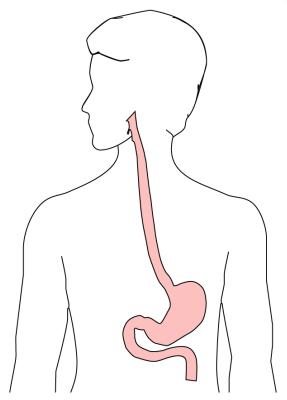
Jonathan C Salo MD

(980) 442-6410



Levine Cancer Institute GI Surgical Oncology



☐ Central Venous Port for chemotherapy	
☐ Feeding Tube: ☐ Gastrostomy ☐ Jejunostomy	
□ PET scan: Location:	
□ Scans □ Chest □ Abdomen Pelvis □ MRI Liver	
□ Medical Oncology:	
□ Radiation Oncology:	□ Stop smoking – Today!
□ Smoking Cessation Clinic:	☐ Vigorous exercise 30min/day, 6 day/week
□ EGD (Upper endoscopy):	Work hard enough that you can't easily converse
□ EUS:	☐ High protein diet grams protein per day
	□ Find a primary care physician (844) 235-6998
	 MyAtriumHealth http://my.atriumhealth.org



Treatment Plan

Treatment is based upon Stage:					
Superficial	T1	Stage I	Endoscopic Therapy (Endoscopic Mucosal Resection)		
Localized	T1b or T2	Stage II	Surgery (esophagectomy)		
Locally-Advanced	T3 or Node Positive	Stage III	Chemotherapy + Radiation (6 weeks) OR Chemotherapy (FLOT) (8 weeks) ↓ ↓ PET scan 4 weeks later Surgery 6-10 Weeks later		
Metastatic	M1	Stage IV	Chemotherapy ± Radiation Therapy		

Risks of esophagectomy surgery

Your Grip Strength:

	Overall	High Risk Patients	Intermediate	Low Risk Patients
Men		Grip Strength <26kg	Grip Strength 26-32kg	Grip Strength >32kg
Women		Grip Strength <16kg	Grip Strength 16-20kg	Grip Strength >20kg
Age		>80 years	75-80 years	<75 years
Anastomotic Leak	8%			
Pneumonia	10%	20%	10%	5%
Death within 90 days	5%	10%	5%	1%

Team Members:

Gastrointestinal Surgeon – Dr Jonathan Salo Medical Oncologist (chemotherapy) Dietician (nutrition): Liz Koch RD Thoracic (chest) Surgeon – Dr Jeffrey Hagan and Dr Mike Roach Radiation Oncologist

Nurses: Kit Sluder RN, Rebecca Wicks RN, Brandon Galloway LPN Schedulers: Stacey Singelton and Carmen Davis and Tony Bethea

