

Treating Oesophageal Cancer - A Quick Guide



Contents

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

In this information there are sections on

- The stages of oesophageal cancer
- Statistics and outlook
- Which treatment for oesophageal cancer?
- Surgery
- Chemotherapy
- Radiotherapy
- What is advanced oesophageal cancer?
- Which treatment for advanced oesophageal cancer?
- Follow up for oesophageal cancer
- Oesophageal cancer research
- Questions for your doctor

The stages of oesophageal cancer

The stage of a cancer tells the doctor how far it has spread. It is important because treatment is often decided according to the stage of a cancer.

The TNM stages of oesophageal cancer

'TNM' stands for Tumour, Node, Metastasis. The system can describe the

size of a primary tumour, whether there are lymph nodes with cancer cells in them and whether the cancer has spread to a different part of the body. There is more detailed information about the TNM stages of oesophageal cancer on CancerHelp UK.

The number stages of oesophageal cancer

There are four main stages in this system – stage one to four. Some doctors also refer to stage 0, which means there are severely abnormal cells in the lining of the oesophagus. If left untreated some of these cells may change into an invasive cancer.

Stage 1 means that cancer is found only in the top layers of the lining of the oesophagus or only in a small part of the oesophagus. Stage 2 means that cancer has either broken through the membrane covering the oesophagus or spread to 1 or 2 nearby lymph nodes. Stage 3 means the cancer may have grown into other body tissues right next to the oesophagus or it has spread to several nearby lymph nodes. Stage 4 means the cancer is advanced and has spread to lymph nodes and other parts of the body, such as the liver or lungs.



Statistics and outlook for oesophageal cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. The outcome of treatment for cancer of the oesophagus depends on a number of different factors.

On CancerHelp UK, we present further information about the likely outcome of oesophageal cancer. There are no national statistics available for different stages of cancer or treatments that people may have received. The statistics we present here are pulled together from a variety of different sources, including the opinions and experience of the experts that check each section of CancerHelp UK. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Which treatment for oesophageal cancer?

The most common treatment options for oesophageal cancer are surgery, radiotherapy and chemotherapy. Your doctors take many factors into account when deciding which treatments are most suitable for you, including the stage of the cancer, your age, general health, and your level of fitness.

If your cancer hasn't spread, you will almost certainly be offered surgery to remove your oesophagus. This is a major operation, so it

is important that you are fit enough to make a good recovery. If you are not, you may be able to have combined chemotherapy and radiotherapy instead.

If your oesophageal cancer has spread into nearby tissues, your doctors may suggest chemotherapy on its own or with surgery. Or you may have radiotherapy, either on its own, or to help stop your cancer coming back after surgery.

Even if your oesophageal cancer cannot be cured, you may need treatment to relieve your symptoms and give you a better quality of life for as long as possible. This is most likely if your cancer is blocking your oesophagus and making it difficult to swallow. Sometimes laser treatment or photodynamic therapy is used to clear any blockages. Or a tube called a stent is put in to allow food and drink to pass through.

Surgery to remove oesophageal cancer

If it is possible to try to cure your oesophageal cancer, your surgeon will remove part of your oesophagus. How much the surgeon takes away depends on where in the oesophagus the cancer is. There are various possible operations used to try to remove oesophageal cancer completely. These operations are major surgery. They are all done under general anaesthetic.

If the cancer has spread to your stomach, you will need to have the upper part of your stomach removed, as well as the affected part of the gullet. This is called an oesophago-gastrectomy. You may need to have the whole of your oesophagus taken out. This operation is called total oesophagectomy.



Removing lymph nodes

During your operation the surgeon will take out some of the lymph nodes from around your oesophagus. This is because they may contain cancer cells that have broken away from the main cancer. Taking them out reduces the risk of your cancer coming back in the future. The lymph nodes will be sent to the laboratory and checked. This will help your doctor work out the stage of your cancer. And the stage helps to decide which treatment is best for you.

Having your oesophageal cancer operation

Before your surgery, you will need blood tests, a chest X-ray, and an ECG. You may have had some of these tests while your cancer was being diagnosed. If so, you may not have to repeat them. You may also be asked to have other tests to make sure you are fit enough to make a good recovery from your surgery. You will need to learn breathing and leg exercises.

At the hospital

When you go into hospital, your surgeon, anaesthetist, physiotherapist, nurse and dietician will all come to talk to you. The surgeon will give you a detailed explanation of what to expect. Ask as many questions as you want to. It may help to make a list beforehand.

After the operation

When you wake up, you are likely to have several tubes in place to give you fluids and painkillers and drain the wound, drain your urine, and drain fluid from your stomach to stop you feeling sick. Tell your doctor or nurse as soon as you feel any pain. They need your help to find the right type and dose of painkiller for you.

You will not be able to eat at first. You will have fluids through your drip to keep you hydrated. You will have to start eating and drinking very slowly. After a few days you will be up and about more. And gradually you will start to feel better.

What to ask your doctor about surgery for oesophageal cancer

- Is it possible for me to have an operation to try to cure my cancer?
- Why do I need an operation?
- Which type of operation should I have and why?
- What are the risks and benefits of having this operation?
- Will the operation cure the cancer?
- What are the long-term effects of this operation?
- When I wake up, will I be in intensive care?
- Will I have pain after this operation?
- How long will I have a drip after surgery?
- When will I be able to start eating again?
- Will I be able to eat and drink normally after this operation?
- Will I get help with my diet after the operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?
- What will happen if I don't have the operation?
- How long will it take me to get better?
- How can I help myself get over the operation?



About chemotherapy for oesophageal cancer

Chemotherapy uses anti-cancer or 'cytotoxic' drugs to destroy cancer cells. How you have your chemotherapy treatment will depend on the particular drug or combination of drugs you are having.

Doctors call chemotherapy before surgery 'neoadjuvant chemotherapy'. This is the usual treatment for most people who are able to have surgery to completely remove their cancer. It can help to lower the risk of cancer coming back. If your cancer is likely to be too large to be completely removed, you may have chemotherapy to try to shrink it.

You may have chemotherapy after surgery if your surgeon could not remove all of your oesophageal cancer. You may have radiotherapy along with the chemotherapy. The aim is to shrink the cancer that was left behind after the operation. This may slow the growth of the cancer.

You may have combined chemotherapy and radiotherapy (chemoradiation) if you aren't fit enough to have surgery or if your cancer hasn't spread, but could be difficult to remove.

If you have advanced oesophageal cancer, you may have chemotherapy to try to shrink the cancer, slow it down or relieve any symptoms you are having.

Chemotherapy drugs for oesophageal cancer

The type of chemotherapy drugs you will have will depend on why you are having the treatment and on the type of oesophageal cancer you have.

ECF is one of the most common drug combinations doctors use to treat adenocarcinomas of the oesophagus. This contains the drugs epirubicin, cisplatin and 5FU.

For squamous cell cancer of the oesophagus, a common combination of drugs is cisplatin and 5FU every 3 to 4 weeks. You may have radiotherapy at the same time as having chemotherapy. This is called chemoradiation. You have your radiotherapy daily for 5 weeks.

Side effects of chemotherapy for oesophageal cancer

Chemotherapy does have side effects. Which ones you get depend on which drugs you have, the dose of each drug and how you individually react. Common side effects include a drop in the number of blood cells, feeling sick, diarrhoea, hair loss or thinning, sore mouth and mouth ulcers, feeling tired and run down.

CancerHelp UK has more information in the 'chemotherapy' section.

What to ask your doctor about chemotherapy for oesophageal cancer

- Why do you think I need to have chemotherapy?
- What will the chemotherapy do for me?
- How will the chemotherapy be given to me?
- Will I need to have a central line?
- What will the side effects be?
- How long will the treatment last?
- How often will I have to come to the hospital?



- Is it possible to get help with fares or transport to and from the hospital?
- Is there anything I will have to do at home (for example change the chemotherapy bags in a pump)?
- What if I cannot manage?
- Are there any long term effects of this treatment?
- Is there a clinical trial that is suitable for me?

What is radiotherapy?

Radiotherapy uses high energy waves to kill cancer cells. Doctors often use radiotherapy to treat cancer of the oesophagus. You may have radiotherapy and chemotherapy together to try to cure the cancer, instead of surgery. If you have a cancer that can't be removed with surgery, you may have radiotherapy. It can shrink the cancer and so relieve any symptoms it is causing.

Most radiotherapy is external treatment. That is, the radiation is aimed at the cancer from outside the body. But you can have internal radiotherapy. This means the radiotherapy source is put inside the oesophagus.

How you have external radiotherapy

You have external radiotherapy at the hospital radiotherapy department, as an outpatient. The length of your course of treatment depends on whether you are having radiotherapy to try to cure the cancer or to relieve symptoms. It usually lasts for 4 to 6 weeks, but radiotherapy for symptoms is often given over a smaller number of treatments.

The actual treatment only lasts a few minutes each day. It doesn't hurt. And

radiotherapy does not make you radioactive.

You can find more information about having radiotherapy in the 'radiotherapy' section of CancerHelp UK.

Internal radiotherapy for oesophageal cancer

Internal radiotherapy means radiotherapy that you have from a source inside the body. Doctors often call this brachytherapy. Brachytherapy for oesophageal cancer is usually used to slow the growth of a cancer, rather than to try to cure it.

To have the treatment, you have a radioactive source placed inside your oesophagus for a set time. This means the radiation source delivers a very high dose of radiation directly to the cancer. But because radiation doesn't travel very far through body tissues, the surrounding tissues get a much lower dose and are not seriously affected.

How you have the treatment

There are two main ways of giving this treatment. The doctor may put the radioactive source in place during an endoscopy or with a nasogastric tube. The radioactive material is sealed inside a tube. So it cannot leak into the rest of your body. The doctor leaves the radioactive source in place for a period of time that has been precisely worked out by your radiotherapy specialist. This can be less than an hour or up to two days. You may have a single treatment or a course of several treatments.

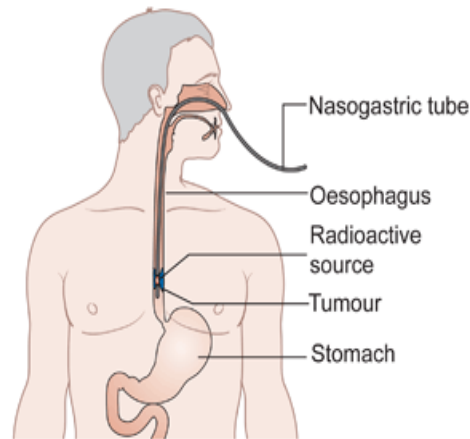


Diagram showing internal radiotherapy for cancer of the oesophagus
Copyright © CancerHelp UK

Side effects of radiotherapy for oesophageal cancer

Side effects of external radiotherapy

The side effects of radiotherapy depend on which part of the body is being treated. For oesophageal cancer, you have treatment to the middle of your chest. The side effects of treatment include short term soreness and a dry sore throat that makes swallowing difficult. Other side effects are feeling or being sick, increasing tiredness, and a reddening of the skin and loss of any body hair in the treatment area.

Side effects usually come on gradually throughout your course of treatment. So they are likely to be at their worst at the end of your course. They can continue to get worse for about 1 or 2 weeks after a course of intensive radiotherapy. Over the few weeks following the end of your treatment, they will gradually improve.

Side effects of internal radiotherapy

Internal radiotherapy for oesophageal cancer can cause soreness when

swallowing. Occasionally, ulcers can develop inside your gullet (food pipe). Your doctor will give you pain killers to ease the soreness.

Both types of radiotherapy can cause longer term side effects. Your oesophagus may become less stretchy, which can make it difficult to swallow. Your doctor can relieve this with a small operation to stretch the oesophagus slightly.

What to ask your doctor about radiotherapy for oesophageal cancer

- Why are you recommending radiotherapy for me?
- What will the treatment do for me?
- Do I need external radiotherapy or internal or both?
- How long will the treatment take?
- How long will it take to get over the treatment?
- What are the side effects likely to be?
- Should I eat a special diet during the treatment?
- Are there any long term side effects I should know about?
- Is there anything I can do to help with side effects?
- Is there anything I can do to help stop long term side effects?
- What should I do if I am worried about anything while at home – is there a number I can call?

What is advanced oesophageal cancer?

Generally, advanced cancer of the oesophagus means the cancer has spread from where it first started in the gullet. Your cancer may be advanced when it is first diagnosed. Or it may have come back



sometime after you were first treated. Doctors call this recurrent cancer or 'a recurrence'. Your doctor may also describe your cancer as advanced if it is too large to be removed when you are first diagnosed.

Controlling advanced oesophageal cancer

Even if your cancer can't be cured, there is treatment available to control your symptoms. This treatment may also shrink the cancer and slow it down, even if it cannot get rid of it altogether. This could keep it under control for a while. Your doctor won't be able to tell you how long this will be for. But your doctors and nurses will keep a close eye on you.

If you would like to, you might be able to join a clinical trial. Ask your doctor or nurse about any that you might be suitable for.

Where to find out more

If you would like more information about anything to do with advanced cancer, contact one of the cancer information organisations. They often have free factsheets and booklets they can send to you.

Which treatment for advanced oesophageal cancer?

Chemotherapy, radiotherapy, surgery and other procedures like laser treatment and stents can be used to treat advanced oesophageal cancer. Shrinking the cancer will relieve some of the symptoms that it is causing. Which treatment you have will depend on the size of the cancer and where it is, whether the cancer has spread to another part of the body, and where. Your treatment will also depend on the treatment you have already had, and your general health.

Treatments to help with difficulty swallowing

It is quite common for people with advanced cancer of the oesophagus to have increasing trouble swallowing. There are several ways to relieve this. Unfortunately, they will only help for a while but some treatments can be repeated. You may be offered radiotherapy or chemotherapy to help shrink the cancer. Your doctor may also suggest treatments such as laser treatment or diathermy, photodynamic therapy (PDT), dilation or a stent. There is more information about these treatments on CancerHelp UK.

Deciding about treatment

It can be difficult to decide which treatments to try, or whether to have treatment at all when you have advanced cancer. It can be helpful to talk to someone who is outside your circle of family and friends. If you would like to talk to a counsellor, look in the 'coping with cancer' section of CancerHelp UK for more information.

Laser treatment and stents for advanced oesophageal cancer

The main problem for many people with cancer of the oesophagus is difficulty swallowing, because the cancer makes the oesophagus narrower. Sometimes, a tumour may block the oesophagus completely. Usually you will have chemotherapy to shrink the cancer. But if the chemotherapy doesn't work, or stops working, you might need to have laser treatment or a stent.

Laser therapy

A laser is a very powerful beam of light. Doctors can use a laser to cut through the tumour. It can help with swallowing by



clearing the tumour that is blocking your oesophagus. There are usually no side effects from laser treatment. If the tumour grows back, you can have the laser treatment done again.

What a stent is

Your doctor may suggest that you have a hollow plastic or metal tube put inside your oesophagus to keep it open and help you swallow more easily. The tube is called a stent

Deciding whether to have these treatments

You will need to talk to your doctor about the treatment options that are most suitable for you - there may be particular reasons why one is better than the other in your case.

Photodynamic therapy for advanced oesophageal cancer

Photodynamic therapy (PDT) is a relatively new treatment. It is one option for treatment to relieve symptoms of oesophageal cancer, such as difficulty swallowing.

In PDT, you have a drug called a photosensitising agent injected into your bloodstream. The drug makes cells sensitive to light. When the area to be treated is exposed to laser light, the cells in the beam are killed. The laser light used in PDT flows down very thin glass strands called fibre optics. The doctor passes the fibre optic cable down an endoscope. This is a thin flexible tube that your doctor passes down your throat, into your oesophagus. When the light shines on the cancer cells, the drug is activated and kills the cells.

You usually have the photosensitising drug 2 to 4 days before the laser treatment. Once you have had the injection, your whole body will become increasingly sensitive to light. There is information about taking precautions to avoid skin damage on CancerHelp UK.

Side effects of PDT

An advantage of PDT is that it does not damage healthy tissues. It does have a few side effects, but these are often mild and short term. The most difficult side effect to cope with is light sensitivity. Your skin may be very sensitive to bright light for up to 6 weeks.

Controlling general symptoms of advanced oesophageal cancer

Whether or not you decide to have any cancer treatment, there are other ways of controlling symptoms apart from using surgery, chemotherapy and radiotherapy. Pain and sickness can be helped with medicines. Some people find complementary therapies such as relaxation and massage can relieve pain and sickness, as well as anxiety and stress.

Relieving pain

There are many different painkillers and ways of taking them. With the help of your doctor and nurse, it should be possible for you to be pain free most of the time when you are resting. CancerHelp UK has a large section on 'pain and pain control'.

Sickness

Sickness can also be helped with medication. Which one you need depends on what is causing your sickness. It will help your doctor or symptom control nurse if you are able to tell them what relieves your sickness and what makes you worse.



CancerHelp UK has a large section on 'sickness'.

Bowel problems - diarrhoea and constipation

Relieving these symptoms also depends on their cause. Tell your doctor or nurse about your symptoms. Painkillers are a major cause of constipation. If you are taking regular pain killers, and are not taking anything to stop you getting constipated, talk to your doctor.

Nutritional support

Many people have difficulties with eating and drinking after treatment for oesophageal cancer. Your multidisciplinary team should include a dietitian, who will be able to help you to get the nutrition you need, and advise you on the different options that may be available to you. There is information about 'managing diet problems' on CancerHelp UK.

What to ask your doctor about treating advanced oesophageal cancer

- Who can help me with controlling symptoms of my cancer?
- What treatment can I have for difficulty with swallowing?
- Are there any alternatives?
- What happens if the cancer grows back?
- How long will the treatment keep the cancer at bay?
- Are there any new treatments I could try?
- Are there any clinical trials I could join?
- How can you help with my other symptoms?
- Can you refer me to a Macmillan nurse?

- What pain killers do you recommend?
- What are the side effects?
- Do these tablets cause constipation?
- What can you give me to help prevent constipation?
- What can you offer to help control sickness?
- Would an operation / radiotherapy / chemotherapy help with my symptoms?
- Can I be treated at home?
- What should I do if I have problems between out patients' appointments?

Follow up for oesophageal cancer

After your treatment has finished, your doctor will want you to have regular check ups. Your doctor will examine you and ask how you are feeling, whether you have had any symptoms and if you are worried about anything. At some visits, you may have blood tests, X-rays, CT scans or ultrasound scans.

After treatment to try to cure oesophageal cancer, you have check ups so that your surgeon or cancer specialist can monitor your recovery. If you have advanced cancer, you may have regular check ups so that your doctor is in touch with how you are. A check up also gives you the chance to raise any concerns you have.

If you are worried or notice any new symptoms, you must let your doctor know as soon as possible. You don't have to wait until your next appointment.

Many people find their check ups quite worrying. If you are feeling well and getting on with life, a hospital appointment can bring all the worry about your cancer back to you. It is quite common nowadays for people to have counselling after cancer



treatment. To find out more about counselling, look in the 'coping with cancer' section of CancerHelp UK.

Oesophageal cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know they are safe. First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into preventing oesophageal cancer, treating pre-cancerous cells (Barrett's oesophagus) surgery, chemotherapy, combining treatments, and better ways of treating advanced oesophageal cancer.

What to ask your doctor about oesophageal cancer

- What can you tell me about the stage of my cancer?
- What type of treatment do I need?
- If you are not sure about the stage, when will you know?
- How do you tell the stage of the cancer?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- What are the risks and benefits of these treatments?
- What are the side effects?
- How can I help to reduce the side effects?
- How often will I have to come to the hospital for treatment?
- Is there any transport available?

- How long will the treatment last?
- Can I have a second opinion?
- How can you help with difficulty swallowing?
- Who can help me with cancer symptoms?
- Are there any experimental treatments or trials that might help me?
- Is there a counsellor here I could talk things through with?
- How often will you see me once my treatment is finished?
- What will happen at my follow up appointments?
- What should I do if I am worried between appointments?
- Is there a number I can ring if I am worried about anything while at home?



Notes

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 cancer 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

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in November 2010. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2010. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).