



[NICE guidance](#) recommends that all people undergoing curative treatment for oesophago-gastric (OG) cancer should be offered specialist dietetic support before, during and after treatment. However, evidence about optimal management strategies for nutrition support is currently lacking, and [NICE highlighted this as a priority area for research](#). To inform research in this area, the National Oesophago-Gastric Cancer Audit (NOGCA) sought to collect information on and describe patterns of nutrition support for people with OG cancer in England and Wales.

Between 2019 and 2022, the NOGCA collected information on nutrition support for people with OG cancer at two points in the care pathway:

1. Between diagnosis and start of treatment
2. During and after admission for curative surgery (perioperative nutrition).

The NOGCA first published information about nutrition support in its [2021 Annual Report](#), focusing on people diagnosed with OG cancer between April 2019 and March 2020. The most recent [State of the Nation Report](#) (January 2024) analysed nutrition data submitted to the Audit for those diagnosed during April 2020 – March 2022.

## Specialist dietetic support

The NOGCA identified that a large proportion of people with a plan for curative treatment do not receive specialist dietetic support before treatment. Among people diagnosed in 2021-22, only 58% had a record of being seen by a specialist OG dietitian between diagnosis and treatment.

Among those who underwent surgery, 89% had a record of postoperative assessment by a specialist OG dietitian, as recommended by NICE.

Percentage of people with a plan for curative treatment who were seen and advised by a specialist OG dietitian

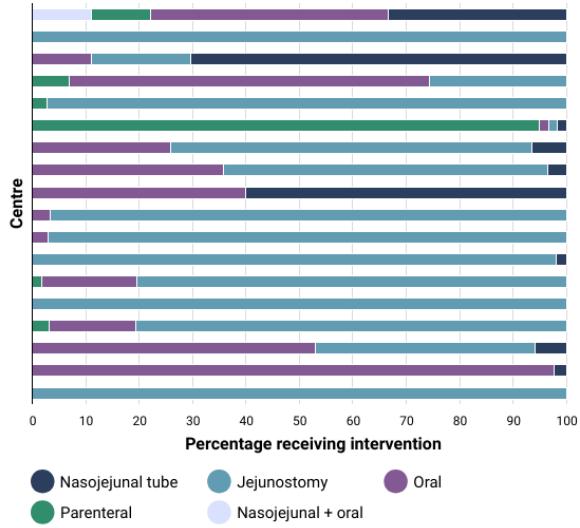
2019-20	65.9%	
2021-22	57.7%	

Percentage of people who were assessed and advised by a specialist OG dietitian after surgery for OG cancer

2019-20	95.6%	
2021-22	88.8%	

## Perioperative nutrition

Overall, 70% of people undergoing oesophagectomy (2021-22) with information on perioperative nutrition support had a jejunostomy or received parenteral nutrition. There was substantial variation in perioperative nutritional management strategies across specialist centres:



The NOGCA's collection of nutrition data has come to an end with its move to using national cancer datasets. Discussions have begun to see how nutrition data can be added to these datasets. Further exploration of the relationships between patterns of nutrition support and patient outcomes will provide important evidence to inform future practice.