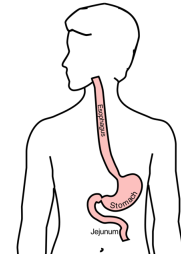


Stage IV Cancer of the Esophagus and GE Junction

1

Anatomy

Food moves from the throat
 → esophagus
 → stomach
 → small bowel (jejunum)



2

Esophageal Cancer Staging

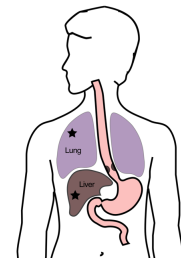
- **T** = Tumor - Depth of growth into the wall of the esophagus
- **N** = Nodes - Spread to the lymph nodes
- **M** = Metastasis - Spread to liver, lungs, or bone

3

Metastatic Cancers

Metastatic cancers spread from the esophagus to other parts of the body

- **M0** cancers have not spread to other parts of the body
- **M1** cancers have spread to lungs, liver, or bone



4

Treatment Plan

- Superficial (T1) ⇒ Endoscopic Therapy
- Localized (T1b/T2) ⇒ Surgery
- Locally-advanced (T3/N1) ⇒ Chemo ± Radiation → Surgery
- Metastatic (M1) ⇒ Systemic Therapy ± Radiation

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Systemic Therapy

Systemic therapy is administered intravenously (or by mouth) and circulates to kill cancer cells anywhere in the body.

- Chemotherapy (FOLFOX)
- Immunotherapy (nivolumab, pembrolizumab)
- Hormone therapy (herceptin)

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Goals of Therapy

- Symptom control
- Prolong life
- Minimize symptoms due to treatment

7

Systemic Therapy

By shrinking tumor and decreasing cancer burden

- Can improve symptoms
- Can prolong life

Goals:

- Maximize cancer shrinkage
- Minimize side-effects due to therapy

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Chemotherapy Administration

Most chemotherapy is administered by vein.

Several options exist to administer chemotherapy:

- Intravenous catheter in peripheral veins
- Peripheral Intravenous Central Catheter (PICC)
- Central Venous port

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Intravenous Catheter in Peripheral Vein ("IV")

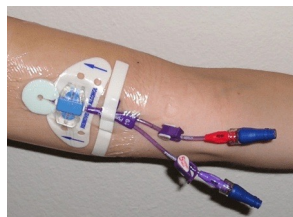
- IV catheter placed into a vein in the hand or arm
- Allows administration of chemotherapy and fluids
- Placed for each dose
- Removed that day



10

PICC Lines

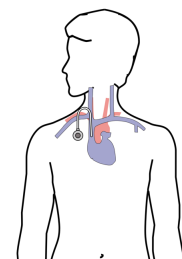
- Placed in Radiology
- Stay in place during all of treatment
- Needs to be kept clean and dry
- Suitable for FLOT chemotherapy



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Central Venous Port

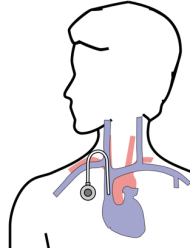
- Implantable device that makes the administration of chemotherapy easier
- May shower in 24 hrs
- No special care at home
- Suitable for FLOT chemo



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Central Venous Port

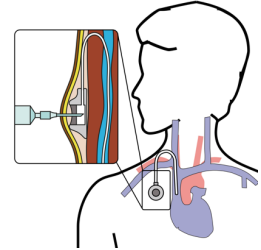
- Implanted under the skin
- Neck incision (1/4")
- Incision below the collarbone
- Sutures dissolve on their own
- "Superglue" on incisions



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Central Venous Port

When it is time for chemotherapy, a needle is inserted through the skin into the port



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Radiation Therapy

Radiation uses high-energy x-rays to kill cancer cells

- Bone metastasis: Can relieve pain
- Esophagus: Can shrink tumor and improve eating

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Endoluminal Stent

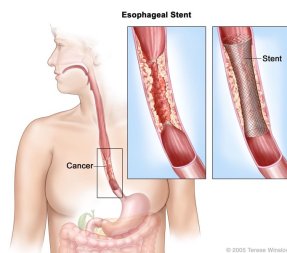
An endoluminal stent can be placed inside an esophageal cancer to improve eating



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Endoluminal Stent

An endoluminal stent can be placed inside an esophageal cancer to improve eating



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Endoluminal Stents

Advantages:

- Outpatient endoscopic procedure (no surgery)
- Can improve swallowing

Disadvantages:

- Discomfort and reflux
- Can make surgery to remove esophagus more complicated

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Radiation Therapy - Esophagus

Radiation therapy to the esophagus can improve swallowing. There are two approaches:

Short Course

- 10 treatments over 2 weeks

Conventional Dosing

- 25-30 treatment over 5-6 weeks
- Usually combined with low-dose chemo

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Radiation Therapy - Bone

For patients with metastasis to bone causing pain

- Radiation can provide pain relief
- Typically 10 daily treatments over two weeks

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Primary Care Practitioner (PCP)

A PCP is critical to coordinate care between specialists.

We will update your PCP after each visit

Call our referral line at (844) 235-6998 if you need a PCP

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My Atrium Patient Portal

- Critical to good communication with your care team
- Available for desktop or laptop or phone
- Sign up at my.atriumhealth.org

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Exercise

- Reduces risk of complications from treatment
- Goal is 30min/day of vigorous exercise 6 days/week
 - Working hard enough that you can't converse
 - Start slowly and build up
 - Every day counts! (Aim for some activity every day)

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Smoking Cessation

- Smoking makes cancer treatment more difficult
 - Increases risk of complications after surgery
- Options for help with smoking cessation:
 - NC Quit Line 1-800-QUIT-NOW (1-800-784-8669)
 - American Lung Assn
www.freedomfromsmoking.org
 - Smoking Cessation Counseling (Metro Charlotte)

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Hospice

Hospice provides end-of-life care for patients whose priority is treatment of symptoms rather than systemic therapy of the cancer.

- Usually provided in the home
- Residential hospice is available as an alternative
- Hospice team manages symptoms including pain management