Stage IV Cancer of the Esophagus and GE Junction

## 0.1 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

## 0.2 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

## 0.3 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

## 0.4 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*

## 0.5 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)

## 0.6 Goals of Therapy

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

## 0.7 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

## 0.8 Radiation Therapy

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

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

# 1. Endoluminal Stent

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

# 2. Endoluminal Stent

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

## 2.1 Endoluminal Stents

Advantages:

* Outpatient procedure
* Does not require surgery
* Can improve swallowing

Disadvantages:

* Discomfort
* Reflux
* Can make surgery to remove esophagus more complicated

## 2.2 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

## 2.3 Radiation Therapy - Bone

For patients with metastasis to bone causing pain, radiation can provide pain relief wiht a relatively short (two week) treatment course

## 2.4 Intravenous Drug Administration

Systemic Therapy drugs are administered intravenously.

There are several options for intravenous access:

* Peripheral IVs in the hand
* PICC line (Peripheral Inserted Central Catheter)
* Central Venous Port

[Central Venous Port](lci_cvport.htm)

## 2.5 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

## 2.6 Nutrition

[Nutrition Slideshow](lci_nutrition.htm)