

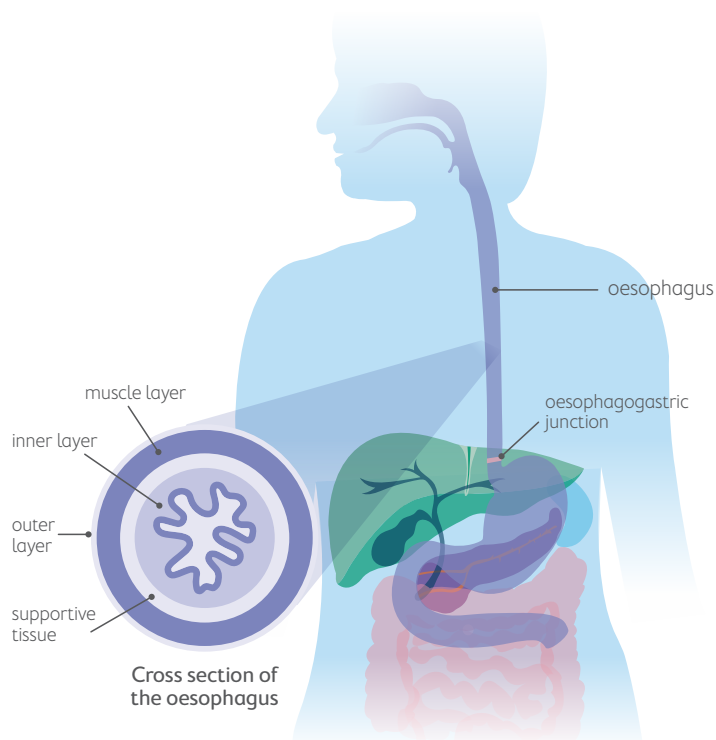


# What is oesophageal cancer?

The oesophagus is an organ shaped like a tube that forms part of the digestive system. The oesophagus transports food and fluid from the mouth to the stomach after being swallowed.

Oesophageal cancer occurs when abnormal cells in the oesophagus grow out of control. Types of oesophageal cancer include:

- **adenocarcinoma**, the most common type of oesophageal cancer, which starts in the cells that produce and release mucus and other fluids – adenocarcinomas are most often in the lower part of the oesophagus, near the stomach
- **squamous cell carcinoma**, which starts in the flat cells lining the oesophagus – it is more common in the upper and middle parts of the oesophagus.



## Symptoms

Early symptoms of oesophageal cancer can be mild and easily ignored. Common symptoms include:

- difficult or painful swallowing
- heartburn or indigestion that doesn't go away
- feeling of choking when swallowing or food getting stuck
- unexplained weight loss
- unexplained extreme tiredness (fatigue)
- persistent cough or hoarseness
- discomfort in the upper abdomen, especially when eating
- black stools
- blood in your vomit.

## Causes and risk factors

Most biliary cancers develop with no obvious cause, but some factors are known to increase the risk. They include:

- ageing – it is more common in people over 50 years
- gender – men are more likely to develop oesophageal cancer than women
- smoking tobacco significantly raises the risk
- frequent alcohol use
- obesity
- acid reflux – chronic acid reflux can lead to Barrett's oesophagus, which can develop into cancer
- diet – a diet low in fruits and vegetables may increase risk
- certain conditions like Barrett's oesophagus, achalasia (a swallowing disorder), and other oesophageal conditions can raise risk.

## Diagnosis

To diagnose oesophageal cancer, doctors may use several methods, including the following.

### Blood tests

You will have blood tests as part of the initial set of tests and during ongoing checks.

### Endoscopy/gastroscopy and biopsy

An endoscope is a thin, flexible tube with a small camera on the end. It is inserted down your throat to look for abnormal areas in the oesophagus and stomach. The doctor may also take a biopsy (a small sample) of oesophageal tissue during the procedure. The biopsy will be sent to a pathologist to look for signs of cancer.

### Computed tomography (CT) scan

A CT scan uses X-rays to build a 3-dimensional picture of your oesophagus and the organs around it. It is also usual to scan your chest and pelvic area to check for any signs of cancer outside the oesophagus.

### Positron emission tomography (PET)

During a PET scan, a small amount of radioactive dye is injected into a vein. This scan can pick up very small areas of active cells.

### Magnetic resonance imaging (MRI)

An MRI scan uses magnets and radio waves to build a detailed cross-sectional picture of the oesophagus and surrounding areas.

### Laparoscopy

This is a small operation done under general anaesthetic. A long tube with a camera at one end (a laparoscope) is inserted through small cuts in your abdomen to check whether the cancer has spread to other parts of the abdomen.

## Staging

Once diagnosed, you may have further tests to determine how far the cancer has spread. This is called staging, and your doctors will use the results to advise on treatment.

The table outlines staging oesophageal cancer.

Stage	Where cancer is found
1	Cancer is found only in the lining of the oesophagus.
2 and 3	Cancer has spread deeper into the oesophageal wall and to nearby lymph nodes.
4	Cancer has spread to other parts of the body. This is also known as advanced cancer.

## Treatment

Treatment depends on the stage of cancer, and your overall health and preferences. Common treatment options include the following.

### Surgery

In early stages, the tumour can be removed surgically. This may remove part or all of the oesophagus. Surgery to remove the lower part of your oesophagus and top part of your stomach is called an oesophago-gastrectomy.

### Radiation therapy

Radiation therapy uses high-energy X-rays to destroy cancer cells. It can be used alone or in combination with other treatments.

### Chemotherapy

Drugs are used to kill cancer cells or stop their growth. This can be done before surgery to shrink tumours or after surgery to destroy any remaining cancer cells.

Chemotherapy is usually given through a drip into the veins (intravenously) at a hospital or cancer clinic. It is often the main treatment for advanced cancer.

### Immunotherapy

This treatment helps your immune system fight the cancer more effectively. Immunotherapy has been shown to work well with chemotherapy for certain types of oesophageal cancer.

### Targeted therapy

These drugs target specific characteristics of cancer cells. For example, some may target specific genetic mutations found in certain tumours.

## Clinical trials

Clinical trials allow new treatments to be tested and offer access to potentially more effective therapies than otherwise available.

Ask your doctor if there is a trial that could work for you.





## Living with oesophageal cancer

A diagnosis of oesophageal cancer can be overwhelming. Here are some tips for coping.

### Stay informed

Learn about your condition and treatment options. Knowledge can empower you.

### Pain management

Talk to your healthcare team about managing pain and other symptoms.

### Nutritional support

Engage with a dietitian, who can help with diet-related side effects and maintaining weight.

Many people find that relieving dietary-related symptoms makes the biggest difference to how they feel.

### Physical wellbeing

You will feel physical effects from the cancer and its treatment.

Physical activity can help with symptoms. The amount of exercise you can tolerate will depend on how you feel and whether you are having treatment or recovering from it.

An exercise physiologist or physiotherapist can assist you in staying active.

### Emotional wellbeing

Seek support, talk to friends and family, or attend support groups. A cancer counselling service can support you and provide different strategies to help you cope. Simple relaxation techniques can help, such as deep breathing or listening to soothing music – both are easy things to do at home.

### Practical support

Accept offers of help and ask for help if you need it.

It is important to deal with work or financial situations so that they don't become an extra source of stress.

Talk to your employer about taking sick leave, reducing your hours or working from home. Ask about any financial help or benefits you may be entitled to.

## Reducing risk

While there is no guaranteed way to prevent oesophageal cancer, some lifestyle choices can help lower your risk. They include:

- having regular check-ups – if you have risk factors, talk to your doctor about monitoring and preventive measures
- maintaining a healthy weight – aim for a balanced diet and regular exercise
- eating a healthy diet – include plenty of fruits and vegetables, and limit processed foods
- managing acid reflux – if you have chronic acid reflux, talk to your doctor about management options
- limiting alcohol – reducing alcohol consumption can lower risk
- quitting smoking – if you smoke, seek help to stop.