Development of Follow Up Guidelines for Upper GI Cancers

WCMICS
WESTERN & CENTRAL MELBOURNE INTEGRATED CANCER SERVICE

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Background

There are currently no agreed evidence-based guidelines for the follow up of patients curatively treated for Upper GI cancers (including oesophageal, gastric, pancreatic and hepatocellular carcinomas). This may impact on patient outcomes with delayed treatment of recurrences, late toxicities or second malignancies; and has implication for resource utilisation.

Aim

The lack of evidence based guidelines for the follow up of curatively treated Upper GI cancer patients has provided the impetus to develop a program based upon consensus by the relevant subspecialties. The project aimed to develop, by consensus, a standardised follow-up program for curatively treated Upper GI Cancer outpatients across four major teaching hospitals (Peter Macallum Cancer Centre, Royal Melbourne Hospital, St Vincent's Health and Western Health) in the Western & Central Melbourne Integrated Cancer Service (WCMICS) catchment.

Methods

Literature Search
A detailed literature search was conduced through Medline as well as a web-based search for local or international guidelines. The query used to locate relevant literature was developed under the advice of a medical librarian. Keywords included: gastrointestinal and pancreatic neoplasms, hepatocellular carcinoma, continuity of patient care and aftercare.
The time frame of the search was articles published in the past 10 years (1998-2008). 83 items appeared in this search, all were discounted due to not being related to follow up. The result was that no relevant literature was located.

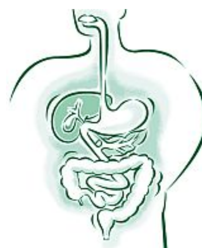
Guidelines Search
An internet search was conducted intensively over a one week period. Clinicians were also asked if they were aware of any guidelines or an organisation that may have a relevant guideline. This search netted five guidelines that had some relevance to the project. One of the guidelines was the Patient Management Frameworks developed by clinicians in Victoria during the inception of the Integrated Cancer Services (ICS).

Structured Interviews
14 Upper GI Surgical, Medical and Radiation Oncologists who practice within the WCMICS catchment were interviewed for knowledge of the existence of literature or guidelines relating to follow up, and to gain understanding of their current individual practice. Structured interviews took place from December 2007 until March 2008.

Retrospective Audit
An audit of patient's histories was conducted in each hospital, to identify what current follow up is being provided. It was aimed to audit 10 patient records in each WCMICS hospital that has an Upper GI service. Due to administrative delays, a total of 31 of the planned 40 histories were audited.

Gaining Consensus

E-mail Meeting
An E-mail meeting was held to determine the final guideline. Several options were put forward, based on current practice as established by the structured interview results. As gaining consensus on some points became difficult, the meeting was extended by one week. Consensus was not gained so the contentious issues were brought to the next WCIMICS Upper GI Tumour Group meeting.



Teleconference
The WCMICS Upper GI Tumour Group meeting was held by teleconference. The guidelines were discussed during the meeting to gain consensus on some points where further discussion was required. The final guidelines were endorsed.

Results

The detailed literature and web-based searches failed to identify evidence-based recommendations for follow up intervals or appropriate investigations. Similarly all relevant clinicians reported that there were no documented protocols. Given the lack of evidence, guidelines were developed on the strength of clinical experience and consensus. Structured interviews were conducted with 14 clinicians, focusing upon: follow-up intervals, (see table for oespohegeal cancer follow up) the disciplines to be involved in follow-up, what routine tests are performed and communication with others involved in the patients care. In July 2008, a virtual e-mail meeting took place to agree on the final guidelines which will serve as a platform to determine the utility of organised follow-up in these malignancies.

	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
Year 1	3	3	3	3	6	3 4	3	3	3	3
Year 2	3	3	3	3	12	6	6	3	3	3
Year 3	3	6	4	3	12	6	6	6	6	3
Year 4	6	6	4	6	12	6 12	12	6	6	3
Year 5	6	6	6	6	12	12	12	6	6	3
Year 6	12		12	12	12	12	12	12	12	
Year 7	12		12	12	12	12	12		12	
Year 8	12		12	12	12	12			12	
Year 9	12		12	12	12	12			12	
Year 10	12		12	12	12	12			12	
Discharged	Annual for the rest of life unless pt chooses to opt out	At year 5	F/U continues for life	Either continue for life of discharge to GP	F/U continues for life		Usually discharge back to the GP around years 6-7	Usually discharge at year 7	Discharge back to GP	Discharge back to the GP but the patient will return for annual scopes

10 Clinician's follow up routines for Oespohegeal Cancer from structured interviews

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Guideline

These guidelines aim to streamline follow up care and achieve greater efficiencies in outpatient clinics. They are not a mandatory protocol.
These guidelines may be varied in accordance with patient or clinician preferences, clinical indications, geography and convenience. If the patient is on a clinical trial the trial protocol will supersede these guidelines.
Follow Up Frequency:

	Oesophegeal, Gastric Pancreatic and Hepatic Cancer
Yrs 1-2	3 monthly
Yrs 3-4	6 monthly
Yrs 5-9	Annual
Yr 10+	Discharge to GP

Disciplines Providing Follow Up:
Patients will be seen by no more than 2 treating clinicians that alternate appointments.
In most situations a Surgeon will be one of the clinicians providing follow up. Patients often require a surgical procedure even if surgery was not part of their primary treatment i.e. endoscopy or dilation for oespohegeal patients. If a patient has radiotherapy as part of their treatment, a Radiation Oncologist should be one of the clinicians providing follow up in order to monitor for radiation toxicities.
Tests to be ordered:

		Oesophageal Cancer	Gastric Cancer	Pancreatic Cancer	Hepatic Cancer
Blood Tests	CEA	No	No	No	No
	CA19-9	No	No	At each visit	No
	AFP	No	No	No	At each visit
Imaging	CT	No	No	No	6 monthly
	PET	No	No	No	No
Endoscopy		Post chemo RT & 12 months post treatment (Optional)	No	No	No

The guidelines will be reviewed annually at the WCMICS Upper GI Tumour Group meetings, and the guidelines will be altered as appropriate according to new evidence.
Revision Date: November 2009

Implementation

Implementation of these guidelines will be individualised to each hospital.
The effect on outcome will be assessed prospectively via a clinical audit two and five years post implementation. The audit will review adherence to the guidelines as well as the outcomes for patients.
The guidelines produced will provide a basis for further refinement of the follow up regimen to optimise patient care. Modifications will also be made as new high level evidence comes forth.
The guidelines and implementation plan will be shared with other Integrated Cancer Services and The Cancer Institute of NSW. The guidelines will be published on the WCMICS website and will be submitted to the "Cancer Learnings" section of the Cancer Australia Website.

Conclusion

The lack of evidence based guidelines for the follow up of radically treated Upper GI cancer patients has provided the impetus to develop a program based upon consensus by the relevant subspecialties. The effect on outcome can then be assessed prospectively in future studies. These guidelines are first step to move towards evidence based guidelines.