

About Oesophageal Cancer

A Quick Guide

Contents

This is a brief summary on 'About oesophageal cancer' from our website. You will find more detailed information on there. In this information there are sections on

- The oesophagus
- Risks and causes of oesophageal cancer
- Screening for oesophageal cancer
- Symptoms of oesophageal cancer
- Types of oesophageal cancer
- Should I see an oesophageal cancer specialist?
- Questions for my doctor

You can view this information in a larger print on our website.

The oesophagus (food pipe)

The oesophagus or food pipe is part of the digestive system. It is also sometimes called the gullet. It is the tube that carries food from your mouth to your stomach. The oesophagus is about 26cm (10.5 inches) long in adults. As it passes through the chest, on its way to the stomach, it lies between the windpipe (trachea) and spinal cord.

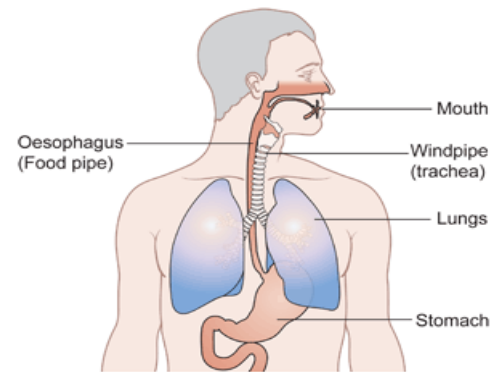


Diagram showing the position of the oesophagus
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Glands in the wall of the oesophagus produce mucous to help food to slide down more easily when you swallow. It is the cells of these glands that become cancerous in adenocarcinoma of the oesophagus.

The lymph nodes

Like all other parts of the body, the area containing the oesophagus also contains lymph nodes. These are also called lymph glands. The lymph nodes are often the first place that cancer cells spread to when they break away from a tumour. So surgeons often remove them during cancer surgery and send them off to the lab. A pathologist (specialist in looking at cells) examines them to see if they contain any cancer cells.

The presence of cancer cells in the lymph nodes is part of the staging of the cancer. The stage is important because it helps the doctor to decide what is the most suitable treatment for you.

Oesophageal cancer risks and causes

Cancer of the food pipe (oesophagus) is more common in older people. More than 8 out of 10 oesophageal cancers (80%) are diagnosed in people aged 60 or over. It is more common in men than in women.

Alcohol and tobacco

Smoking tobacco and drinking a lot of alcohol are some of the main risk factors for oesophageal cancer. Your risk increases the longer you smoke.

Drinking alcohol increases the risk of squamous cell cancer of the oesophagus. If you smoke and regularly drink more than the recommended limit, your risk is much greater. Your risk gradually reduces after you stop smoking or drinking.

Chewing tobacco, snuff and betel quid (also called paan or pan) also increases your risk of cancer of the oesophagus.

Other risk factors

Other risk factors for oesophageal cancer include Barrett's oesophagus and long term acid reflux, being very overweight, a high intake of red and processed meat, and some rare medical conditions.

Screening for oesophageal cancer

Screening means testing people for early stages of a disease before they have any symptoms. Before screening for any type of cancer can be carried out, doctors must have an accurate test to use. The test must be reliable in picking up cancers that are there. And it must not give false positive results in people who do not have cancer.

At the moment there is no national screening programme for cancer of the oesophagus. For screening to be introduced, we need a test that is simple, quick, not too expensive and not harmful. It is always more cost effective to screen people at high risk of a disease, rather than to screen everyone. Currently, the only way to screen for oesophageal cancer is to have an endoscopy and a tissue sample taken from the lining of the food pipe. There is a risk of complications with these procedures, for example, tearing of the oesophagus.

Some doctors recommend screening people with a condition called Barrett's oesophagus, as they have an increased risk of developing oesophageal cancer. But it is not clear how helpful screening is at the moment. Doctors are waiting for the results of trials to find this out. Only a couple of people out of every 100 with Barrett's will go on to get cancer of the oesophagus.

What to do if you think you are at risk

If you think you may be at higher than average risk (for example, because you have a medical condition that increases your risk of oesophageal cancer) talk to your doctor. You may be able to have regular check ups and endoscopies from time to time.

Symptoms of oesophageal cancer

The symptoms of cancer of the oesophagus (food pipe) include:

- Difficulty in swallowing
- Weight loss
- Pain or discomfort in the throat or back
- Acid indigestion
- Hoarseness or a cough that won't go away
- Vomiting
- Coughing up blood

Remember, conditions other than oesophageal cancer can cause these symptoms but it is important that you report them to your doctor.

Types of oesophageal cancer

Squamous cell carcinoma

Carcinoma just means cancer. This cancer starts in squamous cells. These make up the skin like lining of the oesophagus. More than a quarter of the oesophageal cancers diagnosed are squamous cell carcinomas. This type of cancer is found mainly in the upper third and middle of the oesophagus.

Adenocarcinoma

Adenocarcinoma means a cancer that starts in gland cells. In oesophageal cancer, these are the cells that make mucus in the lining of the oesophagus. This type of cancer now makes up more than half of all oesophageal cancers diagnosed and is increasing. This is the type of cancer most associated with acid reflux and the condition called Barrett's oesophagus.

Undifferentiated cancer of the oesophagus

Undifferentiated means the pathologist cannot tell what type of cell the cancer started from. So they can't say whether the cancer started from gland cells (adenocarcinoma) or skin cells (squamous cell).

Rare types of oesophageal cancer

Rarely, a lump in the oesophagus can be a gastrointestinal stromal tumour (GIST). This section of the website is not about this type of tumour. If you are looking for information on GISTs, go to the section on soft tissue sarcoma.

Should I see an oesophageal cancer specialist?

It can be very difficult for GPs to decide who may have a suspected cancer and who has something much less serious. But some particular symptoms require urgent attention. UK guidelines say that the following symptoms need an urgent referral to a specialist, ideally within two weeks.

- Indigestion (dyspepsia) at any age, in combination with any of the following symptoms – weight loss, being sick, chronic bleeding from your food pipe or stomach, a low red blood cell count (anaemia), difficulty swallowing (called dysphagia), a swelling or lump in your upper abdomen, or a barium meal result that suggests you could have oesophageal cancer
- Indigestion without other symptoms in anyone aged 55 or over, that has come on recently and that your GP can't explain
- Difficulty in swallowing, at any age
- Unexplained abdominal pain and weight loss, with or without back pain, at any age
- A lump in your upper abdomen, at any age

Your GP should refer you to a specialist if you don't have indigestion but do have other symptoms such as being sick continuously, weight loss or anaemia that your doctor can't explain.

If you have symptoms and do not think your GP is taking them seriously enough, you could print out this information and take it to your appointment.

What to ask your doctor about oesophageal cancer

- How will I know if I have oesophageal cancer?
- Am I more likely to get oesophageal cancer than anyone else?
- Does drinking or smoking increase my risk of oesophageal cancer?
- Does my diet affect my risk of oesophageal cancer?
- I get a lot of acid indigestion. How would I know if I was developing Barrett's oesophagus?
- I am exposed to soot (diesel fumes / metal dust) at work. Does this affect my risk of oesophageal cancer?
- Can I be screened for oesophageal cancer?
- My father had oesophageal cancer. Does this mean I am more likely to get it?

For more information, visit our website <http://www.cruk.org/about-cancer>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

For answers to your questions about cancer call our Cancer Information Nurses on 0808 800 4040 9am till 5pm Monday to Friday.

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