

Esophageal Cancer

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The esophagus is a hollow, muscular tube that carries food and liquids from your mouth to your stomach.

The two most common types of esophageal cancer are:

1. Adenocarcinoma
2. Squamous cell carcinoma

Both of these types of cancers start from the inner lining of the esophagus (the mucosa) and spread outward, through the muscular layers of the esophagus and into the surrounding structures. As the cancer grows outward, there is a higher risk of spread (metastasis) to lymph nodes and other parts of the body.

Treatment

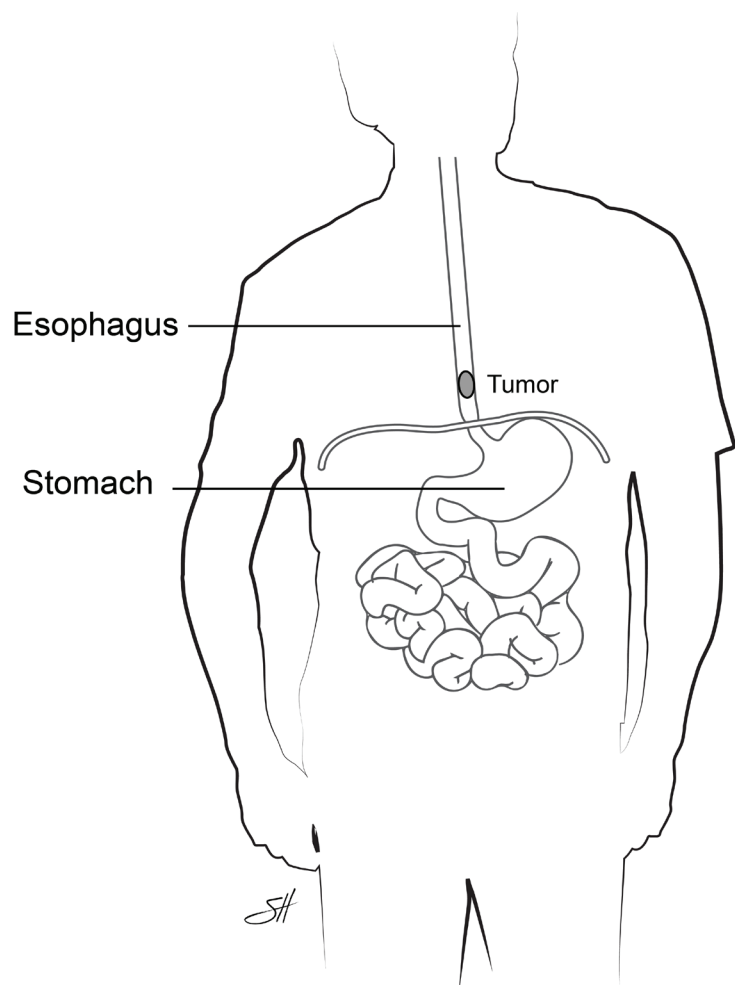
In general, there are three main ways to treat cancer:

1. Chemotherapy
2. Radiation therapy
3. Surgery

Chemotherapy is a treatment that kills cancer cells all over the body. It's given to patients whose cancer has spread to other places (like lymph nodes or other organs) and sometimes to patients whose cancer has a high likelihood of spreading, just to be safe.

Radiation therapy and surgery are both used to treat a particular area of the body (like a tumor or a lymph node). Radiation uses X-rays to kill cancer, and surgery is a removal of cancerous tissue.

Your treatment plan will depend on the characteristics of your cancer. In many cases, treatment will involve a combination of these methods.



Your Team

The cancer doctors involved in your care team may include:

- **Thoracic medical oncologists:** cancer doctors who specialize at treating cancer with drugs like chemotherapy or immunotherapy.
- **Thoracic radiation oncologists:** cancer doctors who specialize in treating cancer with radiation therapy.
- **Thoracic surgical oncologists:** surgeons who specialize in removing cancers inside the chest and stomach.

Staging

Like all cancers, treatment and survival from esophageal cancer depends on its stage. Cancer staging involves a combination of radiology studies (like CT or PET scans) as well as minor procedures. These tests together help your surgical and cancer teams best understand how far your cancer has spread and create the best treatment plan for you.

Staging Procedure

For your cancer evaluation, your surgeon will perform a “staging procedure.” This is a very important step, so it will be done again by your surgeon even if another doctor already did one or all of the components. During this procedure, you’ll have a few small procedures done all at once while you’re asleep:

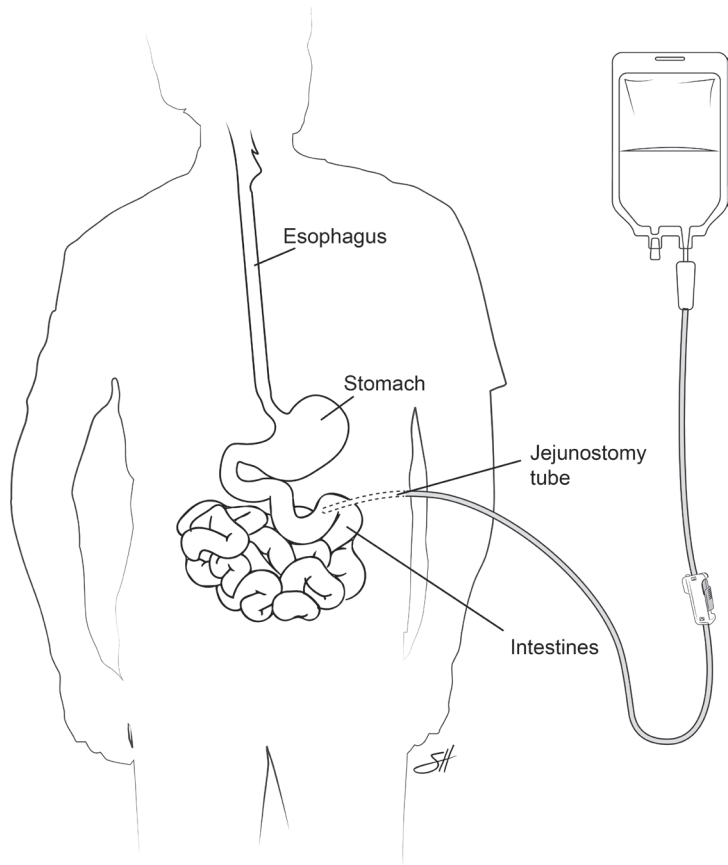
- **Bronchoscopy:** A flexible camera is used to look at your airways. This checks if the tumor has grown into your airways.
- **EGD:** A flexible camera is used to look at your esophagus, stomach, and the first part of your small intestine to see where the tumor starts and how far it goes.
 - Biopsies might be taken if needed.
 - If the cancer is blocking your food, the surgeon may stretch (dilate) the esophagus during the procedure or place a stent
 - Endoscopic Ultrasound (EUS) may be performed to look inside the tissue
- **Laparoscopy:** The surgeon makes a few small cuts on your abdomen, fills your abdomen with carbon dioxide, then uses a long camera to look around. They will check the following areas to see if the cancer has spread:
 - The lining of the abdomen
 - The tissues around your stomach and intestines
 - The fluid around your stomach and intestines
 - Any big lymph nodes

Finally, they will take a close look to see if your stomach can be used to rebuild your esophagus.

- **Feeding Tube:** If you’ve lost weight due to the tumor blocking your food or low appetite, your surgeon will place a small temporary feeding tube into your small intestine to help you get nourishment. This can be used to give you nutrition overnight, so you’re free during the daytime to eat and move around. This can be removed in clinic when it’s no longer necessary.
- **Port-a-cath:** If you need chemotherapy, a small port (also called “infusaport”) is placed under your skin and connected to a vein near your heart to make receiving treatment easier. Any time you need a blood test or chemotherapy, your nurse can put the needle into the port rather than into the veins in your arms and hands.

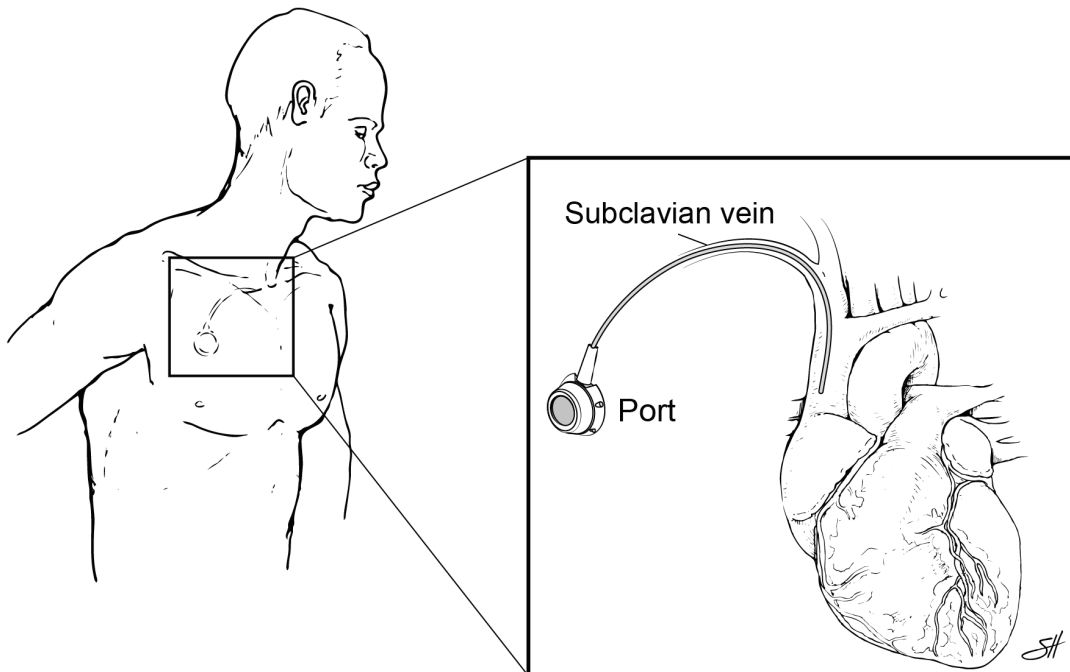
Staging System: Once all the information from the exams and tests has been gathered, the cancer teams use a staging system to categorize the cancer. The most common system for esophageal cancer is called the TNM system. It looks at three things:

- **Tumor (T):** This describes how big the main tumor is and if it's grown into nearby tissues. Determined by bronchoscopy and EUS.
- **Nodes (N):** This describes if the cancer has spread to nearby lymph nodes. Determined by EUS and PET/CT.
- **Metastasis (M):** This describes if the cancer has spread to other parts of the body, like the liver or lungs. Determined by radiology studies (CT and PET/CT) and laparoscopy.



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With all this information, your surgery team and cancer team will work together to recommend the best combination of chemotherapy, radiation, and/or surgery for you for your esophageal cancer. If surgery is recommended, you'll receive more information about your specific procedure and recovery.



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If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.

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