



About Oesophageal Cancer - A Quick Guide

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This is a brief summary of the information on 'About oesophageal cancer' from CancerHelp UK. You will find more detailed information on the website.

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The oesophagus (food pipe)

The oesophagus or food pipe is part of the digestive system. It is also sometimes called the gullet. It is the tube that carries food from your mouth to your stomach. The oesophagus is about 26cm (10.5 inches) long in adults. As it passes through the chest, on its way to the stomach, it lies between the windpipe (trachea) and spinal cord.

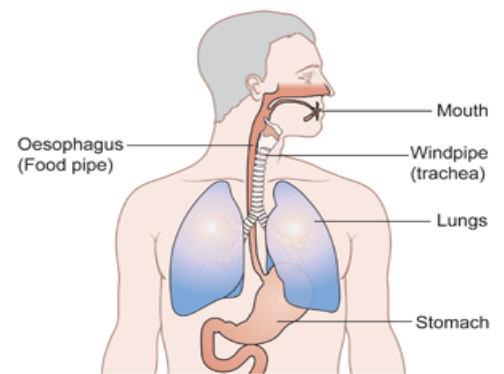


Diagram showing the position of the oesophagus
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Glands in the wall of the oesophagus produce mucous to help food to slide down more easily when you swallow. It is the cells of these glands that become cancerous in adenocarcinoma of the oesophagus.

The lymph nodes

Like all other parts of the body, the area containing the oesophagus also contains lymph nodes, also called lymph glands. The lymph nodes are often the first place that cancer cells spread to when they break away from a tumour. So surgeons often remove them during cancer surgery and send them off to the lab where a pathologist examines them to see if they contain any cancer cells.



The presence of cancer cells in the lymph nodes is part of the staging of the cancer. The stage is important because it helps the doctor to decide which is the most suitable treatment for you.

Oesophageal cancer risks and causes

Cancer of the food pipe (oesophagus) is the 9th most common cancer in the UK. It is more common in men than in women and in older people. There are very few cases in people under 45 years of age.

Alcohol and tobacco

Smoking tobacco and drinking a lot of alcohol are some of the main risk factors for oesophageal cancer in the Western world. Your risk increases the longer you smoke. If you smoke and drink a lot, your risk is much greater. The combined risk is greater than the risk of just smoking plus the risk of just drinking. Your risk starts to reduce as soon as you stop smoking or drinking.

Chewing tobacco or betel quid (also called paan or pan) with or without tobacco also increases your risk of cancer of the oesophagus

Other risk factors

Other known risk factors for oesophageal cancer include long term acid reflux, being obese, diet, other medical conditions, and drugs that make the valve between the oesophagus and stomach relax.

Screening for oesophageal cancer

Screening means testing people for early stages of a disease before they have any symptoms. Before screening for any type of cancer can be carried out, doctors must have an accurate test to use. The test must

be reliable in picking up cancers that are there. And it must not give false positive results in people who do not have cancer.

No tests have been shown to decrease the risk of dying from cancer of the oesophagus. The only way to screen for oesophageal cancer would be to have an endoscopy and even a tissue sample (biopsy) taken from the lining of the gullet. There is a risk of complications with these procedures, for example, tearing of the oesophagus.

Some doctors do recommend screening people with a condition called Barrett's oesophagus. But generally in the UK specialists have found little evidence that this helps because it is a bit hit or miss. Only a couple of people out of every 100 with Barrett's will go on to get cancer of the oesophagus.

What to do if you think you are at risk

If you think you may be at higher than average risk (because you have a medical condition that increases risk, for example) talk to your doctor. You may be able to have regular check ups and endoscopies from time to time.

Symptoms of oesophageal cancer

The symptoms of cancer of the oesophagus (food pipe or gullet) include the following

- Difficulty in swallowing
- Weight loss
- Pain or discomfort in the throat or back
- Acid indigestion
- Hoarseness or chronic cough
- Vomiting
- Coughing up blood



We have more detailed information about each of these symptoms on CancerHelp UK.

Remember, conditions other than oesophageal cancer can cause these symptoms but it is important that you report them to your doctor.

Types of oesophageal cancer

Squamous cell carcinoma

Carcinoma just means cancer. This cancer starts in squamous cells. These make up the skin-like lining of the oesophagus. About half the oesophageal cancers diagnosed are squamous cell carcinomas. This type of cancer is found mainly in the upper third and middle of the oesophagus.

Adenocarcinoma

Adenocarcinoma means a cancer that starts in gland cells. In oesophageal cancer, these are the cells that make mucous in the lining of the oesophagus. This type of cancer now makes up half of all oesophageal cancers diagnosed. This is the type of cancer most associated with acid reflux and the condition called Barrett's oesophagus.

Undifferentiated cancer of the oesophagus

Undifferentiated means the specialist cannot tell what type of cell the cancer started from. So the pathologist cannot say whether the cancer started from gland cells (adenocarcinoma) or skin cells (squamous cell).

Rare types of oesophageal cancer

Rarely, a lump in the oesophagus can be a condition called a gastro-intestinal stromal tumour (GIST). This section of CancerHelp UK is not about this type of tumour. If you

are looking for information on this type of tumour, go to the section on soft tissue sarcoma.

Should I see an oesophageal cancer specialist?

It can be very difficult for GPs to decide who may have a suspected cancer and who has something much less serious. But some particular symptoms require urgent attention. The National Institute for Health and Clinical Excellence (NICE) says that the following symptoms need an urgent referral to a specialist, ideally within two weeks.

- Indigestion (dyspepsia) at any age, in combination with any of the following symptoms – weight loss, being sick, a low red blood cell count (anaemia) caused by coughing up blood, difficulty swallowing (called dysphagia), a swelling or lump in your upper abdomen, or a barium meal result that suggests you could have oesophageal cancer
- Indigestion without other symptoms in anyone aged 55 or over, that has come on recently and that your GP can't explain
- Difficulty in swallowing, at any age
- Unexplained abdominal pain and weight loss, with or without back pain, at any age
- A lump in your upper abdomen, at any age

Your GP should refer you to a specialist if you don't have indigestion but do have other symptoms such as being sick continuously, weight loss or anaemia that your doctor can't explain.

If you have symptoms and do not think your GP is taking them seriously enough,



you could print out this page and take it to your appointment.

What to ask your doctor about oesophageal cancer

- How will I know if I have oesophageal cancer?
- Am I more likely to get oesophageal cancer than anyone else?
- Does drinking or smoking increase my risk of oesophageal cancer?
- Does my diet affect my risk of oesophageal cancer?
- I get a lot of acid indigestion. How would I know if I was developing Barrett's oesophagus?
- I am exposed to soot (diesel fumes / metal dust) at work. Does this affect my risk of oesophageal cancer?
- Can I be screened for oesophageal cancer?
- My father had oesophageal cancer. Does this mean I am more likely to get it?

More information

For more information about oesophageal cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

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