Falk Foundation/Guts UK Awards 2025

MEDICAL STUDENT PRIZE WINNER:
Amar Srinivasa

PROJECT: Investigating the Causes of Post-Endoscopy Upper Gastrointestinal Cancer (PEUGIC)

Dr Amar Srinivasa conducted this research as part of his PhD programme at the Institute of Applied Health Research, University of Birmingham and is based at Sandwell and West Birmingham NHS Trust. He will resume his final year of specialty training in gastroenterology within the West Midlands Deanery in October this year.

Dr Srinivasa states:

'Since the outset of my medical career, my goal has been to improve outcomes for cancer patients, particularly in gastroenterology. Gastroenterology plays a crucial role in managing four of the six least survivable cancers, as well as bowel cancer, the fourth most common cancer in the UK.

'During my fifth year of specialty training, recognising that large-scale research initiatives require significant time to establish, I began working on this project aiming to produce work that could significantly impact patient care.

'My study focuses on post-endoscopy upper gastrointestinal cancer (PEUGIC). Endoscopy, a key diagnostic tool for oesophageal and stomach cancers — two of the six least survivable cancers — is crucial for early detection. If caught early, these cancers can be cured through minimally invasive endoscopic procedures, sparing patients from extensive surgery and arduous chemotherapy.

'However, endoscopy is not infallible. Some patients receive a cancer diagnosis despite having previously undergone endoscopy that failed to detect their condition — this is classified as PEUGIC. Such diagnostic delays can profoundly adversely impact patient outcomes.

'Existing studies on PEUGIC have identified risk factors but have not fully explained its causes. Notably, 8.5% of oesophageal and stomach cancers fall under the PEUGIC category. However, without national datasets, identifying affected patients and enabling endoscopy providers to improve their services remains challenging. To address this, our study aimed to:

- Establish a national system within NHS England to identify every PEUGIC.
- Notify endoscopy providers about their PEUGIC.
- Develop an online portal for providers to conduct root cause analyses, helping them understand why PEUGIC occurs.
- Pool national data to pinpoint reasons behind PEUGIC and inform interventions to reduce their occurrence.

'At the conclusion of the study, over 2,500 PEUGIC were analysed, making this the largest global cohort of post-endoscopy cancers ever studied. The findings highlight two major patient groups with differing causative reasons for PEUGIC.

'In symptomatic patients undergoing diagnostic endoscopy, we found that squamous cell oesophageal cancers are frequently missed and that many lesions with potential malignancy are not biopsied sufficiently, leading to diagnostic failures. Utilisation of image enhancement technology available in modern endoscopes could prevent missing these cancers and to improve biopsy practice I have authored the National Upper Gastrointestinal Endoscopy Biopsy Guidance Document, designed to standardise biopsy practice.

'The second group of patients were those undergoing surveillance endoscopy due to conditions associated with increased cancer risk (eg Barrett's oesophagus). Here the study underscores that non-adherence to best practices significantly compromises patient outcomes.

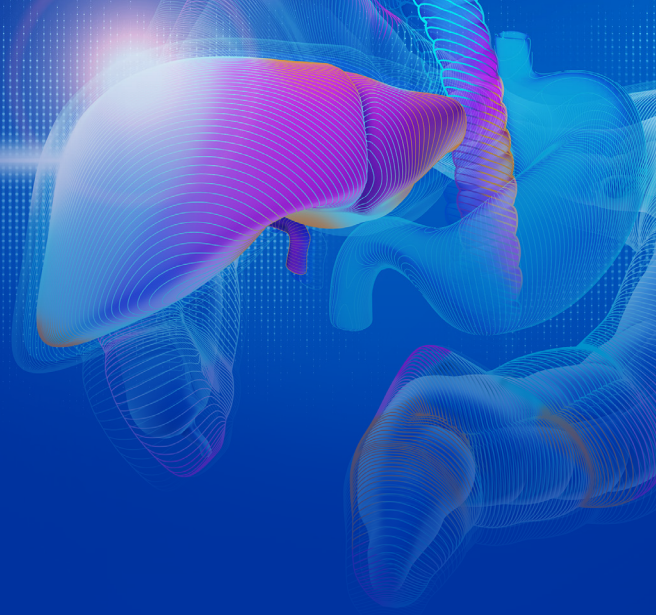
'This overarching body of work represents the largest evidence base for PEUGIC and associated patient, procedural and provider factors that contribute to its occurrence. By identifying practices which contribute to PEUGIC, national interventions can be commenced to decrease their occurrence and improve cancer outcomes. Additionally, this study provides a significant evidence base which can be used for best practice guidelines for upper gastrointestinal endoscopy nationally and internationally. Finally, this study will be linked to the National Endoscopy Database during the final year of my PhD with the goal of creating evidence-based key performance indicators for endoscopy.'

Dr Srinivasa states:

'I am immensely grateful to have been part of this project, working under the mentorship of Professor Nigel Trudgill, who has played a pivotal role in shaping my career in gastroenterology. This study was a collaborative effort, and its success would not have been possible without the contributions of numerous colleagues across the country.

'Receiving this prestigious recognition will enhance the dissemination and impact of our work. I hope it drives improvements in endoscopy practices both nationally and internationally, ultimately benefiting patients diagnosed with these cancers.'

Together we *know more.*
Together we *do more.*



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