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Summary

THE CAUSES OF POST ENDOSCOPY UPPER GASTROINTESTINAL CANCER DURING SURVEILLANCE ENDOSCOPY: RESULTS FROM THE ENGLISH NATIONAL ROOT CAUSE ANALYSIS PROJECT

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Endoscopy | Oesophagus

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A national English root cause analysis of 618 post-endoscopy upper GI cancers in patients undergoing surveillance for Barrett's oesophagus or chronic atrophic gastritis found that inadequate endoscopy or decision making occurred in 30% of cases and was associated with patient harm.

KEY POINTS

- Among 618 surveillance PEUGIC (83% Barrett's oesophagus, 7% chronic atrophic gastritis), inadequate assessment or decision making occurred in 30% and was associated with patient harm (OR 2.61, 95% CI 1.74-3.92).
- 48% of oesophageal and 43% of gastric PEUGIC presented with stage 2 cancer or greater, suggesting potential failures of surveillance to detect early-stage resectable disease.
- Treatment was adversely affected in 22% of oesophageal and 30% of gastric PEUGIC who required palliative treatment, and 6% led to premature death.
- Sedation without opioids (OR 1.75, 95% CI 1.03-2.97), lack of image enhancement (OR 1.78, 95% CI 1.18-2.70), and lack of dedicated surveillance sessions (OR 2.08, 95% CI 1.46-2.98) were associated with stage 2 or greater cancer.
- Seattle biopsy protocol compliance was only 58% in Barrett's surveillance PEUGIC, and additional focal or cancer-associated lesions were present at the index endoscopy in 23% of cases.
- 45.2% of oesophageal and 47.0% of gastric PEUGIC were considered at least possibly avoidable.

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