Stage IV Cancer of the Esophagus and GE Junction

## 1 Anatomy

Food moves from the throat

esophagus

stomach

small bowel (jejunum)

We’ll start with reviewing some anatomy about how the body digests food.

Food moves from the throat to the esophagus, and from there to the stomach.

From the stomach, food moved through a valve called the pylorus into the small intestines

## 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 lungs, liver, or bone

M1 cancers is also known as Stage 4

## 4 Treatment Plan

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

This table summarizes four different treatment categories:

* Superficial cancers are T1 and can be treated by endoscopic therapy without the need for surgery
* Localized cancers are T1b or T2 and are frequently treated by surgery alone without the need for chemotherapy or radiation
* Locally-advanced cancers are T3 or N1 and are usually treated with some combination of chemotherapy and radiation prior to surgery
* *Metastatic cancers are M1 and are treated primary by systemic therapy*

## 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 Radiation Therapy

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

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

## 9 Endoluminal Stent

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

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## 11 Endoluminal Stents

Advantages:

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

Disadvantages:

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

## 12 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

## 13 Radiation Therapy - Bone

For patients with metastasis to bone causing pain

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

## 14 Preparing for Cancer Treatment

* Primary Care Physician
* MyAtrium Portal
* Exercise
* Smoking Cessation

## 15 Primary Care Practitioner (PCP)

A PCP is critical to coordinate care between specialists.

We will update your PCP after each visit

If you do not have a PCP, call our referral line at (844) 235-6998

## 16 My Atrium Patient Portal

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

## 17 Exercise

* Important to reduce the risk of complications from cancer treatment
* Goal is 30min/day of vigorous exercise 6 days/week
  + Working hard enough that you can’t carry a conversation
  + Start slow an build up
  + Every day counts! (Aim for some activity every day)

## 18 Smoking Cessation

* Smoking makes it more difficult to get through cancer treatment
  + 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 Asssociation fredomfromsmoking.org
  + 1:1 Smoking Cessation Counseling Clinics (Metro Charlotte)

## 19 GI Tract Anatomy

* Esophagus delivers food to the stomach
* Stomach stores food and delivers it in small quantities to the jejunum
* Jejunum begins digestion in the small intestines

Normally, food passes from the mouth into the esophagus, and then into the stomach. The stomach serves as a reservoir for food, to allow you to eat a big Thanksgiving. The stomach starts digestion, and then after the meal slowly allows small portions of food to pass into the small intestines, where most of the digestion occurs.

## 20 Protein Needs

* Men: Average 75 grams/day
* Women: Average 60 grams/day

## 21 Protein Shakes

There are two types of feeding tubes:

Jejunostomy tubes are placed in the small intestine

Gastrostomy tubes are placed in the stomach

Your dietitian and physician will help you decide which tube is best for your situation

## 22 Feeding Tubes

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## 23 Gastrostomy Tube

Feeding Gastrostomy

* Feeding with a syringe several times per day.
* Tube can be hidden underneath clothing
* Tube does not interfere with eating by mouth
* Removed easily in the office when no longer needed

## 24 Gastrostomy Tube Methods

A gastrostomy tube can be placed either by endoscopy, which is called a PEG tube

A gastrostomy tube can also be placed by laparoscopy, which is usually preferred if surgery on the esophagus is planned in the future.

Your surgeon will help you decide which kind of tube is best for you. This is especially important if you will need esophageal surgery in the future, as the stomach is frequently used to make a new esophagus

## 25 Gastrostomy Tube

* Outpatient Placement (go home the same day)
* Central venous port can be placed at the same time (if needed)

## 26 Jejunostomy tube

The other type of feeding tube is a jejunostomy.

A jejunostomy tube tube is placed into the small intestines. Because the small intestine is used to receiving food in small quantities, a jejunostomy tube requires the use of a pump to deliver feedings gradually over a matter of hours.

In general, feedings are done at night in order to allow you to be active during the day

## 27 Jejunostomy Video

## 28 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 managemnt