Abstract P20 Table 1

	2018	Dedicated Barrett's lists March-Aug 2019
Number of patients	136	44
Number of endoscopists	17	1
Known diagnosis of BO	64 (47%)	44 (100%)
Length of Barrett's segment	61 (45%)	10 (23%)
<2 cm	27 (20%)	16 (36%)
2–5 cm	47 (35%)	18 (41%)
>5 cm		
Use of Prague classification	122 (88%)	44 (100%)
Adherence to Seattle protocol	82 (66%)	41/41 (100%) – where required
Cases with dysplasia detected	8 (7%)	7 (16%)
Dysplasia confirmed by 2nd pathologist and discussed at MDM	2 (25%)	7 (100%)

review within a month) and direct access to MDT for any cases with dysplasia. The audit was repeated 6 months after the introduction of these dedicated lists.

Data collected from endoscopy reporting system included endoscopist performing procedure, patient characteristics, Barrett's segment (length and Prague Classification), and adherence to Seattle biopsy protocol. Histology was extracted from the pathology reporting system.

Results Results from the two study periods were collated and compared in the table below:

Conclusions This study highlights that dedicated Barrett's surveillance lists can be successfully implemented in DGHs and lead to a significant improvement in the quality of surveillance endoscopies performed. The use of a dedicated virtual clinic has facilitated timely communication to GP and patient regarding outcome and follow-up plan in line with BSG guidelines for future surveillance.

Key outcomes from the audit include the significant increase in dysplasia detection rate from 7% to 16%, and, for all cases where dysplasia was detected, dual reporting and discussion in the UGI MDTM.

REFERENCES

1. Chadwick, *et al*. A population-based, retrospective, cohort study of esophageal cancer missed at endoscopy. *Endoscopy*. 2014 Jul; **46**(7):553–60.
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P21 ENDOSCOPY MISS RATES FOR UPPER GI CANCERS PRIOR TO IMPLEMENTATION OF UPDATED BSG QUALITY STANDARDS

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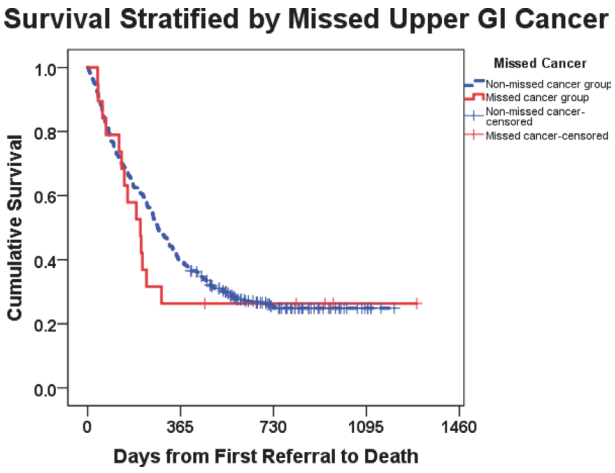
Introduction Upper GI cancers (oesophageal and gastric cancers) continue to carry a poor prognosis and efforts have been focused on achieving early diagnosis to improve outcomes. Post-endoscopy upper GI cancer rates are currently estimated at 11.3%.[1] This has motivated the BSG to release updated quality standards in 2017.[2] This study aimed to evaluate current endoscopy performance prior to implementing these standards.



Abstract P21 Figure 1 Kaplan-Meier analysis comparing patients with missed endoscopy against patients without missed endoscopy

Methods Upper GI cancer registry data was obtained for the period covering 1/1/2017 to 31/12/2018. Retrospective analyses of electronic patient records and endoscopy records were performed to augment the registry dataset. Missed cancer was defined as cancer not diagnosed by a previous endoscopy within 3 years of the diagnosis date. Statistical analyses were carried out with SPSS 23. Primary outcome was the missed cancer rate. Secondary outcomes include difference in cancer survival for patients with missed cancer and factors relating to missed cancer rate (eg. sedation, endoscopist experience, procedure tolerance, suboptimal views and photodocumentation).

Results 350 patients were diagnosed with upper GI cancers between 2017 and 2018. 27 patients did not meet inclusion criteria (12 did not undergo endoscopy for diagnosis and 15 were on a screening pathway eg. known Barrett's). The missed cancer rate was 19 out of 323 patients (5.9%). Patients with missed cancer had no difference in survival (figure 1) compared to the non-missed cancer group but there was a trend towards worse survival in the missed cancer cohort (median survival 207 vs 275 days, p=0.54). Within the missed cancer group, 13 cases (68%) were missed oesophageal cancers and 6 cases (32%) were missed gastric cancers. Suboptimal views were noted in 7 cases (37%), poor tolerance in 4 cases (21%) and 7 cases (37%) were non-sedated.

Conclusions The missed cancer rate was 5.9%. Patients with missed cancer may have worse survival and there remains room for improvement. We hope that the introduction of the updated BSG quality standards will drive improvement in endoscopy quality and reduce missed cancer rates in the future.

REFERENCES

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