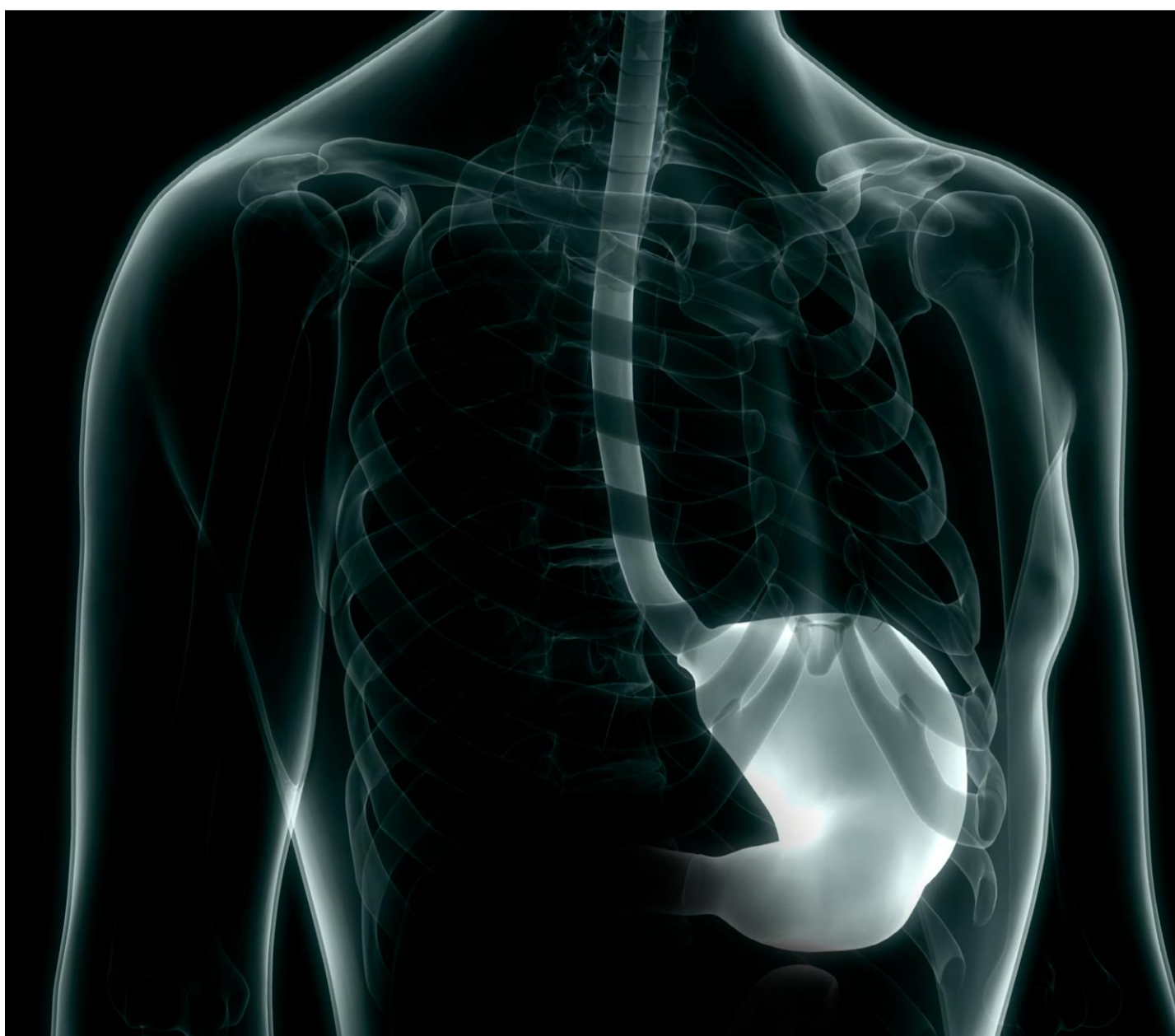


# **A national review of care received by people with oesophageal or stomach cancer in England and Wales**

## **Report for patients and the public**

Accompanying the NOGCA State of the Nation Report

**Published September 2026**



# Contents

Foreword

About the report

|                                                                 |    |
|-----------------------------------------------------------------|----|
| 1. Understanding OG cancer .....                                | 1  |
| 2. Diagnosis and the care pathway .....                         | 3  |
| 3. Treatment options.....                                       | 7  |
| 4. Treatment outcomes.....                                      | 9  |
| 5. Survival after diagnosis .....                               | 11 |
| 6. High-grade dysplasia (HGD).....                              | 12 |
| 7. How do England and Wales compare with other countries? ..... | 12 |
| 8. Looking ahead .....                                          | 13 |
| 9. Explore care in your local area .....                        | 13 |
| 10. Where can I find more information? .....                    | 14 |

Acknowledgements

# Foreword

Welcome to this Patient and Public version of the National Oesophago-Gastric Cancer Audit (NOGCA) State of the Nation annual report 2026, which summarises the most recent information about the care and outcomes of people diagnosed with oesophageal or stomach cancer in England and Wales.

This annual report has been prepared for you by the NOGCA Project Team with input from a Clinical Reference Group (CRG) made up of lead clinicians and technical specialists, supported and guided by a 'Patient and Public Involvement' (PPI) forum. The forum is made up of oesophago-gastric cancer survivors who have first-hand experience of these cancers, and very importantly, family members and charity groups dedicated to supporting patients and raising awareness nationally.

Our collective aim is to provide you with clear and concise, factual information based on the best data currently available in England and Wales.

Because oesophageal and stomach cancers are complex illnesses, we present this report in a non-technical way, describing factors that may increase the risk of these cancers, how they are diagnosed and treated, alongside the latest facts and figures about treatment and survival.

We emphasise that every patient is slightly different, with their individual circumstances determining the treatments they have and outcomes. To help us understand this, and as well as providing averages, the report summarises data collected from patients in different circumstances, such as age group, type and extent of cancer.

On a personal note, I am a very fortunate survivor of oesophageal cancer, and hugely value the treatment, care and compassion I received at my local NHS hospital. Hence, I strongly believe this is a crucial report, because it allows ordinary people like us, a valuable insight and more in-depth understanding of these cancers and the treatment provided and outcomes achieved across NHS services. From a position of knowledge, we can ask for and expect to see improvements where they are needed, aiming to raise standards of care, treatment and survival across England and Wales.

I thank the NOGCA Project Team, the PPI forum and Clinical Reference Group for making this possible.

Matt

Matt Carter,

Chair of NOGCA's Patient and Public Involvement Forum



# About the report

The National Oesophago-Gastric Cancer Audit (NOGCA) reviews the care received by people with oesophageal or stomach cancer in England and Wales. It helps the NHS understand what is working well and where care could improve.

This report summarises findings from the [State of the Nation Report 2026](#) for patients, families, carers and the public. Most findings relate to people diagnosed between January 2023 and December 2024. Some treatment outcomes use a longer time period so that enough people are included to make the results reliable.

In this report, cancers of the oesophagus or stomach are called oesophago-gastric, or OG, cancer.

## A note about the figures

The results describe groups of people. They cannot predict what will happen to an individual person. Your doctor and Clinical Nurse Specialist can explain how the information relates to you.

# 1. Understanding OG cancer

OG cancer can start in the oesophagus (gullet or food pipe) or the stomach.

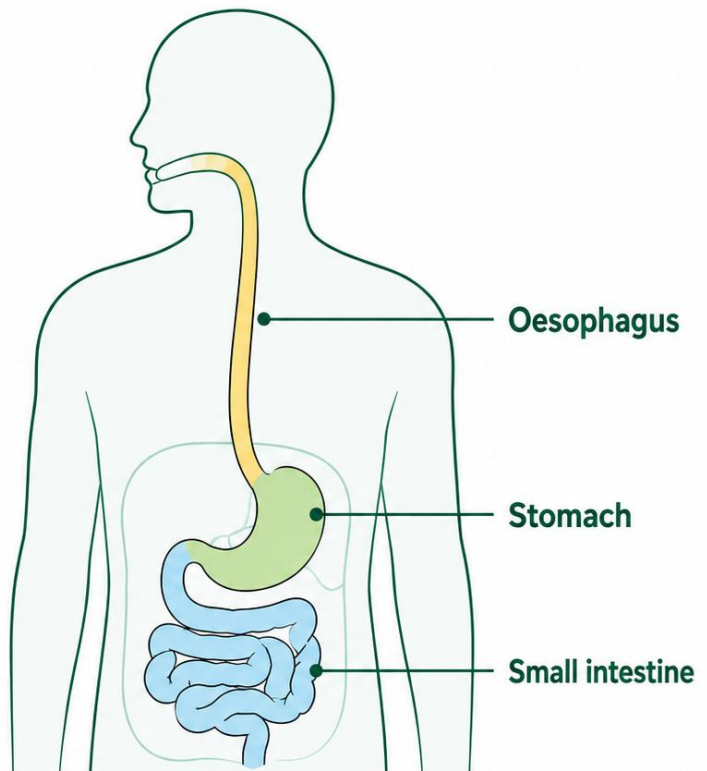
## The oesophagus and stomach



Oesophago-gastric (OG) cancer is a term used to describe cancers that start in either the oesophagus (also known as the gullet or food pipe) or the stomach.



The oesophagus is the tube that carries food and drink from your mouth to your stomach. The stomach is where food is broken down to help your body absorb nutrients.



**Cancers can develop anywhere in the oesophagus or the stomach.**

*OG anatomy and the location of oesophageal and stomach cancers.*

## Who gets OG cancer?



**20,441**  
**people**

were diagnosed with oesophageal or stomach cancer in England and Wales in 2023–2024.

### What type of OG cancer?



**74%**  
oesophageal  
cancer



**26%**  
stomach  
cancer

Around  
**7 in 10**  
were men

OG cancer is more common in men.



Around  
**1 in 4**  
were aged  
**80 or over**



The type of OG cancer and the age and health of the person can affect the tests and treatments offered. Although OG cancer is more common in older people, it can affect people at **any age**, including **younger adults**.

## What can increase the risk of OG cancer?

Having one or more risk factors does not mean that someone will develop cancer. Likewise, some people develop OG cancer without having an obvious risk factor.

### Oesophageal cancer



Older age



Excess weight or obesity



Smoking and heavy alcohol use



Reflux or heartburn



Barrett's oesophagus\*



Family history

### Stomach cancer



Older age



Family history



*H. pylori* infection<sup>†</sup>



Excess weight or obesity



Smoking and heavy alcohol use

### Reducing risk

Stopping smoking, maintaining a healthy weight, treating reflux and reducing alcohol use can lower risk. Support is available from your GP and NHS services.

**\*Barrett's oesophagus** – a change in the cells lining the lower oesophagus, usually associated with long-term acid reflux. Some people with Barrett's oesophagus develop abnormal cell changes called dysplasia. See page 12 for information about high-grade dysplasia.

**<sup>†</sup>H. pylori** – a bacterium that can infect the stomach lining and cause long-term inflammation.

## 2. Diagnosis and the care pathway

OG cancer can be difficult to diagnose early because some symptoms are common and may have other causes. It is still important to speak to your GP if you notice symptoms that are new, persistent or getting worse.

### Symptoms to tell your GP about

If these symptoms last for three weeks or more, book an appointment.



**Persistent heartburn, reflux or indigestion**



**Difficulty swallowing**



**Unexpected weight loss**



**Vomiting or feeling full quickly after eating**



**Catching OG cancer early can mean more treatment options.**

### Seek medical advice

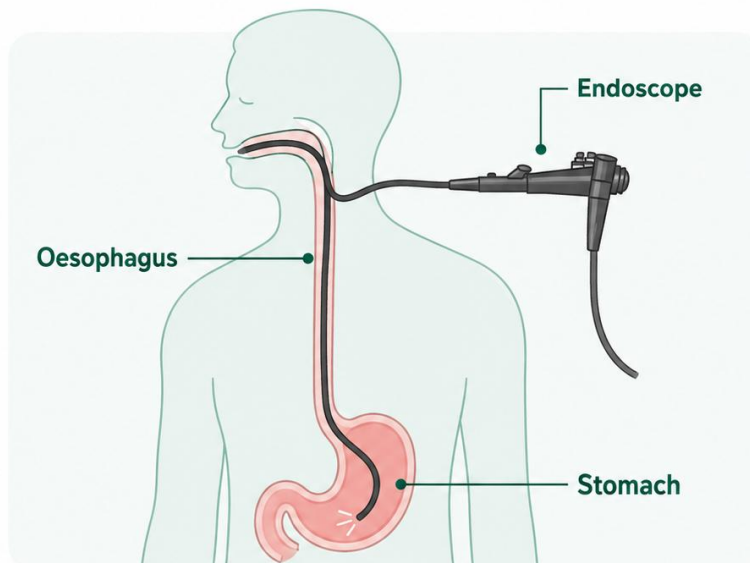
Difficulty swallowing should always be discussed promptly with a healthcare professional. If you are worried about any symptom, contact your GP.

### How is OG cancer diagnosed?

Gastroscopy (endoscopy)

The main test used to diagnose OG cancer is a procedure called a gastroscopy (sometimes called an endoscopy).

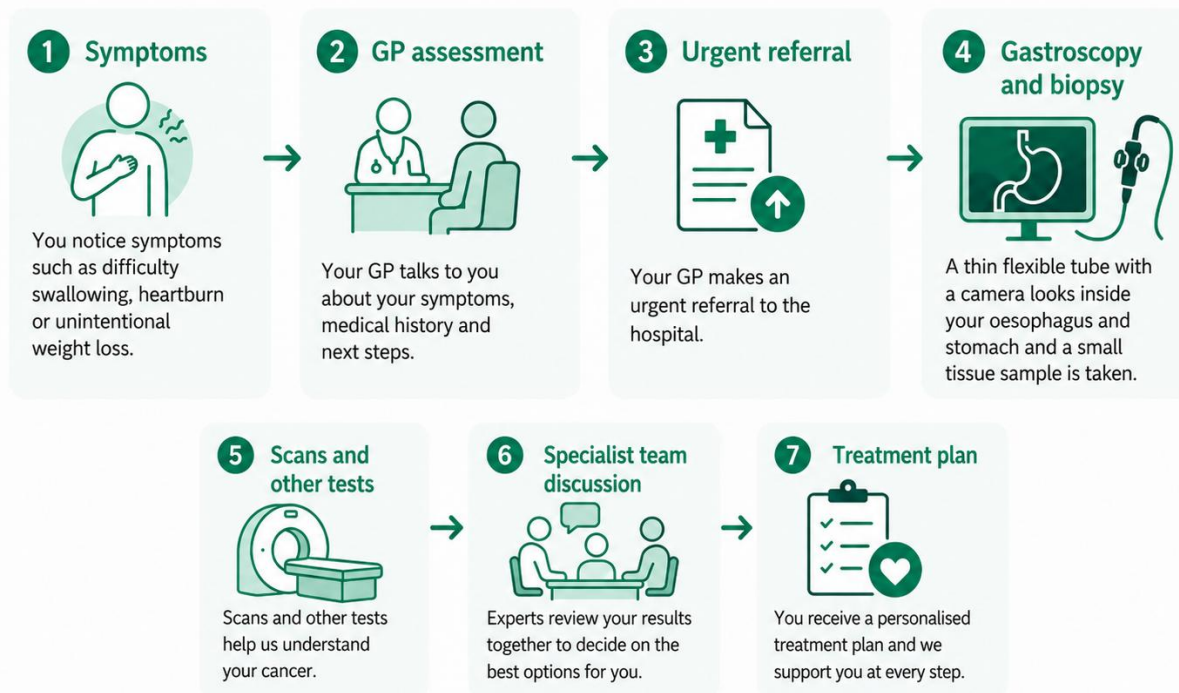
A thin flexible tube with a tiny camera on the end is passed through the mouth and down into the oesophagus and stomach.



A gastroscopy is the main test used to diagnose OG cancer. Small tissue samples, called biopsies, are examined in a laboratory to confirm the diagnosis.

## From symptoms to a treatment plan

Your pathway from first symptoms to a personalised treatment plan.

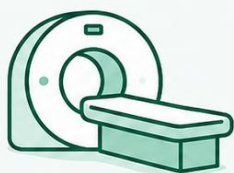


Each person's pathway is different, but these are the main steps many people go through

Each person's pathway is different. Some people may need additional tests or may move through the steps in a different order.

## Staging investigations

After diagnosis, further tests help doctors understand where the cancer is, whether it has spread and how well someone may cope with treatment. Not everyone needs every test.



### 1. CT scan

A detailed X-ray of the chest, tummy and pelvis.



### 2. PET scan

Shows how active the cancer is and whether it has spread.



### 3. Endoscopic ultrasound

A detailed scan of the oesophagus, stomach and nearby areas using a special camera.



### 4. Staging laparoscopy

Keyhole surgery to look inside the abdomen and check if the cancer has spread.



### 5. Heart and lung function tests

Checks whether you are well enough for treatment such as surgery.



### 6. Fitness assessments

Looks at how your body may cope with different treatments.



Not everyone needs every test.

## What stage are people diagnosed?

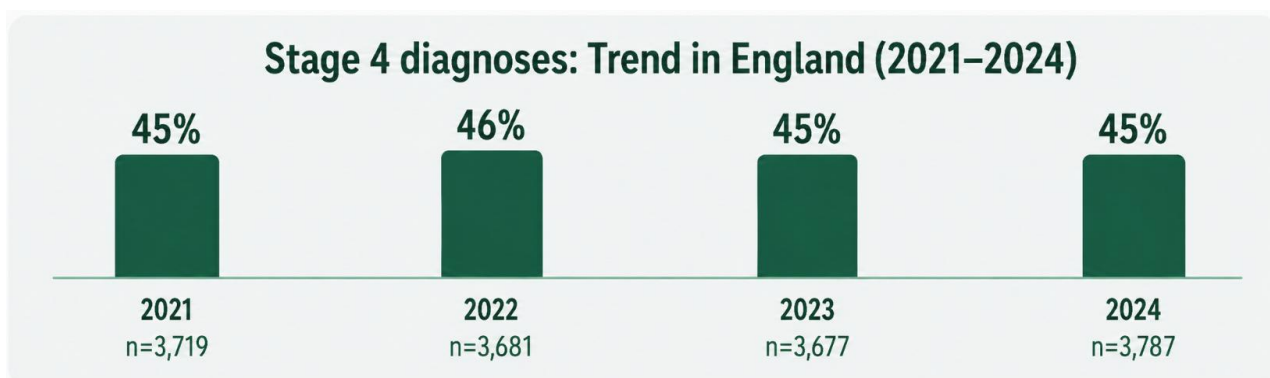
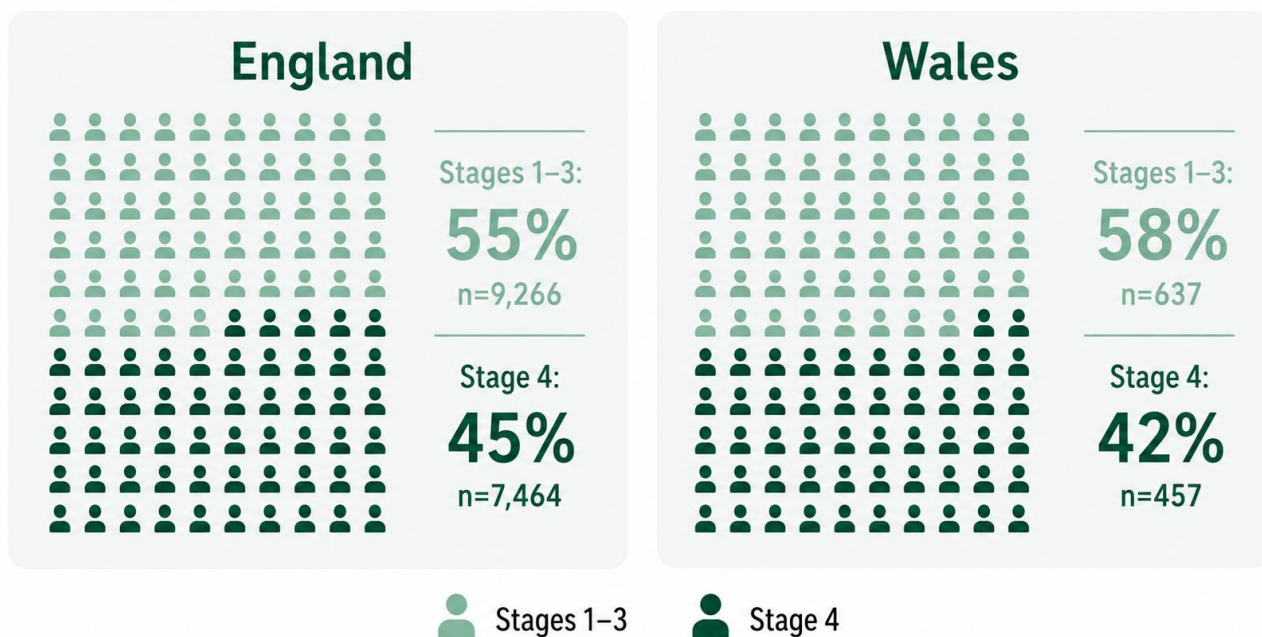
After cancer is diagnosed, tests are used to find out its stage. The stage describes how far the cancer has grown or spread and helps doctors decide which treatments may be suitable.

**Stages 1-3:** the cancer has not spread to distant parts of the body.

**Stage 4:** the cancer has spread to another part of the body.

## Stage at diagnosis, England and Wales, 2023-2024

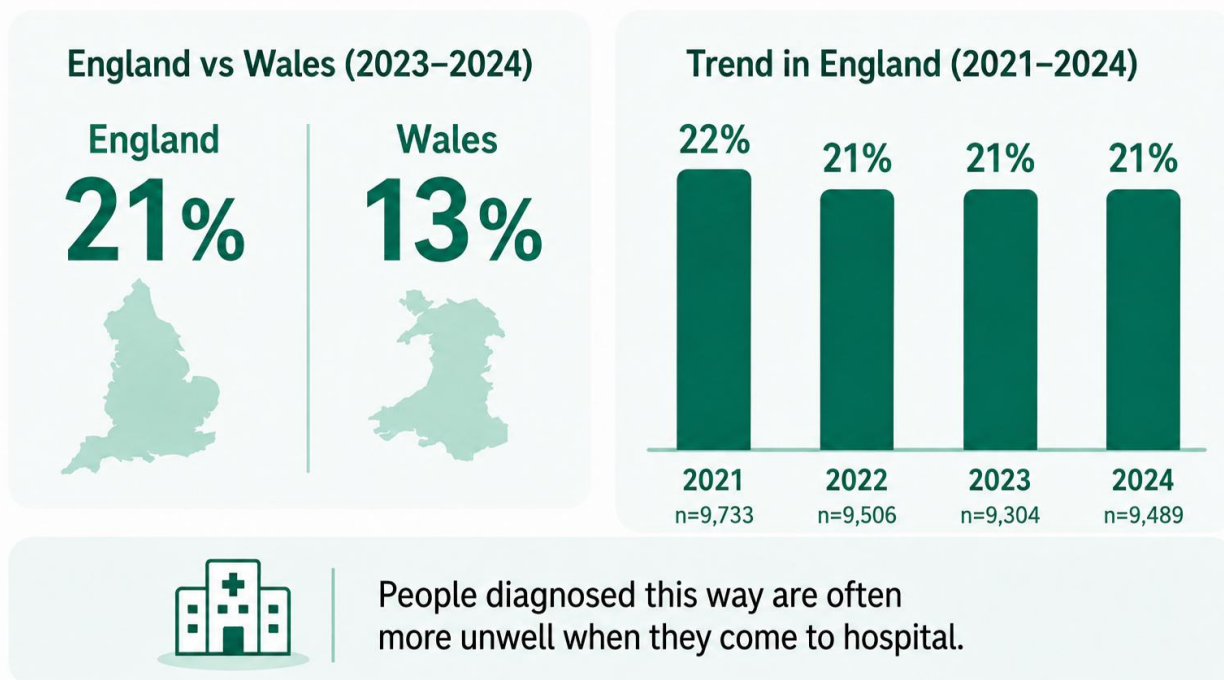
Among people whose cancer stage was recorded.



Stage 4 is the most advanced stage. It means the cancer has spread to another part of the body, which can limit the treatment options available. The number of people diagnosed at stage 4 has changed little in recent years, so earlier diagnosis remains an important priority.

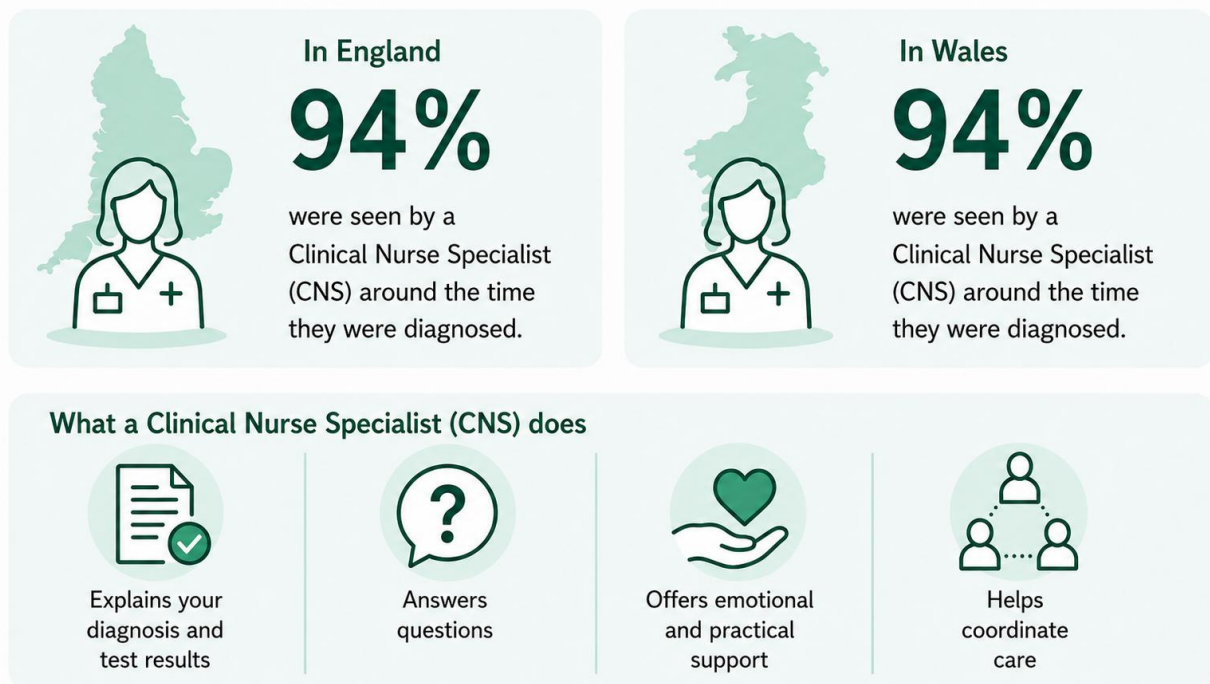
## Diagnosis after an emergency hospital admission

The percentage of people diagnosed with oesophageal or stomach cancer in 2023–2024.



Older people and people living in more deprived areas were more likely to be diagnosed following an emergency hospital admission. These findings have changed little over recent years, showing the continuing need for earlier diagnosis.

## Clinical Nurse Specialist (CNS) support



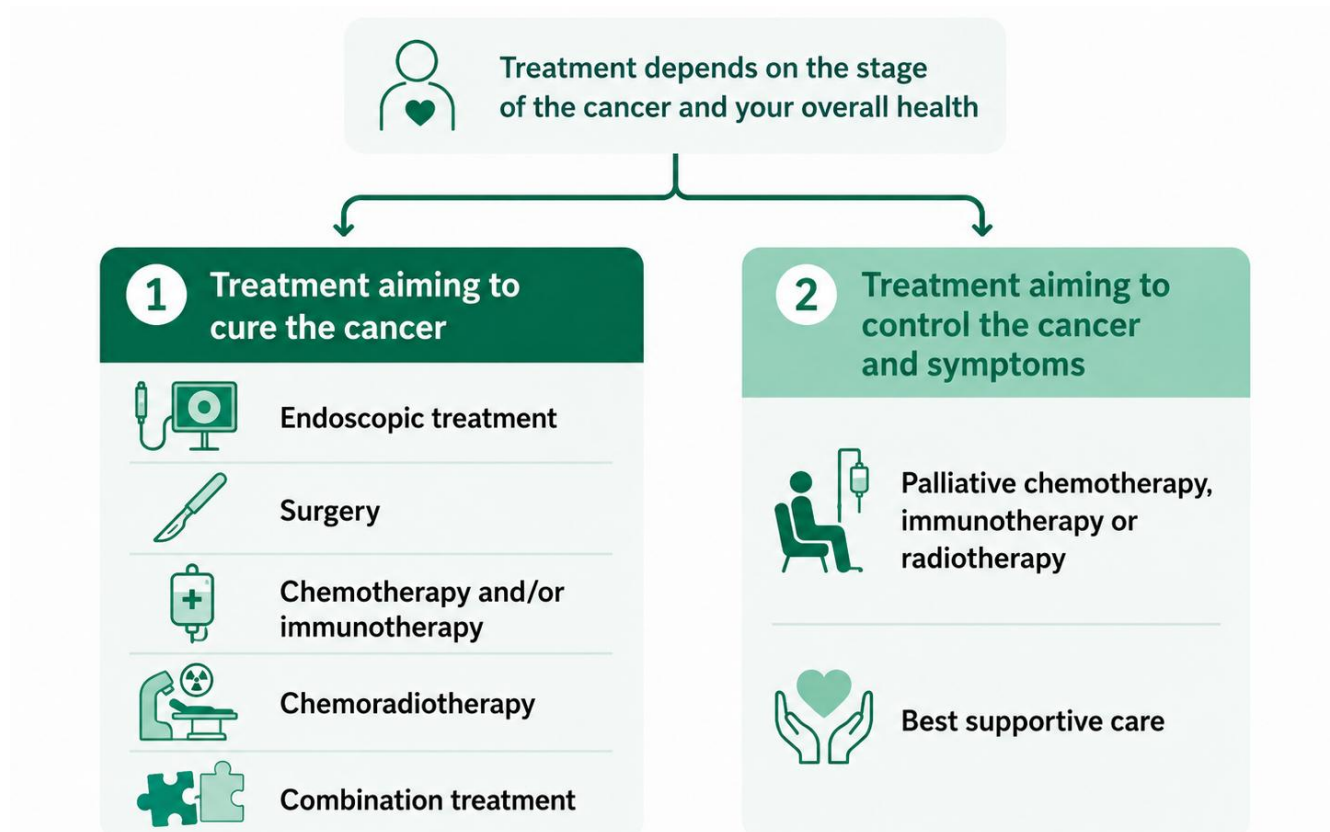
January 2023 to December 2024

Among patients with complete information in the records.

CNS support was recorded less often for people diagnosed during an emergency hospital admission and for people who died shortly after diagnosis. Everyone should be given the name and contact details of a CNS or another appropriate member of the specialist team.

### 3. Treatment options

Treatment depends on the type and stage of the cancer, a person's general health and fitness, and what matters to them. The specialist team should explain the options and involve the person in decisions about their care.



Radiotherapy can be used in different ways. When radiotherapy is given together with chemotherapy (chemoradiotherapy), it may be used with the aim of curing the cancer. Radiotherapy can also be given on its own, often to help control the cancer or relieve symptoms.

#### Support is always available

Best supportive care focuses on comfort, symptom control, nutrition and emotional wellbeing. It can be offered alongside cancer treatment or as the main focus of care.

## How long do people wait for treatment?

Waiting for treatment can be an anxious time. NOGCA measures the number of days from the first gastroscopy - when the cancer is usually first detected - to the start of the first cancer treatment. Best supportive care is not included in this measure.

Average waiting time in days from first gastroscopy to first treatment for oesophageal or stomach cancer in 2023–2024.



This measure looks at the time from first gastroscopy to first treatment.



It is different from the NHS 62-day target, so it cannot be compared directly.

Treatment aiming to cure the cancer can take longer to begin because people may need additional scans, assessments and careful treatment planning.

### Why is there no target shown?

There is no national target for the exact waiting-time measure used in this report. NOGCA measures from the first gastroscopy to the start of treatment. National NHS waiting-time standards begin at different points, such as an urgent referral or the date a treatment plan is agreed, so they cannot be compared directly with these figures.

**Find out more:** [Cancer Research UK explains cancer waiting-time standards and the latest results for England.](#)  
[Welsh Government cancer waiting-time statistics.](#)

## 4. Treatment outcomes

The audit examines outcomes after treatment to help services understand recovery, safety and where care could improve.

### Curative surgery: what were the outcomes?

#### 1 How many people had surgery?



England:  
**5,284**  
people



Wales:  
**235**  
people



January 2022 to December 2024

#### 2 90-day survival after curative surgery



Oesophagectomy

| England      | Wales        |
|--------------|--------------|
| <b>96.3%</b> | <b>93.2%</b> |



Gastrectomy

| England      | Wales       |
|--------------|-------------|
| <b>97.9%</b> | <b>100%</b> |



**Most people (95%)**  
survived at least 90 days after surgery.

#### 3 One-year survival after curative surgery



Oesophagectomy

| England      | Wales        |
|--------------|--------------|
| <b>85.0%</b> | <b>82.0%</b> |



Gastrectomy

| England      | Wales        |
|--------------|--------------|
| <b>84.7%</b> | <b>92.3%</b> |

## Recovery after surgery

### Surgical outcomes: length of stay and readmission

Two measures that help us understand recovery after curative surgery.



January 2022 to December 2024

Stayed in hospital  
more than 15 days  
after surgery



England

**25%**

Wales

**33%**

Returned to hospital  
within 30 days of  
discharge after surgery



England

**15%**

Wales

**11%**

These measures do not directly assess the operation itself. They can highlight slower recovery, complications and the support people may need after leaving hospital.

## Palliative chemotherapy outcomes

These measures help us understand how people do after treatment starts.

Completed at least 4 cycles  
of palliative chemotherapy



England

**55%**

Wales

**60%**

Between January 2022 and December 2023, 55% of people in England and 60% of people in Wales starting palliative SACT received at least 4 cycles of treatment.



January 2022 to December 2023

Died within 90 days of  
starting palliative chemotherapy



England

**16.0%**

Wales

**14.9%**



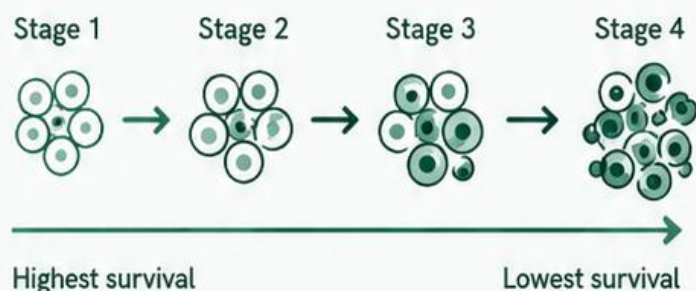
Deaths within 90 days do not necessarily mean the treatment was inappropriate, but this measure helps doctors reflect on whether treatment is being offered at the right time.

Palliative chemotherapy can help control symptoms and may help some people live longer, but it can also cause serious side effects. A death within 90 days does not necessarily mean that treatment was inappropriate. The measure helps services review whether the benefits and risks were considered carefully and treatment was offered at the right time.

## 5. Survival after diagnosis

### Survival is strongly linked to stage at diagnosis

People diagnosed at stage 1 had much better outcomes than people diagnosed at stage 4.



Fewer than 10% of people diagnosed with stage 4 OG cancer were alive three years after diagnosis.

England

**6.9%**

Wales

**7.8%**

### One-year and three-year survival by cancer type



#### Oesophageal cancer

|         | Alive at 1 year | Alive at 3 years |
|---------|-----------------|------------------|
| England | <b>49.3%</b>    | <b>21.7%</b>     |
| Wales   | <b>44.9%</b>    | <b>25.7%</b>     |



#### Stomach cancer

|         | Alive at 1 year | Alive at 3 years |
|---------|-----------------|------------------|
| England | <b>45.8%</b>    | <b>19.3%</b>     |
| Wales   | <b>40.9%</b>    | <b>20.4%</b>     |

These results describe groups of people and cannot predict what will happen to an individual person. Your specialist team can explain what they mean to you.



For longer-term survival statistics, see  
[Survival for oesophageal cancer | Cancer Research UK](#)  
[Survival for stomach cancer | Cancer Research UK](#)



## 6. High-grade dysplasia (HGD)

High-grade dysplasia is not cancer. It is a precancerous change that can develop in Barrett's oesophagus, where cells in the lining of the oesophagus become abnormal. Treating or closely monitoring HGD can help prevent oesophageal cancer developing.



**HGD means there are abnormal cells in the lining of the oesophagus.**

Doctors monitor it closely or treat it early to help prevent cancer from developing.



**HGD may not cause symptoms, but it can be linked with persistent reflux or heartburn.**

**Treatment options may include**

### 1 Endoscopic therapy



Such as radiofrequency ablation or endoscopic resection.

### 2 Surgery



Major surgery to remove part of the oesophagus, sometimes using keyhole techniques.

### 3 Surveillance



Regular endoscopies to monitor for further changes or early cancer.



**The aim is to treat or monitor HGD early so cancer does not develop.**

## 7. How do England and Wales compare with other countries?

### International comparisons

Outcomes for oesophageal and stomach cancer differ between countries. However, direct comparisons can be difficult because countries collect and record information about cancer stage and survival in different ways.

NOGCA does not analyse international data, so this report cannot rank England or Wales against other countries. What our findings show is that many people in England and Wales are still being diagnosed after their cancer has spread (stage 4). Earlier diagnosis therefore remains an important priority.

**For more information:**

[Cancer Research UK's International Cancer Benchmarking Partnership compares cancer outcomes and care between countries with broadly similar health systems.](#)

## 8. Looking ahead

This report shows that many people receive good care, but important differences remain between services and across the care pathway.

- Too many people are still diagnosed after their cancer has spread. Earlier recognition, referral and diagnosis remain priorities. New approaches, such as [capsule sponge tests](#), may help identify people who need further investigation for oesophageal cancer, although these tests are not yet available everywhere, your GP or specialist team can advise whether this type of testing is available locally.
- Some people wait longer than others to start treatment. NOGCA will continue to work with NHS teams to understand delays and support improvement.
- There are differences between hospitals in treatment and outcomes. Services should review their results, learn from good practice and investigate areas where performance is lower.

NOGCA will continue to work with patients, doctors, nurses, researchers and NHS organisations to improve care for people with oesophageal and stomach cancer.

## 9. Explore care in your local area

The NOGCA data dashboard lets you explore results for hospitals and NHS organisations in England and Wales. You can view local results, compare organisations and see changes over time.



### Explore care in your local area

View results for hospitals and NHS organisations





Scan the QR code or use the link to explore local results in more detail.



<https://www.natcan.org.uk/audits/oesophago-gastric/>

### Please interpret results carefully

Differences between hospitals may reflect the types of patients they treat, the number of people included and the completeness of the available data. No single result gives a complete picture of care. The dashboard can support a discussion with your GP, CNS or specialist team, but it is not a formal ranking of hospitals.

## 10. Where can I find more information?

### **NOGCA reports and the full State of the Nation report**

The full 2026 report will be available on the NOGCA reports page.

### **NOGCA data dashboard**

Explore results for hospitals and NHS organisations.

### **Cancer Research UK - oesophageal cancer**

Information about symptoms, diagnosis and treatment.

### **Cancer Research UK - stomach cancer**

Information about symptoms, diagnosis and treatment.

### **NHS - oesophageal cancer**

NHS information about oesophageal cancer.

### **NHS - stomach cancer**

NHS information about stomach cancer.

### **Macmillan Cancer Support**

Cancer information and support.

### **The Oesophageal Patients Association**

Support for people affected by oesophageal and gastric cancer.

### **Heartburn Cancer UK**

Awareness, earlier diagnosis, research, trusted patient information and support.

### **Action Against Heartburn**

Information about heartburn, Barrett's oesophagus and earlier diagnosis.

### **Stomach Cancer UK**

Information and support for people affected by stomach cancer.

### **Oxfordshire Oesophageal and Stomach Organisation**

Support for patients and carers.

### **Maggie's**

Practical, emotional and social support.

### **Guts UK**

Information about digestive conditions and research.

# This report was prepared by:

The [NOGCA Project Team](#), in collaboration with the NOGCA Patient and Public Involvement (PPI) Forum.

## NOGCA PPI Forum members

- Matt Carter, Oxfordshire Oesophageal and Stomach Organisation - PPI Forum Chair
- Mimi McCord, Heartburn Cancer UK - PPI Forum Deputy Chair
- Sam Brandon, Patient Representative, England
- Jennie King, Guts UK Representative
- Fiona Labrooy, Heartburn Cancer UK Representative
- Andrew Stanley, Action Against Heartburn Representative
- Caryl Travess, Patient Representative, Wales

## Prepared in partnership with:



Royal College  
of Surgeons  
of England

The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports audit and the evaluation of clinical effectiveness for surgery. Registered Charity no: 212808.



HQIP  
Healthcare Quality  
Improvement Partnership

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the [Healthcare Quality Improvement Partnership \(HQIP\)](#) and funded by NHS England and the Welsh Government as part of the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.



The Association of Upper Gastrointestinal Surgery of Great Britain and Ireland is the specialty society that represents upper gastrointestinal surgeons. It is one of the key partners leading the Audit. Registered Charity no: 1093090.



British Society of Gastroenterology is the specialty society of gastroenterologists. It is one of the key partners leading the Audit. Registered Charity no: 1149074.



Royal College of Radiologists is the professional body for clinical radiologists and clinical oncologists. It is one of the key partners leading the Audit. Registered Charity no: 211540.



This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data are collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.



NHS Wales recently implemented Cancer Dataset Forms with the latest implementation date being January 2025. These have been designed to improve the data capture and reporting capabilities of NHS Wales. This implementation has impacted the data quality within NHS Wales. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform.



Note: Images in this report were created with assistance from ChatGPT (OpenAI), August 2026. The content was based on information provided by the authors and images were reviewed and edited by the authors.