If You Have Esophagus Cancer

What is esophagus cancer?

Your esophagus is the soft tube that connects the mouth to the stomach. Cancer that starts growing in the esophagus is called esophagus cancer or esophageal cancer. It starts when cells in the inner lining of the esophagus grow out of control and crowd out normal cells.

Cancer cells can spread to other parts of the body. Cancer cells in the esophagus can sometimes travel to the liver and grow there. When cancer cells do this, it’s called metastasis. To doctors, the cancer cells in the new place look just like the ones from the esophagus.

Cancer is always named for the place where it starts. So when esophagus cancer spreads to the liver (or any other place), it’s still called esophagus cancer. (It’s not called liver cancer unless it starts from cells in the liver.)
The esophagus

Ask your doctor to use this picture to show you where the cancer is.

Are there different kinds of esophagus cancer?

The main types of esophagus cancer are:
• **Squamous cell carcinoma:** Squamous cells line the inside of the esophagus. Cancer that starts in these cells can grow anywhere along the esophagus.

• **Adenocarcinoma:** These cancers start in gland cells. These cancers are mainly in the lower part of the esophagus, near the stomach.

The treatment is almost the same for each type. Your doctor can tell you more about which type you have.

**Questions to ask the doctor**

• Why do you think I have esophagus cancer?
• Is there a chance I don’t have cancer?
• Would you please write down the kind of cancer you think I might have?
• What will happen next?

**How does the doctor know I have esophagus cancer?**

Esophagus cancer is often found because it causes symptoms. Some symptoms of esophagus cancer may be trouble swallowing, chest pain, weight loss, hoarse voice, and constant cough. Your doctor will ask you questions about your health and will use exams and tests to find out what’s causing your symptoms. If signs are pointing to esophagus cancer, here are some of the tests you may need:

**Barium swallow:** This is sometimes the first test done in people who have trouble swallowing. It’s a series of x-rays taken after you swallow barium, a thick, chalky liquid that shows up on x-rays. Any lumps on the inner lining of the esophagus show up on the x-ray.

**Upper endoscopy:** To do this test, a flexible, thin tube with a tiny light and video camera on the end is put in your mouth and passed down into your esophagus and stomach. If there are any spots that look like cancer, a small piece of tissue can be taken out through the tube and checked for cancer. (This is called a biopsy.)

**CT scan:** This is also called a CAT scan. It’s like an x-ray, but the pictures are more detailed. This can show where the cancer is in the esophagus and if it has spread. CT scans can also be used to help do a biopsy (see below).

**MRI scan:** This test uses radio waves and strong magnets instead of x-rays to make detailed pictures. It may be used to see if nearby lymph nodes are swollen, which might
mean the cancer has spread there.

**PET scan**: A PET scan uses a kind of sugar that can be seen inside your body with a special camera. If there is cancer, this sugar shows up as “hot spots” where the cancer is found. It can help show if the cancer has spread.

**Blood tests**: Blood tests are not used to find esophagus cancer, but they are done to tell the doctor more about your health.

**Biopsy**

In a biopsy, the doctor takes out a small piece of tissue where the cancer seems to be. The tissue is checked for cancer cells. A biopsy is the only way to tell for sure if you have cancer. For esophagus cancer, a biopsy is most often done during an endoscopy.

**Grading esophagus cancer**

Knowing the *grade* of a cancer helps doctors predict how fast the cancer is likely to grow and spread. Cancer cells are given a grade (a number between 1 and 3) based on how much they look like normal cells. Cells that look very different from normal cells are given a high grade (3) and tend to grow faster. Ask the doctor to explain the grade of your cancer. Knowing the grade of a cancer helps doctors predict how fast the cancer is likely to grow and spread. It also helps in deciding which treatment is best for you.

**Gene and protein tests**

The cancer cells in the biopsy tissue might be tested for genes or proteins such as HER2, PD-L1, MMR and MSI. Knowing which genes or proteins your cancer has can help the doctor decide if treatments like targeted therapy or immunotherapy might help.

**Questions to ask the doctor**

- What tests will I need to have?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?
How serious is my cancer?

If you have esophagus cancer, the doctor will want to find out how far it has spread. This is called staging. Knowing the stage will help your doctor decide what type of treatment is best for you.

The stage describes the spread of the cancer through the esophagus. It also tells if the cancer has spread to nearby organs or to organs farther away.

Your cancer can be stage 0, 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread far from the esophagus. Be sure to ask the doctor about your cancer stage and what it means for you.

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I’ll live?
- What will happen next?

What kind of treatment will I need?

There are many ways to treat esophagus cancer:

- Surgery and radiation therapy are mainly used to treat only the cancer. They do not affect the rest of the body.
- Chemotherapy and targeted therapy and immunotherapy go through the whole body. They can reach cancer cells almost anywhere in the body.

You might get more than one type of treatment. The plan that’s best for you will depend on:

- The stage and grade of your cancer
- The chance that a type of treatment will cure the cancer or help in some way
- Your age
- Other health problems you have
• Your feelings about the treatment and the side effects that come with it

Surgery for esophagus cancer

*Surgery* is used to try to remove all the cancer if it’s small and has not spread.

Surgery to remove all or part of the esophagus is called an esophagectomy. There are many ways to do this surgery. Talk to your doctor about what will be done and what you can expect.

**Side effects of surgery**

Any type of surgery can have some risks and side effects. Ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat people with esophagus cancer should be able to help you with any problems that come up.

Radiation treatments

*Radiation* uses high-energy rays (like x-rays) to kill cancer cells. For esophagus cancer, it can be given alone or along with chemotherapy. Radiation can also be used to help with symptoms such as pain, bleeding, trouble swallowing, or other problems that happen if the esophagus cancer has grown very large or has spread to other areas like the bones.

There are 2 main ways radiation can be given.

• It can be aimed at the esophagus from a machine outside the body. This is called *external beam radiation*. This kind is used most often for esophagus cancer. Getting this treatment is a little like getting an x-ray, but the radiation is stronger.

• *Brachytherapy* is another kind of radiation. To do this, the doctor uses an endoscope (a long, flexible tube) to put small radioactive pieces called *seeds* very close to the cancer. The seeds are taken out when treatment is done.

**Side effects of radiation treatments**

If your doctor suggests radiation treatment, ask about what side effects might happen. Side effects depend on the type of radiation you get. The most common side effects are:
- Skin changes where the radiation is given
- Feeling very tired (fatigue)
- Nausea and vomiting
- Painful sores in the mouth and throat
- Dry mouth or thick saliva

Most side effects get better after treatment ends and many can be treated. Some might last longer. Talk to your cancer care team about what you can expect.

**Chemo**

Chemo is the short word for chemotherapy — the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. This gives the body time to recover. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Many times chemo is given along with radiation. This is called chemoradiation.

**Side effects of chemo**

Chemo can make you feel tired, sick to your stomach, and cause your hair to fall out. But these problems go away after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, talk to your cancer care team so they can help.

**Targeted therapy**

Targeted therapy drugs may be used for certain types of esophagus cancer. These drugs affect mainly cancer cells and not normal cells in the body. They may work even if other treatment doesn’t. These drugs have different side effects than chemo.

**Immunotherapy**

Immunotherapy is treatment that either boosts your own immune system or uses man-made versions of parts of the immune system that attack the esophagus cancer cells. Immunotherapy drugs may be given into a vein.

**Side effects of immunotherapy**
Immunotherapy can cause many different side effects depending on which drug is used. These drugs may make you feel tired, sick to your stomach, or cause a rash. Most of these problems go away after treatment ends.

There are ways to treat most of the side effects caused by immunotherapy. If you have side effects, talk to your cancer care team so they can help.

**Other treatments for cancer of the esophagus**

There are other types of treatment that may be used for esophagus cancer. Many of these treatments are done through an endoscope (a long, flexible tube) that’s put down the throat and into the esophagus. Some of these can be used to try to cure cancer or ease problems caused by the cancer.

**Clinical trials**

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better.

Clinical trials are one way to get the newest cancer treatment. They are the best way for doctors to find better ways to treat cancer. If your doctor can find one that’s studying the kind of cancer you have, it’s up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See [Clinical Trials](https://www.cancer.org) to learn more.

**What about other treatments that I hear about?**

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These treatments may be vitamins, herbs, special diets, and other things. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you’re thinking about using, whether it’s a vitamin, a diet, or anything else.

**Questions to ask the doctor**
What treatment do you think is best for me?
What’s the goal of this treatment? Do you think it could cure the cancer?
Will treatment include surgery? If so, who will do the surgery?
What will the surgery be like?
Will I need other types of treatment, too?
What’s the goal of these treatments?
What side effects could I have from these treatments?
What can I do about side effects that I might have?
Is there a clinical trial that might be right for me?
What about special vitamins or diets that friends tell me about? How will I know if they are safe?
How soon do I need to start treatment?
What should I do to be ready for treatment?
Is there anything I can do to help the treatment work better?
What’s the next step?

What will happen after treatment?

You’ll be glad when treatment is over. But it’s hard not to worry about cancer coming back. Even when cancer never comes back, people still worry about it. For years after treatment ends, you will see your cancer doctor. Be sure to go to all of these follow-up visits. Your doctors will ask about symptoms, examine you, and may order blood tests, endoscopies, or CT scans.

At first, your visits may be every 3 to 6 months. Then, the longer you’re cancer-free, the less often the visits are needed.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us at 1-800-227-2345 or talk to your cancer care team to find out what you can do to feel better.

You can’t change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as good as you can.

For connecting and sharing during a cancer journey

Anyone with cancer, their caregivers, families, and friends, can benefit from help and support. The American Cancer Society offers the Cancer Survivors Network (CSN), a
safe place to connect with others who share similar interests and experiences. We also partner with CaringBridge\(^{14}\), a free online tool that helps people dealing with illnesses like cancer stay in touch with their friends, family members, and support network by creating their own personal page where they share their journey and health updates.

**Hyperlinks**

15. [www.cancer.org](http://www.cancer.org)
16. [www.cancer.org](http://www.cancer.org)

**Words to know**

**Adenocarcinoma** (AD-no-KAR-suh-NO-muh): Cancers that start in gland cells.

**Biopsy** (BY-op-see): Taking out a small piece of tissue to see if there are cancer cells in it.

**Endoscopy** (en-DOS-koh-pee): The use of a thin, flexible tube with a lens or tiny video camera on the end to look inside the body.
Esophagostomy (ee-SA-h-fuh-GOS-toh-mee): Surgery to take out all or part of the esophagus.

Metastasis (muh-TAS-tuh-sis): Cancer cells that have spread from where they started to other places in the body

Radiation (RAY-dee-A-shun): Use of high-energy rays (like x-rays) to kill cancer cells.

Squamous cell carcinoma: (SKWAY-mus sell KAR-suh-NO-muh): Cancer that starts in the cells that line the inside of the esophagus.

How can I learn more?

We have a lot more information for you. You can find it online at www.cancer.org or you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

Written by

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Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

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