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BACKGROUND

UPPER GASTROINTESTINAL CANCERS:

- Highest number of emergency admissions & length of stay by cancer site ¹

MALIGNANT UPPER GASTROINTESTINAL BLEEDING (UGIB):

- 3x hospital mortality rate compared with other UGIB ²
- No guideline on palliative management (excluding surgical or radiological interventions)

AIMS

Rapid review on palliative interventions to achieve immediate haemostasis and to prevent/ delay re-bleeding with:

- Pharmacological therapy (proton pump inhibitors, sucralfate, H₂-receptor antagonist, tranexamic acid or octreotide)
- Endoscopic therapy (ET)
- Radiotherapy

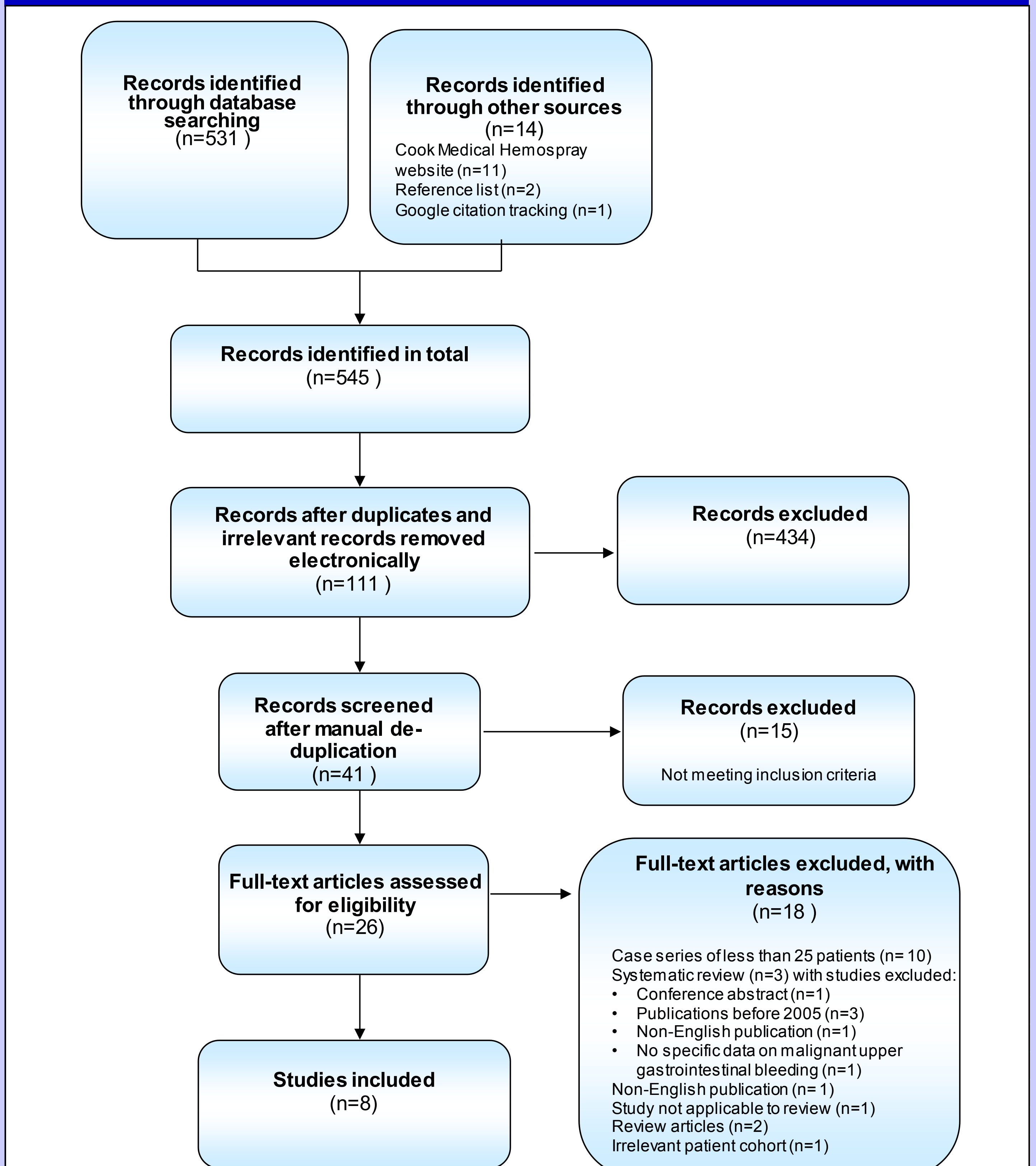
METHODS

- Rapid review outlined by PaCERS ³
- Four databases searched (January 2005– April 2016): Ovid Medline, Ovid Medline In-Process & Other Non-Indexed Citations, Ovid Embase, Cochrane Library
- Supplementary search:
 - Cook Medical Hemospray © website
 - Journals (Gut, Journal of Clinical Oncology, Lancet)
 - Reference lists of included studies and published reviews
 - Citation tracking in Google Scholar
- Two independent reviewers: study selection, quality assessment, data extraction
- PROSPERO registry number : CRD42016039680

Selection criteria	Inclusion criteria	Exclusion criteria
Population	Adults ≥ 18 years with UGI cancer	Children <18 years, non-malignant UGI bleeding
Intervention(s)	Pharmacological therapy, endoscopic therapy, radiotherapy	Curative intent treatment, endoscopic Submucosal dissection, partial/ total gastrectomy, transcatheter arterial embolisation
Comparator	Usual care	
Outcome(s)	Primary: Immediate haemostasis rate Secondary: Re-bleeding rate	
Study design	Quantitative studies Oxford CEBM Level 1 to 4. Only case series ≥ 25 participants will be included	Qualitative studies, conference abstracts, oral presentations, non-English publications

PICO: Search Criteria

RESULTS



PRISMA Flow Chart: Study Selection Process

- Eight retrospective studies; seven case-series, one case control
- 542 patients; 86% (n=465/552) gastric cancer
- ET (5 studies) and radiotherapy (3 studies)
- ET (electrocoagulation, injection, clipping):
Immediate haemostasis rate 73%-92%, re-bleeding rate 20%-40%
- Two studies ^{4, 5} reported no difference in re-bleeding rate in those who received ET or not (control group)
- Radiotherapy (8Gy, single fraction to 40Gy, 16 fractions):
Immediate haemostasis rate 50%- 80%, re-bleeding rate 30%-50%
- No evidence specific to malignant UGIB from pharmacological therapy

CONCLUSIONS

1. Low quality evidence
2. Lack of randomised evidence for ET or radiotherapy
3. No evidence from pharmacological therapy but on-going trial results awaited
4. Future registry studies to produce standardised, reliable information