



Canadian
Cancer
Society

Esophageal Cancer

Understanding your diagnosis



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Understanding your diagnosis

When you first hear that you have cancer, you may feel alone and afraid. You may be overwhelmed by the large amount of information you have to take in and the decisions you need to make.

“ *All I could hear was ‘cancer.’ I heard my doctor say something like, ‘We’re going to start your treatment as soon as possible.’ I didn’t hear one word after that.* ”

The information in this brochure can help you and your family take the first steps in learning about esophageal cancer. A better understanding may help you feel more in control and help you work with your healthcare team to choose the best care for you.

For more information

You can find more in-depth information about esophageal cancer on cancer.ca. Or call us at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and services near you.

Check out our video series on common cancer topics. These short, simple videos cover subjects like *What is cancer?* and *Coping when you’re first diagnosed*.

Find the series at cancer.ca/cancerbasics.

What is cancer?

Cancer is a disease that starts in our cells. Our bodies are made up of trillions of cells grouped together to form tissues and organs such as muscles, bones, the lungs and the liver. Genes inside each cell tell it to grow, work, divide and die. Normally, our cells follow these instructions and we remain healthy.

But sometimes the cells grow and divide out of control and crowd out normal cells. After a while, a group of abnormal cells forms a lump (called a tumour).

Tumours can be either non-cancerous (benign) or cancerous (malignant). Non-cancerous tumour cells stay in one place in the body and are not usually life-threatening. Cancerous tumour cells can grow into nearby tissues and spread to other parts of the body. It's important to find and treat cancerous tumours as early as possible. In most cases, finding cancer early increases the chances of successful treatment.

Cancer cells that spread to other parts of the body are called metastases. Often, the first sign that a tumour has spread (metastasized) is swelling of nearby lymph nodes, but cancer can spread to almost any part of the body.

Cancers are named after the part of the body where they start. For example, cancer that starts in the esophagus but spreads to the liver is called esophageal cancer with liver metastases.

What is esophageal cancer?

Esophageal cancer starts in the cells of the esophagus. The esophagus is an organ in the digestive system. It is a hollow, muscular tube behind the windpipe and in front of the spine. It carries food and drink from the back of the mouth to the stomach. When you swallow, the muscles of the esophagus tighten to push food or drink down the tube and into the stomach. The esophagus joins the stomach at the area called the gastroesophageal (GE) junction.

Cells in the esophagus sometimes change and no longer behave normally. These changes can lead to non-cancerous conditions such as cysts or esophageal webs and rings. They can also lead to non-cancerous esophageal tumours such as leiomyomas.

Changes to the cells can also cause precancerous conditions. This means that the cells are not yet cancer but there is a higher chance that they will become cancer. The most common precancerous condition of the esophagus is Barrett's esophagus.

In some cases, the changes to cells can cause cancer. Esophageal cancer can occur anywhere along the esophagus. Cancers that start in the GE junction are treated like esophageal cancers.

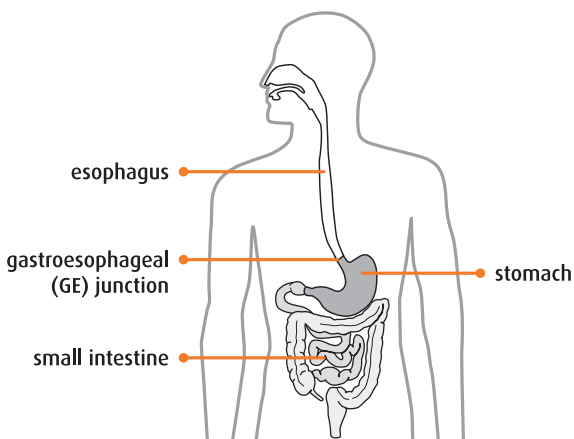
There are 2 main types of esophageal cancer:

Adenocarcinoma of the esophagus is the most common type of esophageal cancer. It usually starts in the lower part of the esophagus.

Squamous cell carcinoma of the esophagus can occur anywhere along the esophagus, but it is most common in the middle or upper part.

The same treatments are used to treat both main types of esophageal cancer.

The Digestive System



Diagnosing esophageal cancer

Your doctor may suspect you have esophageal cancer after hearing about your symptoms, taking your medical history and doing a physical exam. To find out for sure, your doctor will arrange special tests. These tests may also be used to help plan treatment.

Symptoms: Esophageal cancer may not cause any signs or symptoms in its early stages because of the way it grows. Symptoms often appear once the cancer thickens the wall of the esophagus or blocks the esophagus or the opening to the stomach. The most common signs and symptoms of esophageal cancer include:

- weight loss
- painful swallowing
- pain in the throat, chest (behind the breastbone) or back
- heartburn or indigestion
- feeling very tired
- loss of appetite
- nausea or vomiting
- hoarseness or coughing

The process of diagnosing cancer may seem long and frustrating. But other health problems can cause some of the same symptoms. The doctor has to make sure there are no other possible reasons for a health problem.

Your doctor will do one or more of the following tests to make a diagnosis.

Blood tests: Blood is taken to see if the different types of blood cells are normal in number and how they look. Blood tests can also show how well your organs are working and may suggest whether you have cancer and if it has spread.

Imaging tests: The healthcare team uses imaging tests to look at your esophagus, tissues, organs and bones in more detail. They can see the size of the tumour and if it has spread. These tests are usually painless, and you don't need an anesthetic (freezing).

An upper gastrointestinal (GI) series (also called a barium swallow) is often done to check for esophageal cancer. It uses x-rays to take pictures of the upper GI tract (esophagus, stomach and upper small intestine). You will drink a chalky liquid called barium that makes the upper GI tract show up better on an x-ray.

Other imaging tests, such as a CT scan or an MRI, may also be done.

Endoscopy: Your doctor may also use an endoscopy to look at the upper GI tract (called an upper GI endoscopy) and take pictures using an ultrasound (called an endoscopic ultrasound or EUS). An endoscope is a flexible tube with a light and lens on the end. The doctor passes the endoscope through the mouth and down the throat into the esophagus. Before an endoscopy, a local anesthetic is sprayed onto the back of the throat to numb it.

Biopsy: A biopsy is usually needed to make a definite diagnosis of cancer. Cells are taken from the body and checked under a microscope. If the cells are cancerous, they will be studied to see how fast they are growing.

To diagnose esophageal cancer, an endoscopic biopsy is commonly used. If an abnormal area is found during an endoscopy, the doctor removes a sample of tissue through the endoscope. Other types of biopsy may also be used.

Further testing: Your doctor may order other tests to diagnose the cancer, see if it has spread or help plan your treatment.

Will I be OK?

Most people with cancer want to know what to expect. Can they be cured?

A prognosis is your doctor's best estimate of how cancer will affect you and how it will respond to treatment. It looks at many factors including:

- the stage and grade of the cancer
- the size of the tumour and whether it has spread
- your overall health

Even with all this information, it can still be very hard for your doctor to say exactly what will happen. Each person's situation is different.

Your doctor is the only person who can give a prognosis. Ask your doctor about the factors that affect your prognosis and what they mean for you.

Staging and grading

Once a diagnosis of cancer has been made, the cancer is given a stage and grade. This information helps you and your healthcare team choose the best treatment for you.

Staging is a way to describe or classify the cancer. Staging of esophageal cancer describes the tumour and how deep it has grown into the wall of the esophagus and if it has grown into any tissues around the esophagus. Staging also describes whether cancer cells are found in any lymph nodes and if the cancer has spread to other parts of the body.

For esophageal cancer, there are 2 different ways of describing the stages depending on whether the type of cancer is adenocarcinoma or squamous cell carcinoma. Usually each stage is given a number from 0 to 4. Generally, the higher the number, the farther the cancer has progressed.

A **grade** is given based on how the cancer cells look and act compared with normal cells. To find out the grade of a tumour, a biopsy sample is looked at under a microscope.

Usually, esophageal cancer tumours are given a grade from 1 to 3. The lower the number, the lower the grade.

Low grade means that the cancer cells look and act much like normal cells. They tend to be slow growing and are less likely to spread.

High grade means that the cancer cells look and act less normal, or more abnormal. They tend to grow more quickly and are more likely to spread.

Treatments for esophageal cancer

Your healthcare team considers your general health and the type, stage and location of the cancer to recommend the best treatments for you. You'll work together with your healthcare team to make the final treatment choices. Talk to them if you have questions or concerns.

Esophageal cancer can make it hard to swallow, so you may not eat enough. Before you start treatment, a dietitian will check to see how esophageal cancer has affected your nutrition. You may need to have a feeding tube or an esophageal stent (a mesh tube to help open the esophagus) placed before treatment to make sure you get enough nutrition to maintain your weight and strength.

If you are a smoker, your healthcare team will talk to you about quitting smoking. Smoking can limit how well your cancer treatment works, so it is important to quit before you start treatment.

Some treatments for esophageal cancer may make your mouth sensitive and increase your risk of infection. It's important to see your dentist and get dental work done before you start treatment.

For esophageal cancer, you might receive one or more of the following treatments.

Surgery: Surgery is often used to treat esophageal cancer. The type of surgery you have depends mainly on the size, stage and location of the cancer. You may have surgery

to completely remove the tumour or remove as much of the tumour as possible. Surgery is done under a general anesthetic (you will be unconscious). Sometimes surgery will not be used if the tumour cannot be removed or if you are not healthy enough to have surgery.

It can be hard to recover from surgery for esophageal cancer. You need to be as healthy as possible before you have surgery. You will have tests to check your overall health.

The most common type of surgery used to treat esophageal cancer is an esophagectomy. It removes part or all of the esophagus and nearby lymph nodes. Sometimes part of the stomach is also removed. An esophagectomy may be done in different ways depending on where the tumour is in the esophagus. It may be done using an endoscope. You will usually have reconstructive surgery at the same time. Reconstructive surgery helps the GI tract work as normally as possible after the cancer is removed.

After surgery a tube is passed through the nose and into the stomach (nasogastric tube) to drain or suction off fluid and give medicines. You may also have tubes in your chest to drain fluid. You may be fed using a feeding tube for up to a week after surgery because you won't be able to eat or drink through your mouth. You may stay in the hospital for 1 to 2 weeks after surgery for esophageal cancer.

Radiation therapy: Radiation therapy may be used alone or given together with chemotherapy (called chemoradiation) to treat esophageal cancer.

In external beam radiation therapy, a large machine is used to carefully aim a beam of radiation at the tumour. The radiation damages cells that are in the path of the beam - both cancer cells and normal cells. In brachytherapy (internal radiation therapy) radioactive material is placed directly into the tumour or near the tumour.

The side effects of radiation therapy depend on what part of the body receives the radiation. You may feel more tired than usual and have other side effects like nausea and vomiting, dry mouth, difficulty swallowing, sore mouth and throat, diarrhea, loss of appetite or changes to the skin (it may be red or tender) where the treatment was given.

Chemotherapy: Chemotherapy may be used alone or as part of chemoradiation to treat esophageal cancer.

Chemotherapy uses drugs to treat cancer. Chemotherapy drugs may be given as pills or injected with a needle into a vein. They damage cancer cells, but they also damage some healthy cells. Although healthy cells can recover over time, you may experience side effects from your treatment, like nausea, vomiting, diarrhea, hair loss, sore mouth, fatigue, loss of appetite or an increased risk of infection.

For more information on treatment, you may want to read our booklets *Chemotherapy and Other Drug Therapies* and *Radiation Therapy*.

Targeted therapy: Targeted therapy is sometimes used to treat esophageal cancer. It uses drugs to target specific molecules (such as proteins) on the surface of cancer cells. By targeting these molecules, the drugs stop the growth and spread of cancer cells while limiting harm to normal cells.

Endoscopic treatments: Endoscopic treatments may be used to treat some esophageal cancers or relieve symptoms of advanced esophageal cancer, such as difficulty swallowing. Endoscopic treatments are done using an endoscope placed in the esophagus. An endoscopic mucosal resection (EMR) may be used to treat precancerous conditions or some early stage cancers in the esophagus. EMR injects a liquid or uses suction to remove a small tumour.

Photodynamic therapy (PDT): PDT may be used to treat some esophageal cancers or relieve symptoms of advanced esophageal cancer. PDT uses drugs that make cells sensitive to light to destroy cancer cells.

Laser surgery: Laser surgery is sometimes used to relieve symptoms of esophageal cancer. Laser surgery uses an intense, narrow beam of light (called a laser beam) to destroy cancer cells.

Clinical trials: Clinical trials test new ways to treat cancer, such as new drugs, types of treatments or combinations of treatments. They provide information about the safety and effectiveness of new approaches to see if they should become widely available. Ask your doctor if any clinical trials are available as a treatment option for you.

Our brochure *Clinical Trials* has more information, including how to find a clinical trial.

Complementary therapies: Complementary therapies – for example, massage therapy or acupuncture – are used *together with* conventional cancer treatments, often to help ease tension, stress and other side effects of treatment. They don't treat the cancer itself. More research is needed to understand if these therapies are effective and how they work.

If you're thinking about using a complementary therapy, learn as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might affect other treatments or test results.

Unlike complementary therapies, alternative therapies are used *instead of* conventional treatments. Alternative therapies haven't been tested enough for safety or effectiveness. Using only alternative treatments for cancer may have serious health effects. Talk to your healthcare team before you try an alternative therapy.

Side effects of treatments

Some cancer treatments cause side effects, such as fatigue, hair loss or nausea. Because treatments affect everyone differently, it's hard to predict which side effects - if any - you may have.

Side effects can often be well managed and even prevented. If you're worried about side effects, tell your healthcare team about your concerns and ask questions. They can tell you which side effects you should report as soon as you can and which ones can wait until your next visit.

If you notice any side effects or symptoms that you didn't expect, talk to a member of your healthcare team as soon as possible. They'll help you get the care and information you need.

Living with cancer

Many sources of help are available for people with cancer and their caregivers.

Our booklet *Coping When You Have Cancer* has more detailed information and resources.

Your healthcare team: If you need practical help or emotional support, members of your healthcare team may be able to suggest services in your community or refer you to cancer centre staff or mental health professionals.

Family and friends: People closest to you can be very supportive. Accept offers of help. When someone says, “Let me know how I can help,” tell them what they can do. Maybe they can run errands, cook a meal or drive you to your doctor’s office.

People who’ve had a similar experience: Talking with and learning from others who’ve had similar experiences can be helpful. Consider visiting a support group or talking with a cancer survivor in person, over the telephone or online. Try more than one option to see which one works best for you.

Yourself: Coping well with cancer doesn’t mean that you have to be happy or cheerful all the time. But it can mean looking after yourself by finding relaxing, enjoyable activities that refresh you mentally, spiritually or physically. Take some time to find ways to cope. You may also want to talk to a counsellor for more help.

Talking to someone who's been there

If you would like to talk to someone who's had a similar cancer experience, you can connect by phone with a trained volunteer who will listen, provide hope and suggest ideas for coping – all from the unique perspective of someone who's been there.

Register for this free program at match.cancer.ca or call us at 1-888-939-3333.

Want to connect with people online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups, get support and help others at the same time. You'll find caring, supportive people there.

After treatment

Follow-up care helps you and your healthcare team follow your progress and your recovery from treatment. At first, you might meet with one of the specialists from your healthcare team. Later on, it may be your family doctor.

The schedule of follow-up visits is different for each person. You might see your doctor more often in the first 1 to 2 years after treatment and less often after that. You should tell your doctor as soon as you can about new symptoms or symptoms that don't go away. Don't wait for your next scheduled visit.

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you could feel anxious as well. If you're worried about your treatment ending, talk to your healthcare team. They can help you through this transition period.

Eating well: After treatment for esophageal cancer, it may be hard for you to eat and drink. Your body may have difficulty getting enough vitamins and minerals. It may be easier to eat small meals and snacks throughout the day rather than eating 3 large meals. Getting enough calories and protein will help you stay at a healthy weight and maintain your strength during and after your cancer treatments.

Your doctor or dietitian can give you more information about supplements and how to maintain a healthy diet.

Self-esteem, body image and sexuality: It's natural to worry about the effects of esophageal cancer and its treatment on your self-esteem, body image and sexuality. You may be worried about how your body looks after treatment, about having sex with a partner or that you may be rejected. It may help to talk about these feelings with someone you trust. Your doctor can also refer you to specialists and counsellors who can help you with the emotional side effects of esophageal cancer treatment.

What causes esophageal cancer?

There is no single cause of esophageal cancer, but some factors increase the risk of developing it. Some people can develop cancer without any risk factors, while others have some of these factors but do not get cancer.

Men are more likely than women to be diagnosed with esophageal cancer. Most people diagnosed with esophageal cancer are men over the age of 60.

Risk factors for esophageal cancer include:

- smoking or chewing tobacco
- drinking alcohol, especially if you also use tobacco
- having GERD (gastroesophageal reflux disease) or Barrett's esophagus
- having certain diseases or conditions such as tylosis, achalasia or Plummer-Vinson syndrome
- having a previous cancer, such as mouth (oral), throat (pharyngeal) or voice box (laryngeal) cancer
- exposure to radiation
- being underweight, overweight or obese
- a family history of esophageal cancer

Canadian Cancer Society

We're here for you

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

Call our toll-free number 1 888 939-3333



Ask a trained cancer information specialist your questions about cancer. Call us or email info@cis.cancer.ca.



Connect with people online to join discussions, get support and help others. Visit CancerConnection.ca.



Browse Canada's most trusted online source of information on all types of cancer. Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.



What we do

The Canadian Cancer Society helps people live their lives to the fullest.

- We do everything we can to help prevent cancer.
- We fund groundbreaking research on many types of cancer.
- We empower, inform and support Canadians living with cancer.
- We advocate for public policies to improve the health of Canadians.
- We unite people to help achieve our vision of a world where no Canadian fears cancer.

Contact us for up-to-date information about cancer and our services or to make a donation.



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