

Esophageal Cancer

Information for people with cancer

This information should not be used to diagnose yourself or in place of a doctor's care.

Esophageal cancer starts in the esophagus. The esophagus is a 25 cm (10 inch) long tube that connects the back of your mouth to your stomach.

When you swallow, the muscles in the wall of your esophagus contract (squeeze), moving food and liquids into your stomach.

Diagnosis and Staging

What are the signs and symptoms of esophageal cancer?

- Difficulty swallowing, at first with solid foods. As the cancer grows, liquids and soft foods are difficult to swallow.
- Unexplained weight loss.
- Unexplained choking.
- Pressure or burning in your chest.
- Frequent indigestion or heartburn.
- Loss of appetite.
- Hoarseness (raspy voice) or cough.
- Painful spasms after eating.
- Vocal cord paralysis (your vocal cords do not work properly and you cannot speak).
- Coughing up blood.
- Persistent anemia (low iron in your blood).

If you have any signs or symptoms that you are worried about, please talk to your family doctor or nurse practitioner.

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How is esophageal cancer diagnosed?

Tests that may help diagnose esophageal cancer include:

- **Barium x-ray (barium swallow):** You swallow a special liquid (barium) that will help the esophagus show up on x-rays. The barium is not radioactive.
- **Endoscopy:** a doctor uses an endoscope (a tube with a small camera on the end) to see inside your esophagus.
- **Biopsy:** a surgeon takes a sample of tissue. The sample is examined by a specialist (pathologist) to see if it is cancer.

If any of the tests show that you have esophageal cancer, your health care team will check to see if the cancer has spread. You may need some of these tests:

- **CT (computed tomography) scan**
- **Endoscopic ultrasound:** a doctor puts an endoscope with a small ultrasound device through your mouth and into your esophagus.
- **Bronchoscopy:** a doctor puts a bronchoscope (a thin tube with a light and small camera) through your nose or mouth and into your esophagus.
- **Mediastinoscopy:** a mediastinoscope (a type of endoscope) is put through a small cut made at the bottom of your neck, just above your breastbone. You will be given general anesthetic (put under) for this procedure. This procedure allows your doctor to look at the space in your chest between your lungs (the mediastinum).
- **Laparoscopy:** a laparoscope (thin tube with a light and camera) is put through a cut made in your abdomen. This procedure is done under general anesthetic.
- **PET (positron emission tomography) scan**

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For more information on tests used to diagnose cancer, see our Screening and Diagnosis pathfinder: bccancer.libguides.com/pathfinder-screening

What are the types of esophageal cancer?

- **Squamous cell carcinomas:** develop in the squamous cells that line the esophagus. These cancers usually grow in the middle or upper part of the esophagus.
- **Adenocarcinomas:** grow in the glandular cells in the lower part of the esophagus.

What are the stages of esophageal cancer?

Staging describes the cancer. Staging is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread to.

The stage of the cancer can help your health care team plan your treatment. It can also tell them how your cancer might respond to treatment and the chance that your cancer may come back (recur).

Esophageal cancer staging:

- **Stage 0:** Very early cancer. Has not spread below the lining of the first layer of tissue of the esophagus.
- **Stage 1:** Tumour (cancer growth) is only in the inner lining of the esophagus.
- **Stage 2:** Tumour may be in the entire wall of the esophagus or cancer may have spread to the lymph nodes and in the inner lining only.
- **Stage 3:** Tumour is in the entire wall of the esophagus and cancer has spread to the lymph nodes.
- **Stage 4:** Cancer has spread outside of the esophagus (metastasis).

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For more information on staging, see our About Cancer page:

bccancer.bc.ca/health-info/types-of-cancer/about-cancer

What are the grades of esophageal cancer?

The grade of the cancer describes how different the cancer cells look from normal cells and how fast the cancer cells are growing. A pathologist will give the cancer a grade after looking at the cells under a microscope.

Esophageal cancer can be grade 1, 2, or 3. The lower the number, the lower the grade.

Low grade: cells are abnormal but look a lot like normal cells. Low grade cancers usually grow slowly and are less likely to spread.

High grade: cells are abnormal and do not look like normal cells. High grade cancers usually grow more quickly and are more likely to spread.

The grade of the cancer helps your health care team plan your treatment.

Treatment

What is the treatment for esophageal cancer?

Cancer treatment may be different for each person. It depends on your particular cancer. Your treatment may be different from what is listed here.

Esophageal cancer treatment depends on the stage of the cancer.

Treatment by stage

Stage 0

- Surgery with or without radiation therapy (high energy x-rays that kill or shrink cancer cells).
- May include photodynamic therapy. This is when you take a drug and that drug starts working in the tumour when a laser is pointed at it.

Stage 1

- Surgery.
- Radiation therapy may be used to control small tumours.

Stage 2

- Radiation therapy and systemic therapy (chemotherapy).
- Some people may have surgery.

Stage 3

- One of the following:
 - Systemic therapy alone depending on the location.
 - Radiation therapy with systemic therapy.
 - Radiation therapy alone.
- Photodynamic / Laser therapy (see below).
- Some people may have surgery.

Stage 4

- Radiation therapy or systemic therapy.

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Treatments

Surgery

- The most common treatment of cancers in the lower esophagus.
- If there is a good response to systemic therapy and radiation therapy, you may not need surgery.
- Esophagus surgery, called an esophagectomy, usually involves taking out the lower part of your esophagus and upper part of your stomach. Depending on where the cancer is, your entire esophagus may be taken out.
- If your entire esophagus is not taken out, the healthy part of your esophagus is reconnected to your stomach.
- Lymph nodes near your esophagus may also be taken out.
- If your cancer cannot be treated with surgery or more radiation therapy, you may need an esophageal stent (a special tube) put in to help you swallow. This procedure is done under general anesthetic (put under) or you get a medication that makes you sleepy and relaxed.
- Some people may need a feeding tube put into in their stomach to make sure that they are getting enough food.

Radiation therapy (uses high energy x-rays to kill or shrink cancer)

- Radiation therapy combined with systemic therapy is the major treatment for cancers of the middle and upper esophagus.
- May be used alone when systemic therapy is not an option.
- If surgery is not possible, radiation therapy may help with symptoms.
- For more information about radiation therapy go to:
bccancer.bc.ca/our-services/treatments/radiation-therapy

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Systemic therapy (chemotherapy)

- Used with radiation therapy or used alone.
- There are several different systemic therapy drugs and combinations. Your oncologist (cancer doctor) will help plan the best treatment for you.
- Sometimes used to help with symptoms and prolong survival in people with advanced cancer.
- For more information about systemic therapy go to:
[bccancer.bc.ca/our-services/treatments/systemic-therapy-\(chemotherapy\)](http://bccancer.bc.ca/our-services/treatments/systemic-therapy-(chemotherapy))

Photodynamic/ Laser Therapy

- Photodynamic therapy uses a drug to make the area sensitive to light. Then, a special light is shined on the tumour to kill cancer cells.
- May also be used to open a blockage and relieve dysphagia (difficulty swallowing). This usually needs to be repeated every six weeks.

What is the follow-up after treatment?

- Follow-up testing and appointments are based on your type of cancer.
- Guidelines for follow-up after treatment for esophageal cancer are on our website:
www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gastrointestinal/esophageal-esophagogastric-junction#Follow-Up
- These are guidelines written for your doctor, nurse practitioner or specialist. You can look at them to see what appointments and tests you might need after treatment.
- After treatment, you may return to the care of your family doctor or specialist for regular follow-up. If you do not have a family doctor, please talk to your BC Cancer health care team.
- The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: bccancer.bc.ca/lifeaftercancer

More Information

What causes esophageal cancer and who gets it?

These are some of the risk factors for this cancer. Not all of these risk factors may cause this cancer, but they may help the cancer start growing.

- This cancer affects 3-4 times as many men as women [see note below, Statistics].
- Black people are twice as likely to develop esophageal cancer as white people.
- Esophageal cancer is much more common in certain countries. For example, esophageal cancer rates in Iran, northern China, India, and southern Africa are 10 to 100 times higher than in the United States.
- The risk of developing esophageal cancer increases with age.
- Drinking too much alcohol.
 - Visit BC Cancer's Alcohol and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/alcohol
- Smoking or using tobacco.
 - Visit BC Cancer's Tobacco and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/tobacco
- People who both smoke and drink alcohol are much more likely to develop esophageal cancer.
- Being overweight.
 - Visit BC Cancer's Body Weight and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/body-weight
- A diet low in fruits and vegetables.
 - Visit BC Cancer's Food Choices and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/food-choices

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- Chronic irritation of the lower esophagus due to gastric reflux (backward flow of stomach acid).
- People with Barrett's esophagus are much more likely to develop adenocarcinoma of the esophagus.
- Exposure to the solvents used for dry cleaning.
- Burns to the esophagus can increase risk of squamous cell carcinoma of the esophagus. For example, burns from accidentally swallowing lye as a child.
- Having achalasia, caustic stricture or Plummer-Vinson's syndrome leads to an increased risk of squamous cell carcinoma of the esophagus.

Statistics on esophageal cancer

- B.C. statistics: www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type
- Canada statistics: www.cancer.ca/en/cancer-information/cancer-type/esophageal/statistics/?region=bc

Note: Available statistics do not have information about the inclusion of transgender and gender diverse participants. It is unknown how these statistics apply to transgender and gender diverse people. Patients are advised to speak with their primary care provider or specialists about their individual considerations and recommendations.

Can I help prevent esophageal cancer?

Here are some things you can do to lower your risk of esophageal cancer:

- **Do not smoke:** If you smoke, stop. Also, try to avoid breathing in cigarette smoke. Even if you have been using tobacco for many years, quitting will lower your cancer risk. Support is available to help you successfully quit.
 - Visit BC Cancer's Tobacco and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/tobacco

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- **Do not drink too much alcohol:** Not drinking alcohol at all will lower your cancer risk the most.
 - Visit BC Cancer’s Alcohol and Cancer Prevention page:
www.bccancer.bc.ca/health-info/prevention/alcohol
- **Eat healthy, nutritious foods:**
 - Follow Canada’s Food Guide: www.canada.ca/en/health-canada/services/canada-food-guides.html
 - Visit BC Cancer’s Food Choices and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/food-choices
- **Stay active:**
 - Visit BC Cancer’s Physical Activity and Cancer Prevention page:
www.bccancer.bc.ca/health-info/prevention/physical-activity
- **If you have Barrett’s esophagus,** follow your doctor’s advice for treatment to prevent acid reflux (heartburn).

Is there screening for esophageal cancer?

There is no screening program for this cancer.

People with Barrett’s esophagus should have an endoscopy at least once every two years.

Where can I find more information?

- If you have questions about esophageal cancer, please talk to your health care team.
- Our librarians can help you find the information you need. Visit our Library page:
bccancer.bc.ca/our-services/services/library



Provincial Health Services Authority

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- BC Cancer Library Esophageal Cancer pathfinder: bccancer.libguides.com/pathfinder-esophageal
- Managing Your Symptoms: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects
- Emotional Support: www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support