

ORGANISATIONAL FACTORS ASSOCIATED WITH POST ENDOSCOPY UPPER GASTROINTESTINAL CANCER (PEUGIC): RESULTS OF THE ENGLISH NATIONAL PEUGIC PROJECT

Nigel Trudgill

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Presentation

Digestive Oncology

Endoscopy

Oesophagus

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National analysis of 2516 post-endoscopy upper GI cancers in England identified organisational factors including insufficient time allocation and session overloading that contribute to missed or inadequately managed lesions.

KEY POINTS

- Allocating less than 20 minutes per upper GI endoscopy was associated with failure to detect abnormalities in the cancer segment (OR 1.25, 95% CI 1.04-1.50) and with oesophageal squamous cell cancers (OR 1.28, 95% CI 1.03-1.59).
- Inadequate management of cancer-associated lesions such as oesophageal strictures and gastric ulcers was the most common reason for inadequate endoscopy (OR 1.43, 95% CI 1.11-1.69), and sessions with more procedures per list had lower rates of appropriate lesion biopsy.
- For surveillance, dedicated surveillance sessions (OR 2.08), more than 20 minutes per procedure (OR 2.05), and surveillance in an endoscopic resection centre (OR 3.50) were each associated with increased stage 1 cancer detection.
- Surveillance was delayed in 27% of cases, associated with adverse treatment outcomes (OR 1.79, 95% CI 1.72-2.73), and clinical errors including failure to act on histology occurred in 11.7% despite electronic failsafes being present in only 63% of organisations.
- Inadequate index endoscopy was associated with patient harm and adverse treatment outcomes (OR 1.56, 95% CI 1.28-1.91).

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