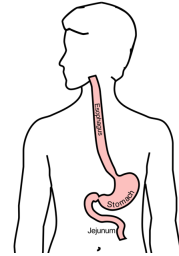


Stage IV Cancer of the Esophagus and GE Junction

1

Anatomy

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



2

Esophageal Cancer Staging

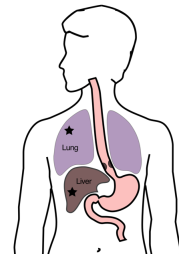
- **T** = Tumor - Depth of growth into the wall of the esophagus
- **N** = Nodes - Spread to the lymph nodes
- **M** = Metastasis - Spread to liver, lungs, or bone

3

Metastatic Cancers

Metastatic cancers spread 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
- M1 cancers is also



4

Treatment Plan

- Superficial (T1) ⇒ Endoscopic Therapy
- Localized (T1b/T2) ⇒ Surgery
- Locally-advanced (T3M0) ⇒ Chemo ± Radiation → Surgery
- Metastatic (M1) ⇒ Systemic Therapy ± Radiation

5

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)

6

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

8

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

9

Intravenous Catheter in Peripheral Vein ("IV")

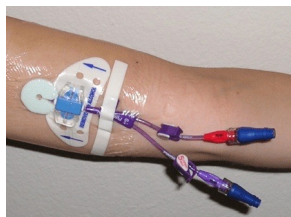
- IV catheter placed in vein of hand or arm
- Allows administration of chemo and fluids
- Placed for each dose
- Removed that day
- Not suitable for FLOT chemo



10

PICC Lines

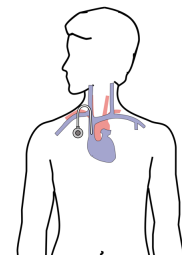
- Placed in Radiology
- Stay in place during all of treatment
- Needs to be kept clean and dry
- Suitable for FLOT chemotherapy



11

Central Venous Port

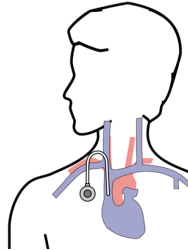
- Implantable device makes chemo easier
- May shower in 24 hrs
- No special care at home
- OK for FLOT chemo
- Allows for blood draws



12

Central Venous Port

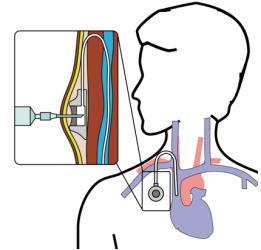
- Implanted under skin
- Neck incision (1/4")
- Incision below the collarbone
- Sutures dissolve
- "Superglue" on incisions



13

Central Venous Port

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



14

Radiation Therapy

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

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

15

Endoluminal Stent

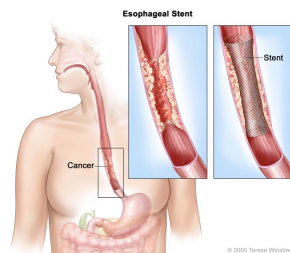
An endoluminal stent can be placed inside an esophageal cancer to improve eating



16

Endoluminal Stent

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



17

Endoluminal Stents

Advantages:

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

Disadvantages:

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

18

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

19

Radiation Therapy - Bone

For patients with metastasis to bone causing pain

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

20

Primary Care Practitioner (PCP)

Critical to coordinate care between specialists.

We will update your PCP after each visit

PCP Referral Line (844) 235-6998

21

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

22

Exercise

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

23

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)

24

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