

Enrollment of esophago-gastric cancer patients in a clinical fast-track program improves time to treatment and quality of life

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INTRODUCTION

Esophago-gastric cancers are aggressive malignancies requiring numerous investigations to plan complex multi-modal therapy. The path from initial diagnosis to treatment can be associated with a long delay. This delay and complex patient trajectory may impact quality of life. Given the poor prognosis and highly symptomatic nature of upper GI cancer, a clear and timely access to treatment is of crucial importance. We sought to determine the impact of a newly implemented streamlined and structured interdisciplinary pathway for newly diagnosed esophageal and gastric cancer on access times to treatment and quality of life (QoL).

OBJECTIVES

1. Improve time to treatment (neoadjuvant chemotherapy or surgery) for patients with severe dysphagia and stages 2-3
2. Improve quality of life (QOL) by employing multidisciplinary care model

METHODS / INTERVENTIONS

A streamlined pathway for patients referred to a high volume Upper GI Cancer Clinic was generated with input from physicians, nutritionists, specialized nurses, and social workers. New diagnoses of esophageal or gastric cancer from 2014-16 were enrolled in this program and consenting patients completed serial QOL questionnaires (ESAS) at baseline, pre-treatment, 1 month post-treatment. Dysphagia (DS) was quantified on a 5 point scale. Time intervals (days) were evaluated at various points between diagnosis and start of treatment (index endoscopy, pathological diagnosis, CT imaging, first visit with upper GI program, start of treatment). Data presented as median(IQR), * p <0.05.

RESULTS

Of the 275 patients screened with Upper GI cancer, 214 (78%) consented to participate including 120 esophageal/EGJ and 94 gastric cancer patients. Males represented 73% of patients with a median age of 67. Clinical stage distribution was 15% I, 26% II, 38% III, 20% IV. Thirty one (14.5%) patients had severe dysphagia (DS=3-4) and were prioritized for treatment. These patients had reduced time from pathological diagnosis to CT scan (5 (0-20.3) vs 20 (6-34.5)days)* and from first Upper GI clinic to treatment (15 (6.0-22.5) vs 24.5 (16-36.8)*. One hundred thirty-six (63.6%) patients were stage 2-3 and were prioritized for treatment. These patients had reduced time from pathological diagnosis to CT scan (9 (2-24) vs 29 (11-39)days)* and from first Upper GI clinic to treatment (22 (15.5-35) vs 30 (21-44.5)*. FACT surveys showed increased QOL for both patients with and without dysphagia from baseline to pre-treatment indicating that simply entry into the streamlined program improved QOL.

FIGURE 1: TREATMENT TIME POINTS

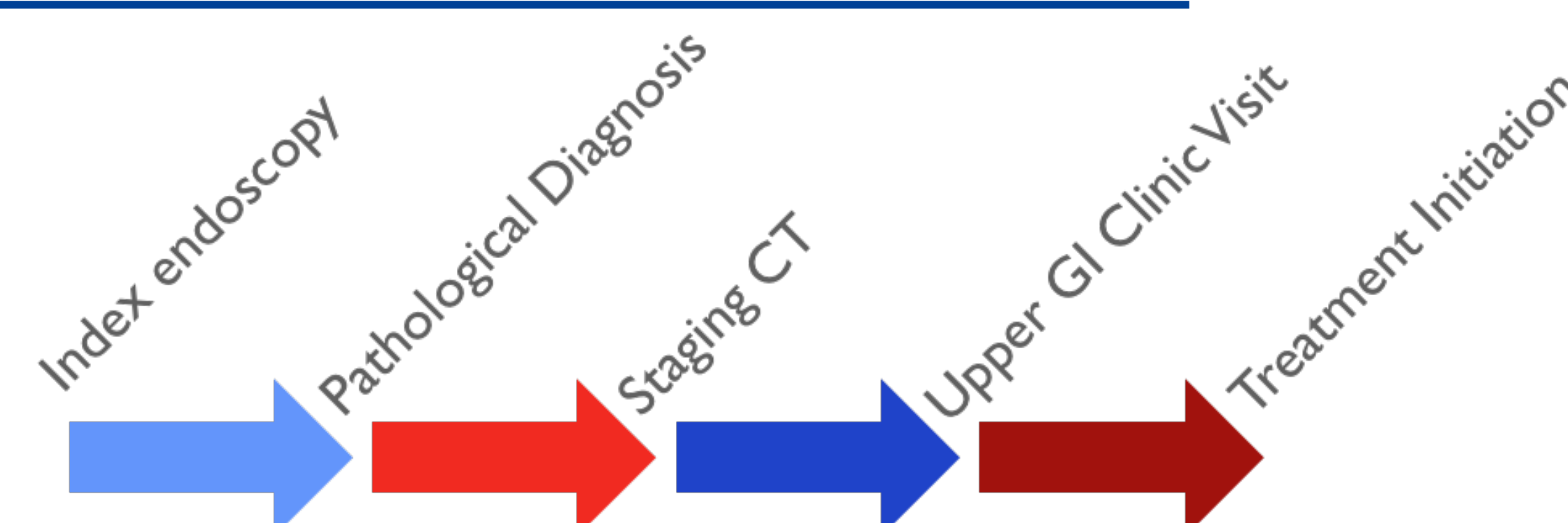
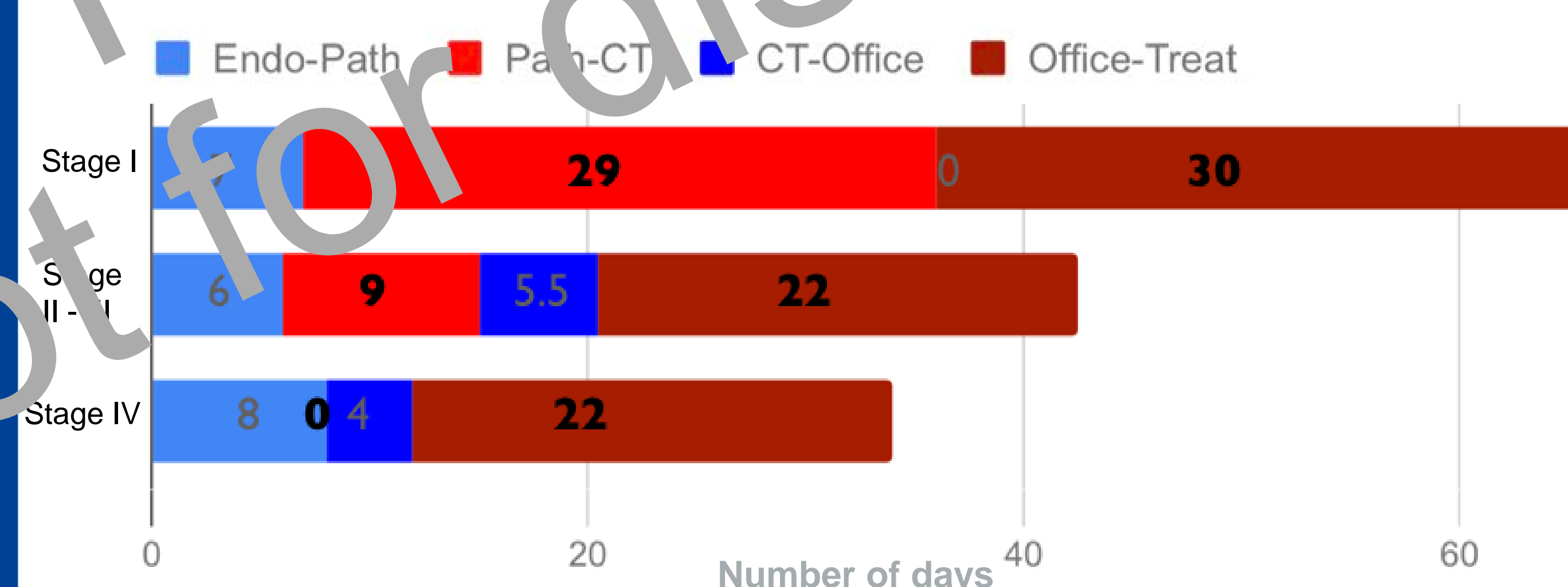


FIGURE 2: TIME TO TREATMENT

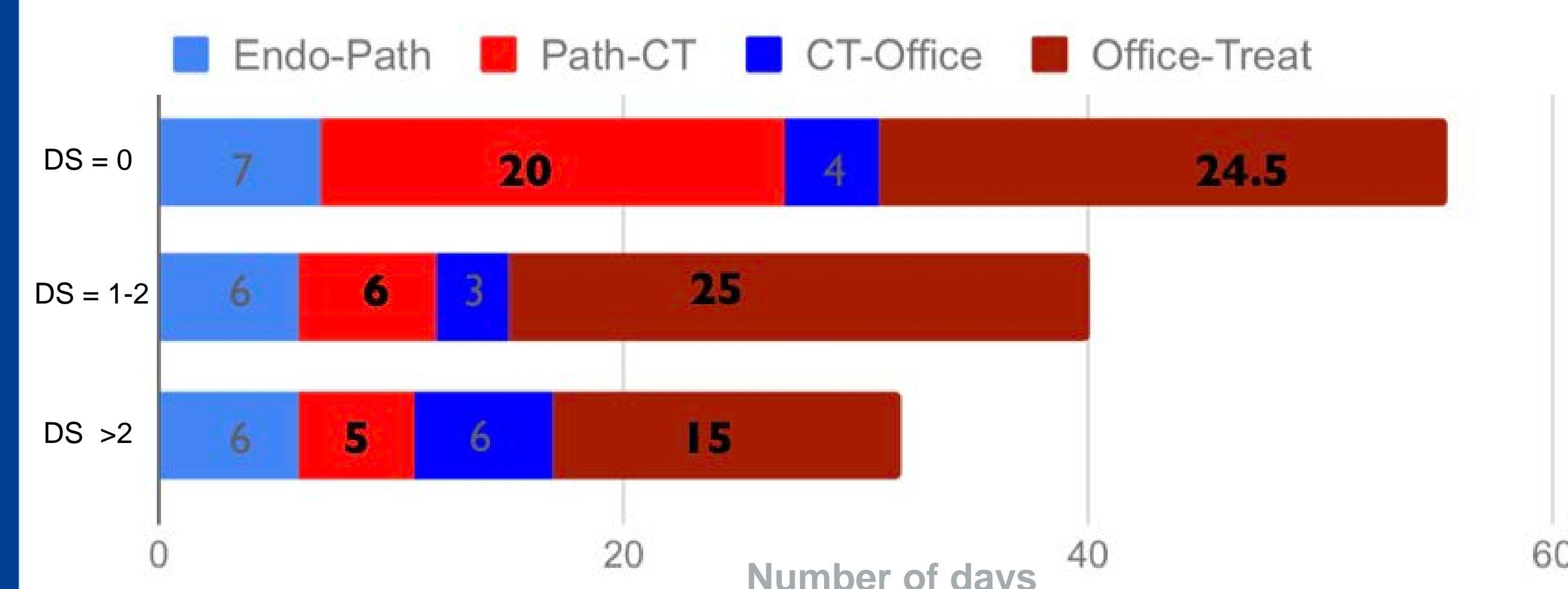
A) All patients enrolled in STOP - Cancer Initiative Program (in days)



B) Cohort by Stage



C) Cohort by dysphagia score (DS) severity



* Numbers bolded and in black are statistically significant

FIGURE 3: CLINICAL ENDPOINTS

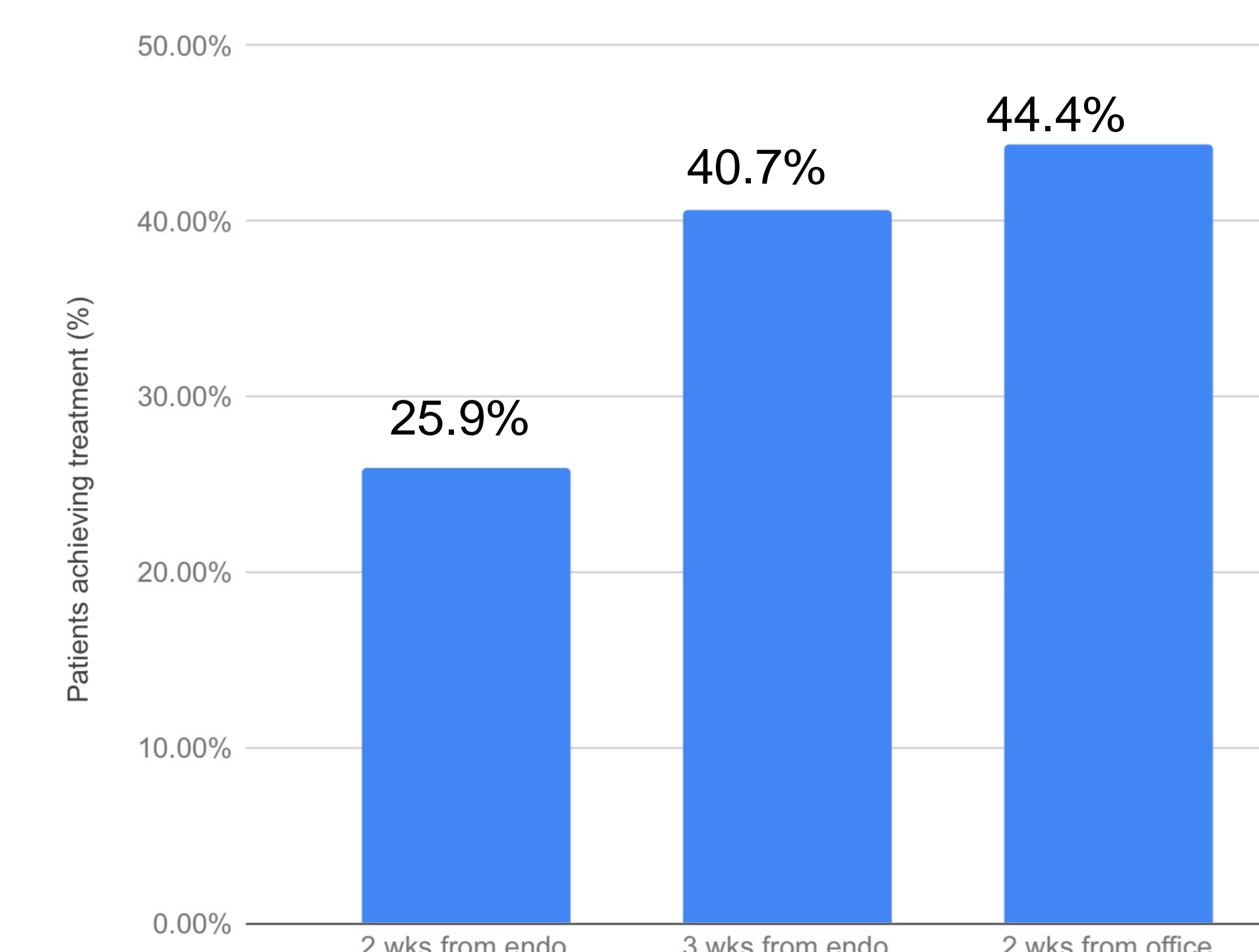
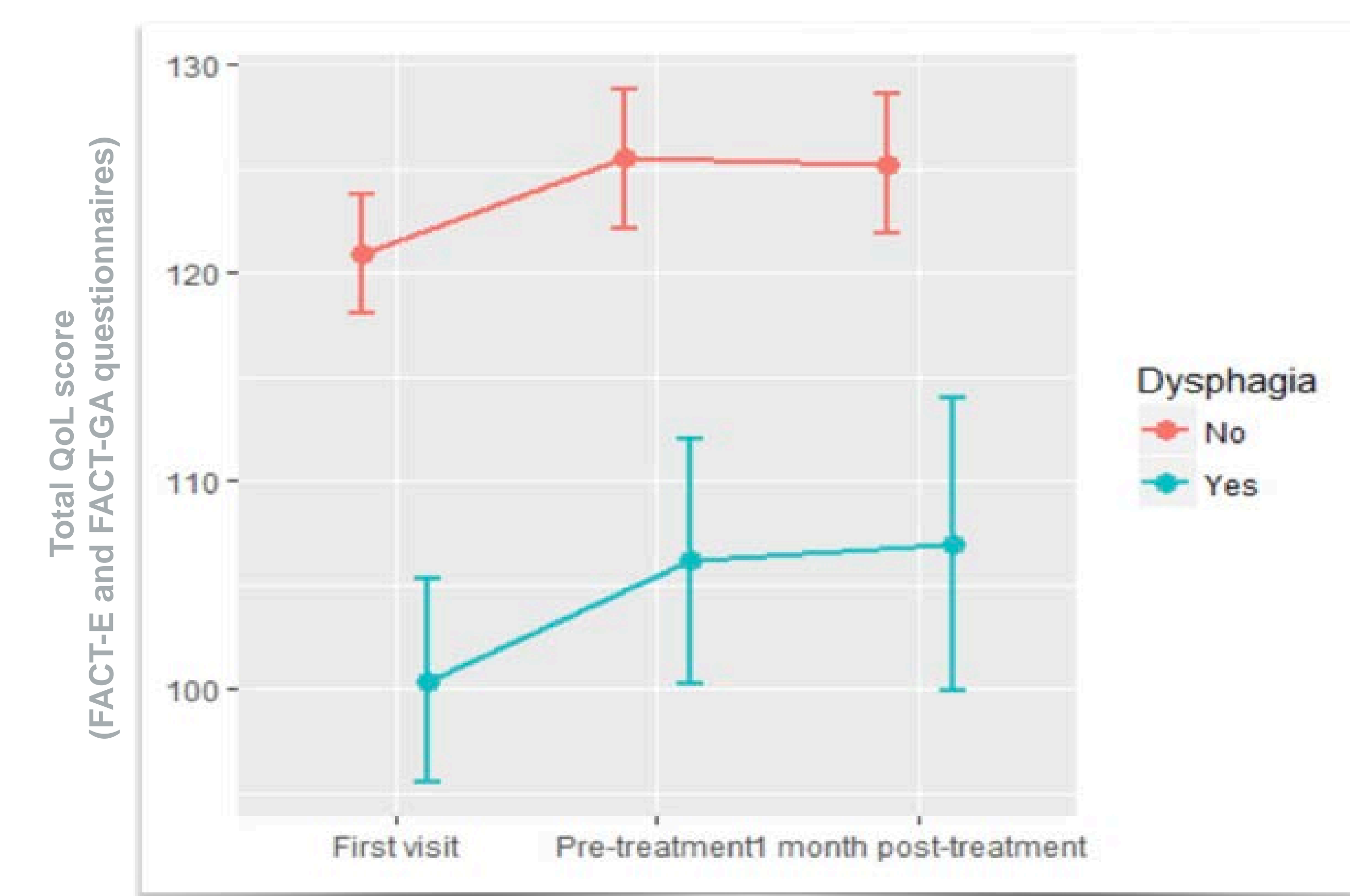


FIGURE 4: QUALITY OF LIFE (QOL)



CONCLUSION

- Clinical fast track program can be instituted effectively in a large North American tertiary care referral centre.
- Patients with severe dysphagia and stage 2-3 patients were prioritized effectively.
- Prioritized patients achieved accelerated care and 40% were started on neoadjuvant chemo within 3 weeks from their index endoscopy.
- Entry into the program and having access to a multidisciplinary care team improved overall quality of life, anxiety, and pain scores.