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Document Title:

Oesophageal Cancer (Treatment Options)

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You have been told that you have oesophageal cancer. We know that you will be distressed by this news and may not have been able to take in everything that your doctor or specialist nurse has told you.
This document will give you information about oesophageal cancer and will reinforce what your doctor has told you. If there is anything you do not understand, please ask your doctor or the healthcare team.
You are now being looked after by a team of specialists dedicated to providing care for people with oesophageal cancer. Their aim is to make sure you receive the best treatment to meet your needs. The healthcare team will take account of your views on the treatment you want to have, and will fully involve you in making decisions about your treatment. The healthcare team will not treat you without your consent.

What is oesophageal cancer?

Your oesophagus (gullet) is the tube that carries food from your throat to your stomach.
Oesophageal cancer is a malignant growth that starts in the wall of your oesophagus (see figure 1).

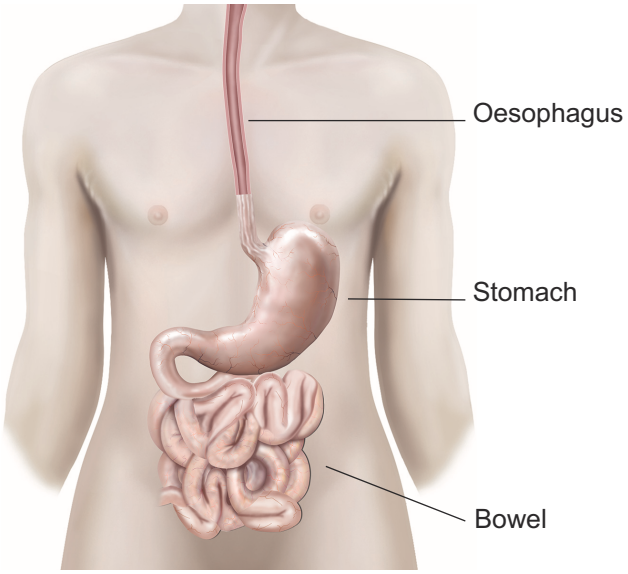

Figure 1
Your doctor can mark where the cancer is

About 1,200 people develop oesophageal cancer every year in Australia. There are two main types of oesophageal cancer, squamous cell carcinoma and adenocarcinoma.
A cancer in your oesophagus can prevent food from going down, making it difficult for you to swallow or giving the feeling of food sticking (dysphagia).
These symptoms can result in you not being able to eat or drink enough, leading to weight loss. You may get some pain or discomfort behind your breastbone or in your back. Sometimes the only symptoms you may get are discomfort in your abdomen or anaemia (your body not producing enough healthy red blood cells) caused by bleeding from the cancer.
Effective treatment will help to control the cancer and improve your symptoms.

How can oesophageal cancer be treated?

There are several different options for treating oesophageal cancer.

- Surgery to remove the cancer and part of your oesophagus and stomach. The ends are joined together, allowing you to eat and drink normally (see figure 2).

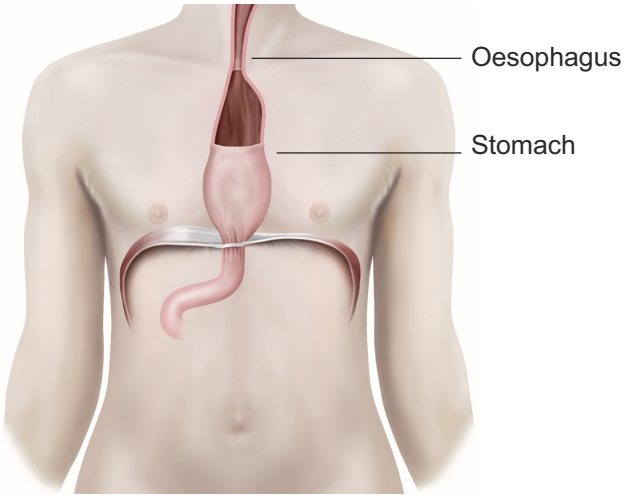

Figure 2
An oesophagectomy

- Chemotherapy to shrink the cancer and kill off cancer cells.
- Radiotherapy to shrink the cancer and kill off cancer cells.
- A combination of chemotherapy, radiotherapy and surgery. This may give the best chance of you being free of oesophageal cancer.
- A combination of chemotherapy and radiotherapy (chemo-radiation) may be recommended if you have squamous cell carcinoma.

There are treatments to improve swallowing without treating the underlying cancer.

- Inserting a stent (metal mesh tube) across the cancer to hold your oesophagus or stomach open.
- Laser treatment to make a hole in the cancer.

Your doctor or specialist nurse will help you to decide which treatment, or combination of treatments, is best for you.

How do I know what is the best treatment for me?

Removing the cancer by surgery, along with chemotherapy and sometimes radiotherapy, usually gives the best chance of you being free of oesophageal cancer. However, surgery involves significant risks. If the cancer has spread outside your oesophagus and it is no longer possible for you to be cured, surgery or other treatments may control the cancer for a long time and improve your quality of life. Some people who have other medical problems may not be strong enough to have major surgery and so non-surgical treatments would be better.

To decide on the best treatment for you and if surgery is likely to help you, you may need to have a number of tests. If you have recently had some of these tests, they will not need to be repeated.

- Endoscopy – This involves passing a flexible telescope into your oesophagus and stomach. The endoscopist can look for any problems and perform biopsies (removing small pieces of tissue) to help make the diagnosis.
- CT scan of your chest and abdomen – This shows if the cancer has spread to your liver or other areas of your body and can show the size of the cancer.
- Staging laparoscopy – This minor operation, performed under a general anaesthetic, involves inserting a small telescope into your abdomen. The examination will show if the cancer has spread to areas that are not usually seen on a CT scan, and will help your doctor to decide if surgery is likely to help you.
- Endoscopic ultrasound – This involves passing a flexible telescope into your oesophagus and stomach. This instrument has a scanner attached to it which will allow your doctor to get close-up scans of the cancer to see how far it has spread.
- Bronchoscopy – This involves passing a flexible telescope through your nostrils and down into your lungs to find out if the cancer has spread to your airways.
- PET scan – This helps to find out if the cancer has spread to other areas of your body.
- Heart and lung function tests – These tests show if you are fit enough for surgery. They may include cardio pulmonary exercise tests.

Once all the information is available, your doctor will discuss the results at a team meeting with the other specialists involved in your care.

- Upper GI cancer surgeons – Surgeons who specialise in diseases of the oesophagus and stomach.
- Oncologists – Doctors who specialise in treating cancer with medication (chemotherapy) and radiotherapy.
- Radiologists – Doctors who specialise in x-rays and scans.
- Histopathologists – Doctors who examine tissue to confirm the diagnosis.

The team will recommend the best treatment for you. Your doctor or specialist nurse will discuss the recommendation with you and give you further written information to help you to decide what to do.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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