Types of Cancer

Esophageal Cancer

What is esophageal cancer?

Cancer develops when cells grow out of control. Esophageal cancer affects the esophagus, the swallowing tube that connects the throat to the stomach, or the gastroesophageal junction, where the esophagus meets the stomach. It sometimes occurs in conjunction with oral or head and neck cancer, which can involve the mouth and throat, nasal cavity and larynx (voice box).

The two main types of esophageal cancer—squamous cell carcinoma and adenocarcinoma—affect different cells lining the esophagus. Squamous cell carcinoma usually occurs in the upper portion of the esophagus while adenocarcinoma (cancer in glands that produce mucus) typically occurs in the lower portion.

Who gets esophageal cancer?

Around 17,600 people in the United States will be diagnosed with esophageal cancer and about 16,000 will die from it this year, according to the American Cancer Society. Esophageal cancer makes up about 1 percent of all cancers in the United States, but it is more common in other parts of the world. Esophageal cancer incidence has been declining and survival has been improving in recent years, rising from about 5 percent in the 1970s to about 20 percent today.

Men are more likely than women to get esophageal cancer, accounting for more than three quarters of cases. White people are more likely to develop adenocarcinoma, while African Americans are more likely to get squamous cell cancer. Most esophageal cancer occurs in people over age 55.

What are the risk factors for esophageal cancer?

Risk factors for esophageal cancer include smoking or chewing tobacco and drinking alcohol. Some evidence suggests that eating a lot of processed meat may increase the risk of esophageal cancer, while a diet high in fruits and vegetables appears to be protective, as it has been linked to a lower risk. Drinking very hot liquids can increase the risk of squamous cell cancer.

People with certain conditions affecting the esophagus have a greater risk of developing esophageal cancer. These include gastroesophageal reflux disease, or GERD (stomach acid splashing up into the esophagus), Barrett’s esophagus (glandular cells replacing squamous cells due to long-term GERD) and achalasia (when food does not pass into the stomach properly). People who are obese have a higher risk of esophageal cancer because obesity increases the

likelihood of GERD. Some esophageal cancers appear to be associated with human papillomavirus (HPV) infection, which causes oral cancer.

What are the symptoms of esophageal cancer?

Esophageal cancer often does not cause symptoms until it has reached a more advanced stage—when it is harder to treat—or it may cause nonspecific symptoms similar to those of other conditions. Signs and symptoms of esophageal cancer may include:

- Difficulty swallowing (dysphagia)
- The feeling of having a lump or food stuck in the throat
- Indigestion or heartburn
- Increased production of saliva or mucus
- Pain or pressure in the middle of the chest
- Unexplained weight loss
- Chronic cough or hoarseness
- Bleeding in the esophagus, which can result in dark, tarry stools

How is esophageal cancer diagnosed?

The process of diagnosis starts with a physical exam and medical history, including family history and how long symptoms have been present. Esophageal cancer is usually not detected at an early stage unless it is caught while testing for something else. People at high risk, such as those with Barrett's esophagus, may undergo regular testing using an endoscope, a flexible lighted tube passed through the throat to view the esophagus. During these exams, a small tissue sample (a biopsy) may be removed to examine in a laboratory.

Imaging tests such as X-rays, computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI) or ultrasound scans may be performed to locate suspicious areas or to see how extensive the cancer is and how much it has spread. A barium swallow may be done, which involves drinking a liquid that makes the esophagus show up more clearly on scans. Genetic testing may be done to provide more information about the type of cancer and how best to treat it.

How is esophageal cancer treated?

Treatment for esophageal cancer depends on how advanced the cancer is when it is detected, including how large it is and whether it has spread to nearby lymph nodes and other parts of the body.

Endoscopic treatment: Areas of abnormal, or precancerous cells (known as dysplasia) or early-stage cancer may be cut out or destroyed using photodynamic therapy (a drug activated by lasers) or radiofrequency ablation (an electric current) delivered through an endoscope.

Surgery: Part of the esophagus may be removed and replaced with a piece of intestine or the remaining portion may be attached to the stomach.

Radiation: Radiation may be used to kill cancer cells that remain after surgery or to shrink tumors before surgery or those that cannot be surgically removed. It is often used in conjunction with other forms of treatment.

Chemotherapy: Traditional chemotherapy works by killing fast-growing cells, including cancer cells. It can also destroy rapidly dividing healthy cells, such as those in the gut or hair follicles, leading to side effects like nausea and hair loss.

Targeted therapy: Targeted drugs work against cancers with specific characteristics. For example, they may interfere with signaling pathways that regulate cell growth or blood vessel formation. Herceptin (trastuzumab) may be used to treat esophageal cancers that express HER2 receptors.

Immunotherapy: The newest type of treatment helps the immune system fight cancer. For example, some tumors can turn off immune responses against them, and drugs known as checkpoint inhibitors can restore T cells' ability to recognize and destroy cancer cells. Immunotherapy drugs work for only a subset of patients, and it is hard to predict who will benefit.

For more information on oral cancers, see the following resources:

American Cancer Society: Esophagus Cancer

National Cancer Institute: Esophageal Cancer

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