

28 July 2023

Alison Mutch  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

Dear Ms Mutch,

I write further to your regulation 28 report of 15 May 2023 regarding the death of Raymond Douglas Lee. I would like to extend my sincere condolences to his family.

In your report you explained that oesophageal strictures are a recognised complication of radiotherapy for oesophageal cancers and that there is limited national guidance on how to best treat patients with strictures and limited evidence on which to develop best practice recommendations.

There are a number of causes of oesophageal stricture, including treatment of the oesophagus with radiotherapy. It is not clear from your report when Mr Lee had the radiotherapy in relation to the stricture formation, or the intent of the radiotherapy (ie radical or palliative).

The NICE guideline on [oesophago-gastric cancer](#) [NG83] makes recommendations on assessing and managing oesophago-gastric cancer in adults, including radical and palliative treatment and nutritional support.

In section 1.5 of the guideline, on palliative management, we recommend consideration of chemoradiotherapy if surgery is not appropriate and the cancer can be encompassed in a radiotherapy field. If this is not possible, options include stenting or palliative radiotherapy.

Recommendation 1.5.2 says healthcare professionals should discuss the benefits, risks and treatment consequences of each option with the person with oesophageal cancer and those who are important to them (as appropriate). This would include stricture from radiotherapy and the potential for fistula formation or perforation.

Earlier this month we reviewed the evidence and made new recommendations on palliative management of luminal obstruction with no curative intent for adults with oesophageal or oesophago-gastric junctional cancer, including that healthcare professionals should not offer external beam radiotherapy after stenting for people with oesophageal and oesophago-gastric junctional cancer (see recommendation 1.5.11).

You also explained that evidence was given which suggested that dilatation is the best approach initially to treat patients with strictures, but that it carries a risk of perforation,

especially if repeated, and that there was limited evidence on what the optimum number of dilatations were and/or when to stop and move to consider stenting.

NICE has not made recommendations on oesophageal dilatation. The British Society of Gastroenterology has published [UK guidelines on oesophageal dilation in clinical practice](#), however NICE's guideline committee, when considering evidence regarding interventions such as dilatation, noted that these were seldom used in routine clinical practice and that luminal obstruction was already treated in most centres using expanding metal stents and radiotherapy.

We will log your report and consider further your concerns regarding contraindications for stenting and if we need to strengthen our advice.

Yours sincerely,

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Chief executive