

CANCER OF THE ESOPHAGUS

Cancer is often discussed as if it is one disease but there are actually over 100 different diseases referred to as cancer. All of these diseases do have one thing in common, however: the uncontrolled growth of abnormal cells and the spread of those cells. This is the definition of *cancer*. This uncontrolled growth can begin in many different parts of the body and behaves differently depending on where it starts. Cancer that spreads to another part of the body, still looks like and acts like the original cancer. As an example, if breast cancer spreads to the lungs, it is still breast cancer; it is not lung cancer.

Cancer of the *esophagus* (the tube connecting the mouth to the stomach) is relatively rare in the United States though it is more common elsewhere. Of cancers that begin in the esophagus (*primary*), about half are found in the middle section. Cancers found in the lower esophagus (where it passes through the chest) are almost always from stomach tissue that has traveled to the esophagus. Cancers of the upper esophagus are the most difficult to treat. Esophageal cancer occurs most often in males age 50 and over, but also occurs in females and in younger males. The cause is often unknown. It is not inherited. Risk increases with any activity that damages the lining of the esophagus. This includes smoking, excess alcohol consumption, hiatal hernia, strictures of the esophagus, and chronic gastric reflux. Iron deficiency and a history of other head and neck cancers also increase the risk. This cancer can spread rapidly to other organs. Early diagnosis is critical.

Symptoms *may* include:

- Swallowing difficulty or pain
- Rapid weight loss
- Chest, back or neck pain or spitting up bloody mucus
- *Difficulty in swallowing is often the only symptom, and should always be checked promptly by your doctor*

What *your doctor* can do:

- Diagnose cancer of the esophagus by use of an *endoscope* (a long, thin, flexible tube with a light and optics is used to view and take tissue samples inside the body) and *biopsy* (removal and study of some tissue) of the tumor.
- Order X-rays or CT scans in some cases.

Treatment usually includes:

- Radiation, chemotherapy, or both for the purpose of shrinking the tumor. By shrinking the tumor you will be able to eat and gain strength for possible surgical removal of the tumor. Additional nutritional support may also be needed. This can be done either *intravenously* (IV, through the bloodstream) or by a feeding tube placed in the stomach.
- Surgery can be most effective with cancer of the lower esophagus. In this case, the lower portion of esophagus may be removed and the stomach pulled up and connected to the remaining esophagus.
- Pain medications can be prescribed. Tranquilizers to reduce anxiety are sometimes ordered.
- Anticholinergic or calcium-channel blocker medications may be helpful in relieving muscle spasms of the esophagus.

What *you* can do:

- Soft to liquid food is recommended.
- Chocolate, alcohol and fats should be avoided.
- You may meet with a registered dietician to discuss diet in detail.

What *you* can expect:

- If treatment does not begin immediately, esophageal cancer can spread rapidly to the lungs and liver.
- Cancer in the upper esophagus is very difficult, and sometimes impossible, to remove.
- In some cases, treatment will be focused on pain relief and relief of symptoms only.
- Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.