

Esophageal Cancer

Understanding Esophageal Cancer

Esophageal cancer can be found in different ways. If you have trouble swallowing, feel like food is stuck in your chest, or have pain when swallowing, your doctor may investigate further. They might use an endoscopy or a barium swallow study to look inside the esophagus. But the final diagnosis relies on taking a small piece of tissue, called a biopsy.

Staging Esophageal Cancer

When esophageal cancer is discovered, doctors need to understand the extent of its spread, and they do this through a process called "staging." They look at the tumor's size, location, whether cancer cells are in the lymph nodes, and if it has spread to other parts of the body. The esophagus is divided into sections (upper, middle, lower, and esophago-gastric (EG) junction), and this helps localize the tumor. Doctors use imaging tests like CT and PET/CT scans in the staging process.

Your oncologist may need to take a tissue sample for further testing. They will check for biomarkers like CA 19-9, CEA, MSI (microsatellite-high), MMR (mismatch repair), PD-L1, and HER2. These clues help decide if you might respond to immunotherapy or targeted therapies.

The stage and type of esophageal cancer help your doctor plan your treatment.

Different Types of Esophageal Cancer

Doctors first look at the kind of cells the cancer is made of. There are two types: esophageal adenocarcinoma (starts in gland cells) and esophageal squamous

cell carcinoma (starts in thin, flat cells lining the esophagus). Adenocarcinoma is more common in people with gastroesophageal reflux disease (GERD) or a history of Barrett esophagus (damage from long-term GERD). Squamous cell carcinoma is more common in people with a history of smoking, alcohol use, or previous organ transplant.

Treating Esophageal Cancer

For early-stage esophageal cancer, doctors often try surgery. But the surgical method depends on where the tumor is located (upper, middle, lower). The esophagus is short and in a tight spot, so surgery is only attempted when it's likely to work well.

Most cases of esophageal cancer are treated with systemic therapy, which includes chemotherapy, targeted therapy, and immunotherapy. This can be given before surgery (neoadjuvant), before and after surgery (perioperative), after surgery (postoperative), or for advanced disease (palliative).

Common chemotherapy drugs used in esophageal cancer include capecitabine, fluorouracil, docetaxel, carboplatin, cisplatin, irinotecan, oxaliplatin, and paclitaxel. Doctors are getting better at matching targeted therapies based on biomarkers found in tissue tests. These therapies target things like VEGF, TRK, and HER2. Immunotherapy is used more and more often, especially for advanced cancer. It boosts the immune system to help it find and destroy cancer cells. Some examples are nivolumab, pembrolizumab, and dostarlimab.

Radiation Therapy

Radiation therapy is also used, especially after surgery if the surgeon thinks they couldn't remove all of the cancer. It can be combined with chemotherapy (chemoradiation).



Remember to discuss your specific diagnosis and treatment options with your doctor.