

Treating Oesophageal Cancer

A Quick Guide

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

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You can view this information in a larger print on our website.

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 our website.

The number stages of oesophageal cancer

There are four main stages in this system – stage 1 to 4. 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 within the wall of the oesophagus. Stage 2 means the cancer has grown into the membrane covering the outside of the oesophagus or has spread to 1 or 2 nearby lymph nodes. Stage 3 means the cancer has grown no further than the outer covering of the oesophageal wall but has spread to several lymph nodes. Or the cancer has grown into nearby tissues or structures and may have spread to the lymph nodes. Stage 4 means the cancer is advanced and has spread to other parts of the body, such as the liver or lungs.

What grading is

As well as the type and stage of a cancer, doctors may also look at the grade when deciding on treatment. Specialists grade cancer cells according to how similar they look to normal cells when looked at under a microscope. The grades are from 1 to 3.



Grade 1 cancer cells (low grade) look most like normal cells and grade 3 cancer cells (high grade) look the most abnormal. The grade gives your doctor an idea of how the cancer might behave.

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 our website, 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 had. 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 Cancer Research UK's patient information. 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.

Types of 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 general health and your level of fitness.

If your cancer hasn't spread, your doctor is most likely to offer you 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 cannot have surgery for any reason, you may have radiotherapy and chemotherapy or radiotherapy alone.

Apart from very early oesophageal cancer, you will have either chemotherapy or combined chemotherapy and radiotherapy (chemoradiation) before surgery. This is to reduce the chances of your cancer coming back.

Even if your oesophageal cancer cannot be cured, you may need treatment with chemotherapy or radiotherapy 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 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. You may need to travel to a specialist centre to have your surgery.

If the cancer has grown into your stomach, you will need to have the upper part of your stomach removed, as well as the affected part of the oesophagus. This is called an oesophago gastrectomy. You may need to have the whole of your oesophagus taken out. This operation is called a 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 further tests to make sure you are fit enough for your anaesthetic and to make a good recovery. These may include blood tests, a chest X-ray, tests to check how well your lungs are working and a heart trace (ECG) while you are exercising. You will also need to learn breathing and leg exercises.

About 1 to 2 weeks before surgery you have an appointment at the hospital pre assessment clinic. This prepares you for your operation and makes sure you are in the best possible health before surgery. You may meet several members of your multi disciplinary team, including a surgeon, nurse, dietician and physiotherapist. It is a good idea to take a list of questions you may have to this appointment. You will go into hospital the day before or morning of your surgery.

After the operation

When you wake up, you are likely to have several tubes in place. Some give you fluids, painkillers and blood transfusions. Others 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 gradually start eating and drinking. The hospital dietician will give you help and advice with managing your diet during your stay and afterwards.

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 (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.

Apart from with very early stage oesophageal cancer, you may have either chemotherapy or combined chemotherapy and radiotherapy (chemoradiation) before surgery. Having treatment before surgery helps to lower the risk of cancer coming back. If you are unable to have surgery, or you do not wish to have it, you may have chemoradiation on its own.

If you have adenocarcinoma of the oesophago gastric junction you may have chemotherapy both before and after surgery. Chemotherapy helps to reduce the size of the cancer, making it easier to remove. And it reduces the chances of the cancer coming back.

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. If you have adenocarcinoma of the oesophago gastric junction and your cancer has a large amount of HER2, you may have trastuzumab (Herceptin) with chemotherapy.



Chemotherapy drugs for oesophageal cancer

There are a number of different chemotherapy drugs doctors can use to treat oesophageal cancer. These include epirubicin, fluorouracil (5FU), capecitabine, cisplatin and oxaliplatin. You usually have a combination of 2 or 3 of these drugs.

Which chemotherapy drugs you have depends on the type of oesophageal cancer you have and its stage. You usually have chemotherapy every 3 weeks. You may have radiotherapy at the same time as having chemotherapy. This is called chemoradiation. You have your radiotherapy every weekday for about 5 weeks.

Side effects of chemotherapy for oesophageal cancer

Chemotherapy has 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, a sore mouth and mouth ulcers, and feeling tired and run down.

If you have radiotherapy with chemotherapy some of the side effects may be more severe. Let your doctor or nurse know straight away about any side effects you have so that they can help to reduce them.

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?

• Is there a clinical trial that is suitable for me?

Are there any long term effects of this treatment?

Chemoradiation for oesophageal cancer

Doctors may use a combination of chemotherapy and radiotherapy to treat oesophageal cancer. This is called chemoradiation. You may have this treatment before surgery or instead of surgery. Your exact treatment plan will depend on what your doctor thinks is best for you.

There are several different chemotherapy drugs that doctors can use. But the most common combination is cisplatin and capecitabine. You usually have chemotherapy every 3 weeks. You may have chemotherapy before radiotherapy starts (neo adjuvant) as well as at the same time (concurrently). You have radiotherapy every weekday for about 5 weeks. Most people manage to have all their treatment as an outpatient but some may need to go into hospital to treat side effects.

Side effects of chemoradiation treatment

Having radiotherapy and chemotherapy together can be quite intensive. You may be prone to getting infections due to the chemotherapy. You may also have radiotherapy side effects, such as tiredness, reddening of the skin in the treatment area, sickness, a very sore throat, and weight loss. All these side effects can be managed, so let your doctor or nurse know about any that you have.

What is radiotherapy?

Radiotherapy uses high energy waves to kill cancer cells. You may have radiotherapy and chemotherapy together to try to cure the cancer, before surgery or instead of surgery. If you have an advanced cancer, you may have radiotherapy on its own. It can shrink the cancer and so relieve some of the 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 (brachytherapy). This means the radiotherapy source is put inside the oesophagus. You usually have



brachytherapy to slow the growth of oesophageal cancer, rather than to try to cure it.

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 external radiotherapy does not make you radioactive.

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.

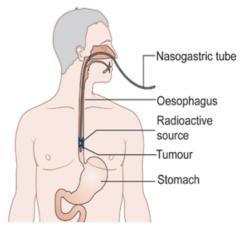


Diagram showing internal radiotherapy for cancer of the oesophagus Copyright © CancerHelp UK

Side effects of 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 a dry sore throat that makes swallowing difficult, feeling or being sick, increasing tiredness and a reddening of the skin and loss of body hair in the treatment area.

Side effects usually come on gradually throughout your course of treatment. So they are likely to be worse by 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 following few weeks, your side effects will gradually improve.

Side effects of internal radiotherapy

Internal radiotherapy for oesophageal cancer can cause soreness when swallowing. Occasionally, ulcers can develop inside your 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?

Biological therapies for oesophageal cancer

Biological therapies are drugs that help the body to control the growth of cancer cells. Doctors use a biological therapy called trastuzumab (Herceptin) as a first treatment for some people with adenocarcinoma of the oesophago gastric junction that has spread to other parts of the body (advanced cancer).

Herceptin only works for people whose cancer cells have a lot of a particular type of protein called human epidermal growth factor receptor 2 (HER2). Your doctor will test your cells for the HER2 protein.

You have Herceptin into your bloodstream in combination with the chemotherapy drugs cisplatin and capecitabine or fluorouracil.

The most common side effects of Herceptin are tiredness, a mild allergic reaction to the drug, and diarrhoea.

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

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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. You 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 our website.



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. You may want to contact your clinical nurse specialist. If you would like to talk to a counsellor, look in the coping with cancer section on our website 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. This is 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.

You may have external radiotherapy or internal radiotherapy (brachytherapy) after laser treatment to help slow down the growth of the cancer.

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 our website.

Side effects of PDT

An advantage of PDT is that it does not damage healthy tissues. It does have a few side effects though. The most difficult side effect to cope with is light sensitivity. Your skin may be very sensitive to bright light for 6 weeks or more. Because of this your doctor may not feel PDT is a suitable option for you.

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 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.

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.

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.

What to ask your doctor about treating advanced oesophageal cancer

- What treatment do you recommend?
- What is the aim of the treatment?
- Is there any choice of treatment?
- Who can help me with controlling symptoms of my cancer?
- What treatment can I have for difficulty with swallowing?
- Can you refer me to a symptom control nurse?
- What painkillers 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?

- Are there any new treatments I could try or clinical trials I could join?
- Can I be treated at home?
- What if I decide not to have treatment?
- Is there anyone I can talk to about how I feel?
- Is there a number I can call if I am worried between 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 our website.

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 to remove lymph nodes, chemotherapy, biological therapies and combining treatments.

What to ask your doctor about oesophageal cancer

- What is the stage of my cancer and what does this mean?
- What is the grade of my cancer and what does this mean?
- What is the likely outcome of my cancer?
- What type of treatment do I need?
- Is there any choice of treatments?
- What written information can you give me about these treatments?
- What are the short and long term 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 or any help with fares?
- How long will the treatment last?
- How can I get a second opinion?
- Are there any experimental treatments or trials that might help me?
- Who can help manage my cancer symptoms?
- How can you help with difficulty swallowing?
- Is there a counsellor or clinical nurse specialist 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?
- Is there a number I can ring if I am worried about anything between appointments?



Notes

For more information, visit our website http://www.cruk.org/cancerhelp

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 trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

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 September 2012. 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. Copyright Cancer Research UK 2012. Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SCO41666) and in the Isle of Man (1103)

