

- Chemical toxicity such as accidental swallowing of lye. (caustic solution)
- Human papilloma virus can be a carcinogen to induce oesophageal cancer
- **Achalasia** – In the condition, during swallowing, the lower end of oesophagus does not relax, is associated with the increased risk of oesophageal cancer
- Oesophageal cancer has poor survival rate
- Barret's oesophagus is a precancerous risk factor. This condition is due to long term acid reflux disease. Patients with this condition, require regular endoscopic surveillance.

At Continental hospitals, by our very experienced gastroenterology team, led by Dr Guru N Reddy, would be happy to provide this surveillance.



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Comprehensive
**CONTINENTAL
 CANCER - CENTRE**
From Prevention to Palliative

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 HOSPITALS**
Our Healing Touch..



**CANCER PREVENTION
 STAY AHEAD OF CANCER**

**EARLY DETECTION
 BETTER OUTCOMES**

OESOPHAGEAL CANCER



Endoscopic view
 Oesophagus

**DEPARTMENT OF
 CANCER PREVENTION AND
 EARLY CANCER DETECTION**

Oesophagus is a hollow tube which runs from the throat to end in the stomach. It carries food from the very back of your mouth, to the back end of your throat and ends in the stomach. Cancer usually arises in the lining of the oesophagus anywhere along its length and is more common in men than women. Worldwide, it is the sixth most common cause of cancer deaths. In India, there are approximately 47,000 new cases each year and 42,000 deaths. In India, most common form of cancer in the oesophagus arises in the lower end, where it enters into the stomach.

SYMPTOMS:

- Persistent cough, may be associated with hoarse voice
- Difficulty in swallowing
- Weight loss, loss of appetite
- Heart burn, indigestion may be worsening
- Chest pain, sensation of burning in the chest

If you have any of the above symptoms DO NOT DELAY. See your health care provider promptly.

- You may have been suffering from acid reflux and been treating your self, with over the counter medications
- You may have had previous upper endoscopy and been told you have Barrett's Oesophagus, a PRECANCEROUS Condition. You may not have attended further follow up, due to your lack of concern

Causes of Oesophageal Cancer

Cancer can arise from the lining of the "tube" called

- squamous cell cancer or from the glands in the oesophagus which produce mucus. Other types are rare

What are the common tests done to investigate if you have the symptoms?

- Using a well lit scope(endoscopy) which is flexible, connected to a video, the specialist will insert the tube through the mouth, pass along the entire length of oesophagus, entering into the stomach. Photographs will be taken of abnormal and normal areas. Any suspicious areas will be noted and samples taken and sent to the lab to look for cancerous changes.
- Barium swallow is another method, done in the Xray department, when you will swallow a liquid that contains barium and xrays are taken, looking for abnormalities. During endoscopy, the specialist may do ultrasound through the endoscopy.

If the cancer is confirmed, the oncologist may request further tests like CT, PET Scan, Bronchoscopy. Doctor would then stage the cancer to check if it is localized or spread to lymph nodes and else where.

Treatment plan would depend on the type of cancer, stage of the disease, overall health, any existing co-morbidities, if the tumour is confined to a small area and is superficial. The expert may remove the small area of tumour with surrounding healthy margin. If the tumour is bigger, it is removed with a bigger part of oesophagus and the cut ends are joined. Sometimes most oesophagus may have to be removed and the remaining oesophagus is connected to the stomach. If the tumour extent is bigger, part of your diseased oesophagus and part of your stomach, nearby lymph nodes are removed, and then reconnected to the remaining stomach. There are complications associated with this type of surgery, and at Continental Hospital, there is a very experienced team led by Dr P. Jagannath, who will explain all the options and about the procedure. After surgery, radiotherapy and chemotherapy may be required. This decision would be made by the multidisciplinary board at Continental hospital and it is not an individual decision. In the recent years, our medical oncologists provide personalised medicine, where the targeted drugs are directed towards the cancer cells with the genetic mutations in combination with chemotherapy. In advanced cases, immunotherapy is used either alone or in combination with chemotherapy.

If your treatment is failing, our oncologists will discuss further options, try different combinations and give you options for clinical trials.

Risk factors for oesophageal cancer

- Age. Only 15% are found less than age 55. Persons between 45-70 years have the highest risk.
- Men are 3-4 times more likely than women to get this cancer
- One of the major risk factors are tobacco products – cigarettes, pipes, cigars, chewing tobacco, the more you smoke, greater the risk. If you smoke a pack a day, your chances of getting cancer of oesophagus is twice compared to a non smoker
- Drinking alcohol increases the chance and combined smoking and alcohol increases the chance further
- Gastroesophageal reflux disease, if you have this condition, your chance of getting this cancer is more and Seek prompt medical attention

Barrett's oesophagus

This condition may develop due to chronic acid reflux. The lining of the lower end of the oesophagus undergoes a change and may develop adenocarcinoma of the oesophagus.

- Increased body fat in obesity increases the risk of developing oesophageal adenocarcinoma