

OG MDT; EUS Referral Criteria



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WHICH PROGRAMME / PATHWAY BOARD / GROUP HAS PRODUCED THIS DOCUMENT (IF APPLICABLE)	GM OG Pathway Board, GM OG Endoscopy Subgroup
WHAT CONSULTATION HAS TAKEN PLACE?	<i>The document has been developed during an endoscopy subgroup meeting which consistent of representation from gastroenterologists across the GM System from every provider. The document has been sent to the GM Endoscopy Network and the oncology group at the Christie NHS Foundation Trust for review.</i>
HAS AN EQUALITY IMPACT ASSESSMENT BEEN COMPLETED?	<i>No – not applicable to this.</i>
HAVE THE ENVIRONMENTAL SUSTAINABILITY IMPACTS BEEN CONSIDERED AND ADDRESSED?	<i>No – not applicable to this.</i>
DATE RATIFIED AT PROGRAMME ASSURANCE GROUP	TBC
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- 1) **WILL EUS CHANGE MANAGEMENT?** (EUS must be answering a specific question posed by the clinical situation)
- 2) **AFTER PET CT IN CANCER STAGING** (see indications below)
- 3) **EUS-FNA. After MDT discussion** (e.g. Node distal to cancer field / ? Linitis Plastica / Subepithelial lesion)

DIAGNOSTIC OESOPHAGEAL EUS	
OAC + OSCC	Before radical CRT / RT for accurate nodal staging, proximal and distal extension - if PET/CT equivocal OR if mandated for a clinical trial.
	To assess disease above stricture for supra-azygous nodes.
	Determine between 2 stage or 3 stage oesophagectomy
	Determine between Type 2 or Type 3 GOJ lesions.
Subepithelial Lesions	Lesions >1cm. To characterise nature of lesion (leiomyoma, duplication cyst, GIST) to guide management

DIAGNOSTIC GASTRIC EUS	
Gastric Adenocarcinoma	Assess proximal SM extension pre surgery. IF CT/PET/OGD/Staging Lap EQUIVOCAL.
Subepithelial Lesions	Lesions >1cm. To characterise nature of lesion Note; Gastric lesion suspicious for GIST on OGD and CT needs MDT discussion first.





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