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 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 into a vein in the hand or arm
* Allows administration of chemotherapy and fluids
* Placed for each dose
* Removed that day
* Not suitable for FLOT chemotherapy

A peripheral IV catheter involves placing a small tube into the veins, which is then used to give fluids or chemotherapy

A new catheter is placed for each dose of chemotherapy

FLOT chemotherapy requires a home infusion pump, got which a peripheral IV won’t work

## 10 PICC Lines

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

A PICC line is placed in Radiology and stays in place during the treatment course Special care is needed at home to keep the catheter and it’s dressing clean and dry

## 11 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
* Allows for blood draws

A central venous port is an implantable device that makes the administration of chemotherapy easier.

Once it is in place, it requires no special care at home

With a port, you can shower, bathe, and swim without restriction

A central venous port is suitable for FLOT chemotherapy

A port can be used for blood draws for blood tests as well.

## 12 Central Venous Port

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

A port is placed underneath the skin and usually below the right collarbone.

Two incisions are made for placement: a quarter-inch incision over the neck, and a one-inch incision below the collarbone.

Sutures are under the skin and dissolve on their own

Surgical “Super Glue” covers the incisions and flakes off after a week or so

## 13 Central Venous Port

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

When it comes time for chemotherapy, the nurses can easily access the port with a needle that goes through the skin into the port, rather than placing an intravenous needle in a vein. The drugs can then be administered directly into the bloodstream. If blood needs to be drawn for tests, this can also be done through 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

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## 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)

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

## 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/week
  + Working hard enough that you can’t converse
  + Start slowly and build up
  + Every day counts! (Aim for some activity every day)

## 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.freddomfromsmoking.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 managemnt