment.
Oesophago-gastric cancer	Oesophago-gastric (OG) refers to cancers of the oesophagus (gullet) and stomach.
PET- CT scan	This is a combination of a CT scan (see above) and a positron emission tomography (PET) scan. PET-CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one. A very small dose of a mildly radioactive substance is injected into a vein, usually in your arm, about hour before the scan. A PET-CT takes about 30–90 minutes and you should be able to go home afterwards.

Version: 6

Date: January 2020

Date to be revised: January 2021

Designed in collaboration with the NCEL Cancer Alliance



North Central and East
London Cancer Alliance

Information for patients being investigated for possible oesophago-gastric cancer



You have been referred to a gastroenterology specialist by your GP because your symptoms need further tests. There are many common conditions that these symptoms could be linked to, including the small possibility of cancer.

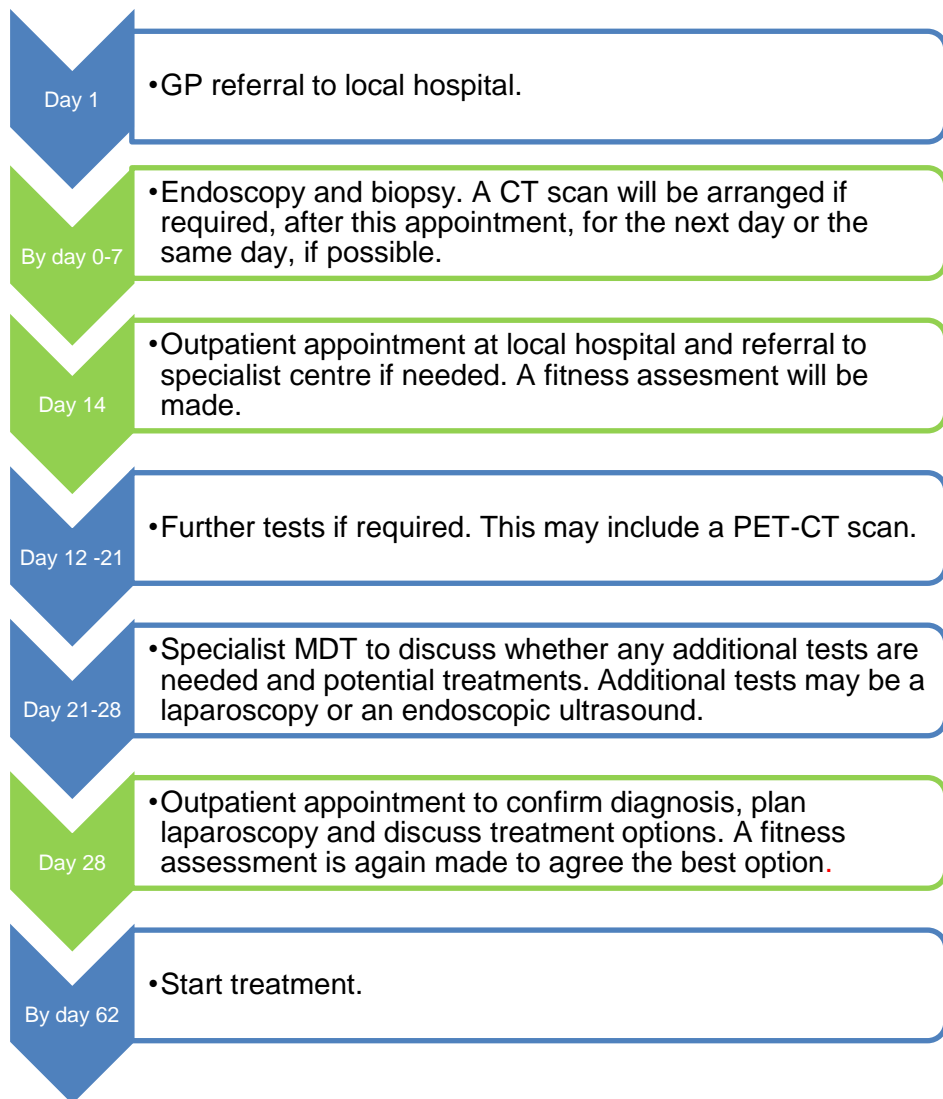
Having an urgent referral does **not** necessarily mean you have cancer. Most patients referred for further tests do **not** have cancer, but it is important that you have these tests quickly, so we can diagnose you and start treatment as soon as possible, if needed.

This can be a very worrying time for you and your family. Our aim is to keep the time as short as possible between your referral, investigations, diagnosis and any treatment (if you need it). We need your help to make this happen.

This leaflet aims to give you an overview of what you can expect during this time.

Oesophago-gastric cancer pathway diagram

The appointments and tests you may need to have to examine your symptoms are described as a **pathway**. This diagram shows the order of the appointments from referral, through diagnosis to treatment. You may not need all of these tests. If cancer is ruled out early in the pathway, you will not need the rest of the tests.



These timings are the national requirements for hospitals to provide a rapid service to patients, so that people who need treatment can start it as soon as possible. Although we will do our best to see you within these timings, this may not always be possible. We will, however, make sure that any delays will not affect the outcomes of your treatment.

What will happen?

Your GP will refer you to your local hospital, who will try to see you within one week to perform the relevant tests. These may include scans. The results of the tests will be discussed at a Multi Disciplinary Team (MDT) meeting of healthcare professionals.

The MDT may then refer you to a specialist centre at another hospital who will try to see you within one week of your referral. You may need to have scans and a biopsy before your first appointment with the specialist team.

When your results from the scans and biopsy are available, you will see a specialist who will explain your diagnosis. If you need treatment, the different options will be discussed with you in detail. We aim to start treatment within 62 days of your referral from the GP.

If there is any delay to your appointments, then a member of the gastroenterology oncology team will contact you. **If you have any questions at any point, you can contact us Monday-Friday, 9am-5pm on:**

North Middlesex University Hospital - 020 8887 2000
Royal Free - 020 7794 0500
University College London Hospital - 020 3447 5485
Whittington Hospital - 020 7272 3070

What you need to do

- You may be contacted at short notice to attend appointments. **It is very important that you attend all the appointments we offer you.** Delaying these slows down the process of making a diagnosis and starting any treatment that you might need.
- Please be available for the next six weeks for appointments.
- The hospital may telephone you to make appointments quickly. Please make sure your contact details are up to date and let us know if these change.
- If you cannot attend an appointment or are planning to go away, please discuss this with your GP, hospital doctor or nurse as soon as possible. Please reschedule any trips away if possible.
- If you have an emergency and cannot keep your appointment, please let us know immediately by calling the relevant hospital. You will then need to arrange another appointment.
- We suggest that you bring a friend or family member to appointments if you can.
- Please bring a list of your current medications.
- If a translator/interpreter is required, please let the hospital know in advance
- If you need transport to and from the hospital, please speak with your GP who can advise how this can be arranged.