

Esophageal Cancer

■ What is esophageal cancer?

Esophageal cancer begins when cells that line the esophagus change and grow out of control, forming a tumor. There are 2 main types of esophageal cancer. Squamous cell carcinoma usually develops in the upper and middle part of the esophagus. Adenocarcinoma begins in glandular tissue that may be present in the lower part of the esophagus.

■ What is the function of the esophagus?

The esophagus is a 10-inch long, hollow, muscular tube that connects the throat to the stomach. When a person swallows, the walls of the esophagus squeeze together to push food down into the stomach.

■ What does stage mean?

The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are 5 stages for esophageal cancer: stage 0 (zero) and stages I through IV (1 through 4). Find more information about esophageal cancer at www.cancer.net/esophageal.

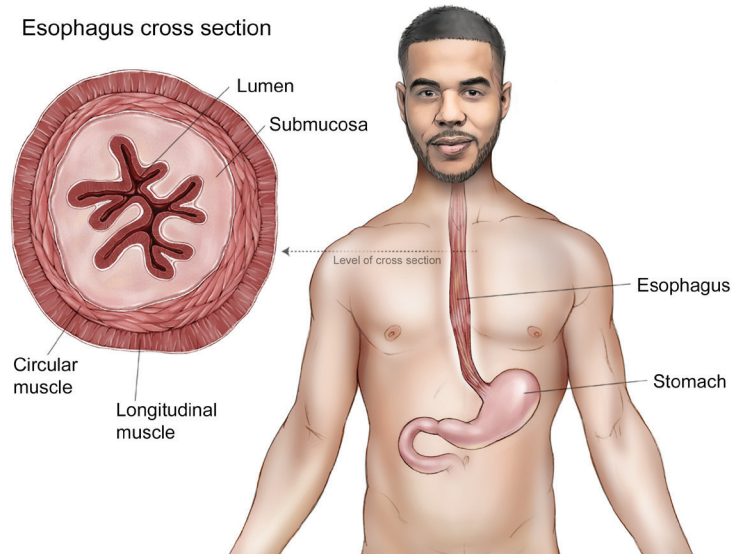
■ How is esophageal cancer treated?

The treatment of esophageal cancer depends on the size and location of the tumor, the type of esophageal cancer, whether the cancer has spread, and the person's overall health. Very early-stage esophageal cancer can sometimes be treated by endoscopic therapies, which is when treatment is delivered through an endoscope. An endoscope is a thin, flexible tube with a light and a tiny camera on the end. For cancer that has not spread beyond the esophagus and lymph nodes, doctors often recommend a combination of radiation therapy, chemotherapy, and surgery. The order of treatment varies, but chemotherapy and radiation therapy are commonly recommended before surgery or, for some people, instead of surgery.

Treatment for esophageal cancer that has spread to other parts of the body usually involves radiation therapy and chemotherapy, which is sometimes combined with targeted therapy. Immunotherapy may also be an option. Surgery, radiation therapy, and other approaches can also help relieve pain or help patients eat. It may be difficult to cure esophageal cancer because it is often not found until it is in an advanced stage. When making treatment decisions, people may also consider a clinical trial. Clinical trials are an option to consider for treatment and care for all stages of cancer. Talk with your doctor about all treatment options. The side effects of esophageal cancer treatment can often be prevented or managed with the help of your health care team. This is called supportive care or palliative care and is an important part of the overall treatment plan.

■ How can I cope with esophageal cancer?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type of esophageal cancer do I have?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ What may have caused my esophageal cancer?
- ▶ What stage is the esophageal cancer? What does this mean?
- ▶ What is the prognosis?
- ▶ Would you explain my treatment options?
- ▶ What clinical trials are available for me? How do I find out more about them?
- ▶ Which treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Will this treatment affect my ability to become pregnant or have children?
- ▶ Could this treatment affect my sex life? If so, how and for how long?
- ▶ What long-term side effects may be associated with my cancer treatment?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have a question or problem, who should I call?
- ▶ Are other family members at risk to develop esophageal cancer?

Find more questions to ask the health care team at www.cancer.net/esophageal.
For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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Words to know

Benign: A tumor that can grow but will not spread.

Biopsy: Removal of a tissue sample that is then examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

Lymph node: A small, bean-shaped organ that fights infection.

Malignant: A tumor that can grow and spread to other parts of the body.

Metastasis: The spread of cancer from where it began to another part of the body.

Oncologist: A doctor who specializes in treating cancer.

Prognosis: Chance of recovery.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Targeted therapy: Treatment that targets specific genes or proteins that contribute to cancer growth.

Tumor: A mass formed when normal cells begin to change and grow out of control.

Upper endoscopy: A procedure to examine the esophagus using an endoscope, which is a thin, flexible tube with a light and video camera.

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