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Esophagus Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- [Can Esophageal Cancer Be Found Early?](#)
- [Signs and Symptoms of Esophageal Cancer](#)
- [Tests for Esophageal Cancer](#)
- [Understanding Your Pathology Report¹](#)

Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- [Esophageal Cancer Stages](#)
- [Survival Rates for Esophageal Cancer](#)

Questions to Ask About Esophagus Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- [What Should You Ask Your Doctor About Esophageal Cancer?](#)

Can Esophageal Cancer Be Found Early?

Screening is the process of looking for cancer or pre-cancer in people who have no symptoms of the disease. In the United States, screening the general public for esophageal cancer is not recommended by any professional organization at this time. This is because no screening test has been shown to lower the risk of dying from esophageal cancer in people who are at average risk.

However, people who have a high [risk of esophageal cancer](#)¹, such as those with Barrett's esophagus, are often followed closely to look for early cancers and pre-cancers.

Testing people at high risk

Many experts recommend that people with a high risk of esophageal cancer, such as those with Barrett's esophagus, have upper endoscopy regularly. For this test, the doctor looks at the inside of the esophagus through a flexible lighted tube called an *endoscope*. (see [Tests for Esophageal Cancer](#).) The doctor may remove small samples of tissue (biopsies) from the area with Barrett's so that they can be checked for dysplasia (pre-cancer cells) or cancer cells.

Doctors aren't certain how often the test should be repeated, but most recommend testing more often if areas of dysplasia are found. This testing is repeated even more often if there is high-grade dysplasia (the cells appear very abnormal).

If the area of Barrett's is large and/or there is high-grade dysplasia, treatment of the abnormal area might be advised because of the high risk that an adenocarcinoma is either already present (but was not found) or will develop within a few years. Treatment options for high-grade dysplasia might include [surgery](#)² to remove part of the esophagus with the abnormal area, endoscopic mucosal resection (EMR), photodynamic therapy (PDT), or radiofrequency ablation (RFA). See [Endoscopic Treatments for Esophageal Cancer](#)³. The outlook for these patients is relatively good after treatment.

Careful monitoring and treatment (if needed) may help prevent some esophageal cancers from developing. It may also detect some cancers early, when they are more likely to be treated successfully.

Hyperlinks

1. www.cancer.org/cancer/esophagus-cancer/causes-risks-prevention/risk-factors.html
2. www.cancer.org/cancer/esophagus-cancer/treating/surgery.html
3. www.cancer.org/cancer/esophagus-cancer/treating/endoscopic-treatments.html

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Kleinberg L, Kelly R, Yang S, Wang JS, Forastiere AA. Chapter 74 – Cancer of the Esophagus. In: Niederhuber JE, Armitage JO, Dorshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa. Elsevier: 2014.

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Shaheen NJ, Falk GW, Iyer PG, Gerson LB; American College of Gastroenterology. ACG Clinical Guideline: Diagnosis and Management of Barrett's Esophagus. *Am J Gastroenterol*. 2015;111:30-50.

Shaheen NJ, Sharma P, Overholt BF, et al. Radiofrequency ablation in Barrett's esophagus with dysplasia. *N Engl J Med*. 2009;360:2277–2288.

Last Medical Review: June 14, 2017 Last Revised: June 14, 2017

Signs and Symptoms of Esophageal Cancer

Cancers of the esophagus are usually found because of the symptoms they cause. Diagnosis in people without symptoms is rare and usually accidental (because of tests done for other medical problems). Unfortunately, most esophageal cancers do not cause symptoms until they have reached an advanced stage, when they are harder to treat.

Trouble swallowing

The most common symptom of esophageal cancer is a problem swallowing, with a feeling like the food is stuck in the throat or chest, or even choking on food. The medical term for trouble swallowing is *dysphagia*. This is often mild when it starts, and then gets worse over time as the opening inside the esophagus gets smaller.

When swallowing becomes harder, people often change their diet and eating habits without realizing it. They take smaller bites and chew their food more carefully and slowly. As the cancer grows larger, the problem can get worse. People then might start eating softer foods that can pass through the esophagus more easily. They might avoid bread and meat, since these foods typically get stuck. The swallowing problem may even get bad enough that some people stop eating solid food completely and switch to a liquid diet. If the cancer keeps growing, at some point even liquids might be hard to swallow.

To help pass food through the esophagus, the body makes more saliva. This causes some people to complain of bringing up lots of thick mucus or saliva.

Chest pain

Sometimes, people have pain or discomfort in the middle part of their chest. Some people get a feeling of pressure or burning in the chest. These symptoms are more often caused by problems other than cancer, such as heartburn, so they are rarely seen as a signal that a person might have cancer.

Swallowing may become painful if the cancer is large enough to limit the passage of food through the esophagus. Pain may be felt a few seconds after swallowing, as food or liquid reaches the tumor and has trouble getting past it.

Weight loss

About half of people with esophageal cancer lose weight (without trying to). This happens because their swallowing problems keep them from eating enough to maintain their weight. Other factors include a decreased appetite and an increase in metabolism from the cancer.

Other symptoms

Other possible symptoms of cancer of the esophagus can include:

- Hoarseness
- Chronic cough

- Vomiting
- Hiccups
- Bone pain
- Bleeding into the esophagus. This blood then passes through the digestive tract, which may turn the stool black. Over time, this blood loss can lead to anemia (low red blood cell levels), which can make a person feel tired.

Having one or more of the symptoms above does not mean you have esophageal cancer. In fact, many of these symptoms are more likely to be caused by other conditions. Still, if you have any of these symptoms, especially trouble swallowing, it's important to have them checked by a doctor so that the cause can be found and treated, if needed.

References

Kleinberg L, Kelly R, Yang S, Wang JS, Forastiere AA. Chapter 74 – Cancer of the Esophagus. In: Niederhuber JE, Armitage JO, Dorshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa. Elsevier: 2014.

Posner MC, Minsky B, Ilson DH. Chapter 45 - Cancer of the esophagus. In: DeVita VT, Hellman S, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 9th ed. Philadelphia, Pa: Lippincott-Williams & Wilkins; 2015.

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Tests for Esophageal Cancer

Esophagus cancers are usually found because of [signs or symptoms](#) a person is having. If esophagus cancer is suspected, exams and tests will be needed to confirm the diagnosis. If cancer is found, further tests will be done to help determine the extent ([stage](#)) of the cancer.

Medical history and physical exam

If you have symptoms that might be caused by esophageal cancer, the doctor will ask about your medical history to check for possible [risk factors](#)¹ and to learn more about your symptoms.

Your doctor will also examine you to look for possible signs of esophageal cancer and other health problems. He or she will probably pay special attention to your neck and chest areas.

If the results of the exam are abnormal, your doctor will probably order tests to help find the problem. You may also be referred to a gastroenterologist (a doctor specializing in digestive system diseases) for further tests and treatment.

Imaging tests to look for esophagus cancer

[Imaging tests](#)² use x-rays, magnetic fields, sound waves, or radioactive substances to create pictures of the inside of your body. Imaging tests might be done for many reasons, such as:

- To help find a suspicious area that might be cancer
- To learn if and how far cancer has spread
- To help determine if the treatment is working
- To look for possible signs of cancer coming back after treatment

Barium swallow

In this test, a thick, chalky liquid called *barium* is swallowed to coat the walls of the esophagus. When x-rays are then taken, the barium clearly outlines the esophagus. This test can be done by itself, or as a part of a series of x-rays that includes the stomach and part of the intestine, called an *upper gastrointestinal (GI) series*. A barium swallow test can show any abnormal areas in the normally smooth surface of the inner lining of the esophagus, but it can't be used to determine how far a cancer may have spread outside of the esophagus.

This is sometimes the first test done to see what is causing a problem with swallowing. Even small, early cancers can often be seen using this test. Early cancers can look like small round bumps or flat, raised areas (called *plaques*), while advanced cancers look like large irregular areas and can cause narrowing of the inside of the esophagus.

This test can also be used to diagnose one of the more serious complications of esophageal cancer called a *tracheo-esophageal fistula*. This occurs when the tumor

destroys the tissue between the esophagus and the trachea(windpipe) and creates a hole connecting them. Anything that is swallowed can then pass from the esophagus into the windpipe and lungs. This can lead to frequent coughing, gagging, or even pneumonia. This problem can be helped with surgery or an endoscopy procedure.

Computed tomography (CT or CAT) scan

A [CT scan](#)³ uses x-rays to produce detailed cross-sectional images of your body. This test can help tell if esophageal cancer has spread to nearby organs and lymph nodes (bean-sized collections of immune cells to which cancers often spread first) or to distant parts of the body.

Before the test, you may be asked to drink 1 to 2 pints of a liquid called *oral contrast*. This helps outline the esophagus and intestines. If you are having any trouble swallowing, you need to tell your doctor before the scan.

Magnetic resonance imaging (MRI) scan

Like CT scans, [MRI scans](#)⁴ provide detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays. A contrast material called *gadolinium* may be injected into a vein before the scan to see details better. MRI can be used to look at abnormal areas in the brain and spinal cord that might be due to cancer spread.

Positron emission tomography (PET) scan

[PET scans](#)⁵ usually use a form of radioactive sugar (known as *fluorodeoxyglucose* or *FDG*) that is injected into the blood. Normal cells use different amounts of the sugar, depending on how fast they are growing. Cancer cells, which grow quickly, are more likely to absorb larger amounts of the radioactive sugar than normal cells. These areas of radioactivity can be seen on a PET scan using a special camera.

The picture from a PET scan is not as detailed as a CT or MRI scan, but it provides helpful information about whether abnormal areas seen on these other tests are likely to be cancer or not.

If you have already been diagnosed with cancer, your doctor may use this test to see if the cancer has spread to lymph nodes or other parts of the body. A PET scan can also be useful if your doctor thinks the cancer may have spread but doesn't know where.

PET/CT scan: Some machines can do both a PET and CT scan at the same time. This

lets the doctor compare areas of higher radioactivity on the PET scan with the more detailed picture of that area on the CT scan.

Endoscopy

An endoscope is a flexible, narrow tube with a tiny video camera and light on the end that is used to look inside the body. Tests that use endoscopes can help diagnose esophageal cancer or determine the extent of its spread.

Upper endoscopy

This is an important test for diagnosing esophageal cancer. During an [upper endoscopy](#)⁶, you are sedated (made sleepy) and then the doctor passes an endoscope down your throat and into the esophagus and stomach. The camera is connected to a monitor, which lets the doctor see any abnormal areas in the wall of the esophagus clearly.

The doctor can use special instruments through the scope to remove (biopsy) samples from any abnormal areas. These samples are sent to the lab to see if they contain cancer.

If the esophageal cancer is blocking the opening (called the *lumen*) of the esophagus, certain instruments can be used to help enlarge the opening to help food and liquid pass.

Upper endoscopy can give the doctor important information about the size and spread of the tumor, which can be used to help determine if the tumor can be removed with [surgery](#)⁷.

Endoscopic ultrasound

This test is usually done at the same time as the upper endoscopy. For an endoscopic ultrasound, a probe that gives off sound waves is at the end of an endoscope. This allows the probe to get very close to tumors in the esophagus. This test is very useful in determining the size of an esophageal cancer and how far it has grown into nearby areas. It can also help show if nearby lymph nodes might be affected by the cancer. If enlarged lymph nodes are seen on the ultrasound, the doctor can pass a thin, hollow needle through the endoscope to get biopsy samples of them. This helps the doctor decide if the tumor can be removed with surgery.

Bronchoscopy

This exam may be done for cancer in the upper part of the esophagus to see if it has spread to the windpipe (trachea) or the tubes leading from the windpipe into the lungs (bronchi).

Thoracoscopy and laparoscopy

These exams let the doctor see lymph nodes and other organs near the esophagus inside the chest (by thoracoscopy) or the abdomen (by laparoscopy) through a hollow lighted tube.

These procedures are done in an operating room while you are under general anesthesia (in a deep sleep). A small incision (cut) is made in the side of the chest wall (for thoracoscopy) or the abdomen (for laparoscopy). Sometimes more than one cut is made. The doctor then inserts a thin, lighted tube with a small video camera on the end through the incision to view the space around the esophagus. The surgeon can pass thin tools into the space to remove lymph nodes and biopsy samples to see if the cancer has spread. This information is often important in deciding whether a person is likely to benefit from surgery.

Lab tests of biopsy samples

Usually if a suspected esophageal cancer is found on endoscopy or an imaging test, it is biopsied. In a biopsy, the doctor removes a small piece of tissue with a special instrument passed through the scope. See [Testing Biopsy and Cytology Specimens for Cancer⁸](#) to learn more about the types of biopsies, how the tissue is used in the lab to diagnose cancer, and what the results may show.

HER2 testing: If esophageal cancer is found but is too advanced for surgery, your biopsy samples may be tested for the HER2 gene or protein. Some people with esophageal cancer have too much of the HER2 protein on the surface of their cancer cells, which helps the cells grow. A drug that targets the HER2 protein called trastuzumab (Herceptin[®]) may help treat these cancers when used along with [chemotherapy⁹](#). Only cancers that have too much of the HER2 gene or protein are likely to be affected by this drug, which is why doctors may test tumor samples for it. (See [Targeted Therapy for Esophageal Cancer¹⁰](#).)

Blood tests

Your doctor might order certain blood tests to help determine if you have esophageal cancer.

Complete blood count (CBC): This test measures the different types of cells in your blood. It can show if you have anemia (too few red blood cells). Some people with esophageal cancer become anemic because the tumor has been bleeding.

Liver enzymes: You may also have a blood test to check your liver function, because esophageal cancer can spread to the liver.

Hyperlinks

1. www.cancer.org/cancer/esophagus-cancer/causes-risks-prevention/risk-factors.html
2. www.cancer.org/treatment/understanding-your-diagnosis/tests/imaging-radiology-tests-for-cancer.html
3. www.cancer.org/treatment/understanding-your-diagnosis/tests/ct-scan-for-cancer.html
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Last Medical Review: June 14, 2017 Last Revised: June 14, 2017

Esophageal Cancer Stages

After someone is diagnosed with esophageal cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called **staging**. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to [treat](#)¹ it. Doctors also use a cancer's stage when talking about survival statistics.

The earliest stage esophageal cancers are called stage 0 (high grade dysplasia). It then ranges from stage I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. And within a stage, an earlier letter means a lower stage. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

Most esophageal cancers start in the innermost lining of the esophagus (the epithelium) and then grow into deeper layers over time.

How is the stage determined?

The staging system most often used for esophageal cancer is the American Joint Committee on Cancer (AJCC) TNM system, which is based on 3 key pieces of information:

- The extent (size) of the **tumor (T)**: How far has the cancer grown into the wall of the esophagus? Has the cancer reached nearby structures or organs? (See [What Is Cancer of the Esophagus?](#)² to learn about the layers of the esophagus wall.)
- The spread to nearby lymph **nodes (N)**: Has the cancer spread to nearby lymph

nodes?

- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant lymph nodes or distant organs such as the lungs or liver?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called *stage grouping* to assign an overall stage. For more information see [Cancer Staging](#)³.

Staging systems for esophageal cancer

Since esophageal cancer can be treated in different ways, different staging systems have been created for each situation:

- **Pathological stage** (also called the *surgical stage*): If surgery is done first, the pathological stage is determined by examining tissue removed during an operation. This is the most common system used.
- **Clinical stage**: If surgery might not be possible or will be done after other treatment is given, then the clinical stage is determined based on the results of a physical exam, biopsy, and imaging tests. The clinical stage will be used to help plan treatment, but it might not predict outlook as accurately as the pathologic stage. This is because sometimes the cancer has spread further than the clinical stage estimates.
- **Postneoadjuvant stage**: If surgery is done after other treatments such as chemotherapy or radiation have been given (this is called *neoadjuvant therapy*), then a separate postneoadjuvant stage will be determined after surgery.

Since most cancers are staged with the pathological stage, we have included that staging system in the tables below. If your cancer has been clinically staged or if you have had neoadjuvant therapy, it is best to talk to your doctor about your specific stage for those situations.

Grade

Another factor that can affect your treatment and your outlook is the grade of your cancer. The grade describes how closely the cancer looks like normal tissue when seen under a microscope.

The scale used for grading esophagus cancers is from 1 to 3.

- **GX:** The grade cannot be assessed.(The grade is unknown).
- **Grade 1 (G1: well differentiated)** means the cancer cells look more like normal esophagus tissue.
- **Grade 3 (G3: poorly differentiated, undifferentiated)** means the cancer cells look very abnormal.
- **Grades 2 (G2: moderately differentiated)** falls somewhere in between G1 and G3.

The grade is often simplified as either low grade (G1) or high grade (G3).

Low-grade cancers tend to grow and spread more slowly than high-grade cancers. Most of the time, the outlook is better for low-grade cancers than it is for high-grade cancers of the same stage.

Location

Some stages of early squamous cell carcinoma also take into account where the tumor is in the esophagus. The location is assigned as either *upper*, *middle*, or *lower* based on where the middle of the tumor is.

Esophageal cancer stage descriptions

The tables below are simplified versions of the TNM system, based on the most recent AJCC systems effective January 2018. They include staging systems for *squamous cell carcinoma* and *adenocarcinoma*. It's important to know that esophageal cancer staging can be complex. If you have any questions about the stage of your cancer or what it means, please ask your doctor to explain it to you in a way you understand.

Squamous Cell Carcinoma Stages

AJCC Stage	Stage description
	SQUAMOUS CELL CARCINOMA
0	The cancer is only in the epithelium (the top layer of cells lining the inside of the esophagus). It has not started growing into the deeper layers. This stage is also known as high-grade dysplasia. It has not spread to any lymph nodes or distant organs.

	The cancer grade does not apply. The cancer can be located anywhere in the esophagus.
IA	<p>The cancer is growing into the lamina propria or muscularis mucosa (the tissue under the epithelium). It has not spread to any lymph nodes or distant organs.</p> <p>The cancer is grade 1 or an unknown grade and located anywhere in the esophagus.</p>
IB	<p>The cancer is growing into the lamina propria, muscularis mucosa (the tissue under the epithelium), submucosa or the thick muscle layer (muscularis propria). It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be any grade or an unknown grade and located anywhere in the esophagus.</p>
IIA	<p>The cancer is growing into the thick muscle layer (muscularis propria). It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be grade 2 or 3 or an unknown grade and located anywhere in the esophagus.</p>
	OR
	<p>The cancer is growing into the outer layer of the esophagus (the adventitia). It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be any of the following:</p> <ul style="list-style-type: none"> • Any grade and located in the lower esophagus OR • Grade 1 and located in the upper or middle esophagus.
IIB	<p>The cancer is growing into the outer layer of the esophagus (the adventitia). It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be any of the following:</p> <ul style="list-style-type: none"> • Grade 2 or 3 and located in the upper or middle of the esophagus OR • An unknown grade and located anywhere in the

	<p>esophagus OR</p> <ul style="list-style-type: none"> Any grade and have an unknown location in the esophagus.
	<p>OR</p> <p>The cancer is growing into the lamina propria, muscularis mucosa (the tissue under the epithelium) or into the submucosa. It has spread to 1 or 2 nearby lymph nodes.</p> <p>The cancer can be any grade and located anywhere in the esophagus.</p>
IIIA	<p>The cancer is growing into the lamina propria, muscularis mucosa (the tissue under the epithelium), submucosa or the thick muscle layer (muscularis propria). It has spread to no more than 6 nearby lymph nodes. It has not spread to distant organs.</p> <p>The cancer can be any grade and located anywhere in the esophagus.</p>
IIIB	<p>The cancer is growing into:</p> <ul style="list-style-type: none"> The thick muscle layer (muscularis propria) and spread to no more than 6 nearby lymph nodes OR The outer layer of the esophagus (the adventitia) and spread to no more than 6 nearby lymph nodes OR The pleura (the thin layer of tissue covering the lungs), the pericardium (the thin sac surrounding the heart), or the diaphragm (the muscle below the lungs that separates the chest from the abdomen) and spread to no more than 2 nearby lymph nodes. <p>It has not spread to distant organs.</p> <p>The cancer can be any grade and located anywhere in the esophagus.</p>
IVA	<p>The cancer is growing into:</p> <ul style="list-style-type: none"> The pleura (the thin layer of tissue covering the lungs), the pericardium (the thin sac surrounding the heart), or

	<p>the diaphragm (the muscle below the lungs that separates the chest from the abdomen) and spread to no more than 6 nearby lymph nodes OR</p> <ul style="list-style-type: none"> • The trachea (windpipe), the aorta (the large blood vessel coming from the heart), the spine, or other crucial structures and no more than 6 nearby lymph nodes OR • Any layers of the esophagus and spread to 7 or more nearby lymph nodes. <p>It has not spread to distant organs.</p> <p>The cancer can be any grade and located anywhere in the esophagus.</p>
IVB	The cancer has spread to distant lymph nodes and/or other organs. such as the liver and lungs. The cancer can be any grade and located anywhere in the esophagus.

Adenocarcinoma stages

The location of the cancer in the esophagus does not affect the stage of adenocarcinomas.

AJCC Stage	Stage description
	ADENOCARCINOMA
0	<p>The cancer is only in the epithelium (the top layer of cells lining the inside of the esophagus). It has not started growing into the deeper layers. This stage is also known as high-grade dysplasia. It has not spread to any lymph nodes or distant organs.</p> <p>The cancer grade does not apply.</p>
IA	<p>The cancer is growing into the lamina propria or muscularis mucosa (the tissue under the epithelium). It has not spread to any lymph nodes or distant organs.</p> <p>The cancer is grade 1 or an unknown grade.</p>
IB	The cancer is growing into the lamina propria, muscularis

	<p>mucosa (the tissue under the epithelium), or the submucosa. It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be grade 1 or 2 or an unknown grade.</p>
IC	<p>The cancer is growing into the lamina propria, muscularis mucosa (the tissue under the epithelium), submucosa or the thick muscle layer (muscularis propria). It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be grade 1, 2 or 3.</p>
IIA	<p>The cancer is growing into the thick muscle layer (muscularis propria). It has not spread to nearby lymph nodes or to distant organs.</p> <p>The cancer can be grade 3 or an unknown grade.</p>
IIB	<p>The cancer is growing into the lamina propria, muscularis mucosa (the tissue under the epithelium), or the submucosa. It has spread to 1 or 2 nearby lymph nodes. It has not spread to distant organs.</p> <p>The cancer can be any grade.</p>
	<p>OR</p> <p>The cancer is growing into the outer layer of the esophagus (the adventitia). It has not spread nearby lymph nodes.</p> <p>The cancer can be any grade.</p>
IIIA	<p>The cancer is growing into the lamina propria, muscularis mucosa (the tissue under the epithelium), the submucosa, or the thick muscle layer (muscularis propria).</p> <p>It has spread to no more than 6 nearby lymph nodes. It has not spread to distant organs.</p> <p>The cancer can be any grade.</p>
IIIB	<p>The cancer is growing into:</p> <ul style="list-style-type: none"> • The thick muscle layer (muscularis propria) and spread to no more than 6 nearby lymph nodes OR

	<ul style="list-style-type: none"> • The outer layer of the esophagus (the adventitia) and spread to no more than 6 nearby lymph nodes OR • The pleura (the thin layer of tissue covering the lungs), the pericardium (the thin sac surrounding the heart), or the diaphragm (the muscle below the lungs that separates the chest from the abdomen) and spread to no more than 2 nearby lymph nodes. <p>It has not spread to distant organs.</p> <p>The cancer can be any grade.</p>
IVA	<p>The cancer is growing into:</p> <ul style="list-style-type: none"> • The pleura (the thin layer of tissue covering the lungs), the pericardium (the thin sac surrounding the heart), or the diaphragm (the muscle below the lungs that separates the chest from the abdomen) and spread to no more than 6 nearby lymph nodes OR • The trachea (windpipe), the aorta (the large blood vessel coming from the heart), the spine, or other crucial structures and no more than 6 nearby lymph nodes OR • Any layers of the esophagus and spread to 7 or more nearby lymph nodes. <p>It has not spread to distant organs.</p> <p>The cancer can be any grade.</p>
IVB	<p>The cancer has spread to distant lymph nodes and/or other organs. such as the liver and lungs. The cancer can be any grade.</p>

Resectable versus unresectable cancer

The AJCC staging system provides a detailed summary of how far an esophagus cancer has spread. But for treatment purposes, doctors are often more concerned about whether the cancer can be removed completely with [surgery](#)⁴

(resected). If, based on where the cancer is located and how far it has spread, it could be removed completely by surgery, it is considered potentially *resectable*. If the cancer has spread too far to be removed completely, it is considered *unresectable*.

As a general rule, all stage 0, I, and II esophageal cancers are potentially resectable. Most stage III cancers are potentially resectable also, even when they have spread to nearby lymph nodes, as long as the cancer has not grown into the trachea (windpipe), the aorta (the large blood vessel coming from the heart), the spine, or other nearby important structures. Unfortunately, many people whose cancer is potentially resectable might not be able to have surgery to remove their cancers because they aren't healthy enough.

Cancers that have grown into nearby structures or that have spread to distant lymph nodes or to other organs are considered unresectable, so treatments other than surgery are usually the best option.

Hyperlinks

1. www.cancer.org/cancer/esophagus-cancer/treating.html
2. www.cancer.org/cancer/esophagus-cancer/about/what-is-cancer-of-the-esophagus.html
3. www.cancer.org/treatment/understanding-your-diagnosis/staging.html
4. www.cancer.org/cancer/esophagus-cancer/treating/surgery.html

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Last Medical Review: December 14, 2017 Last Revised: December 14, 2017

Survival Rates for Esophageal Cancer

Survival rates can give you an idea of what percentage of people with the same type and stage of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. They can't tell you how long you will live, but they may help give you a better understanding of how likely it is that your treatment will be successful.

Keep in mind that survival rates are estimates and are often based on previous outcomes of large numbers of people who had a specific cancer, but they can't predict what will happen in any particular person's case. These statistics can be confusing and may lead you to have more questions. Talk with your doctor about how these numbers may apply to you, as he or she is familiar with your situation.

What is a 5-year relative survival rate?

A **relative survival rate** compares people with the same type and stage of esophageal cancer to people in the overall population. For example, if the **5-year relative survival rate** for a specific stage of esophageal cancer is 60%, it means that people who have that cancer are, on average, about 60% as likely as people who don't have that cancer to live for at least 5 years after being diagnosed.

Where do these numbers come from?

The American Cancer Society relies on information from the SEER* database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer. The SEER database tracks 5-year relative survival rates for esophageal cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by AJCC [TNM stages](#) (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- **Localized** means that the cancer is only growing in the esophagus. This includes AJCC stage I and some stage II tumors (such as those that are T1, T2, or T3, N0, M0). Stage 0 cancers are not included in these statistics.
- **Regional** means that the cancer has spread to nearby lymph nodes or tissues. This includes T4 tumors and cancers with lymph node spread (N1, N2, or N3).
- **Distant** means that the cancer has spread to organs or lymph nodes away from the main tumor, and includes all M1 (stage IV) cancers.

5-year relative survival rates for esophageal cancer

(Based on people diagnosed with esophageal cancer between 2008 and 2014.)

Stage	5-Year Relative Survival Rate
Localized	45%
Regional	24%
Distant	5%
All SEER stages combined	19%

These survival rates do not separate squamous cell carcinomas from adenocarcinomas, although people with adenocarcinomas are generally thought to have a slightly better prognosis (outlook) overall.

Understanding the numbers

- **People now being diagnosed with esophageal cancer may have a better outlook than these numbers show.** Treatments improve over time, and these numbers are based on people who were diagnosed and treated at least five years earlier.
- **These numbers apply only to the stage of the cancer when it is first diagnosed.** They do not apply later on if the cancer grows, spreads, or comes back after treatment.
- **These numbers don't take everything into account.** Survival rates are grouped based on how far the cancer has spread, but your age, overall health, how well the cancer responds to treatment, and other factors will also affect your outlook.

*SEER = Surveillance, Epidemiology, and End Results

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Last Medical Review: June 14, 2017 Last Revised: January 31, 2019

What Should You Ask Your Doctor About Esophageal Cancer?

It's important for you to have honest, open discussions with your cancer care team. They want to answer all your questions, so that you can make informed treatment and life decisions. For instance, consider these questions:

When you're told you have esophageal cancer

- Where is the cancer located?
- Has the cancer spread beyond where it started?
- What is [the cancer's stage \(extent\)](#), and what does that mean?
- Will I need other [tests](#) before we can decide on treatment?
- Do I need to see any other doctors or health professionals?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

When deciding on a treatment plan

- What are my [treatment options](#)¹?
- What do you recommend and why?
- How much experience do you have treating this type of cancer?
- Should I get a [second opinion](#)²? How do I do that? Can you recommend someone?
- What would the goal of the treatment be?
- How quickly do we need to decide on treatment? What should I do to be ready for treatment?

- How long will treatment last? What will it be like? Where will it be done?
- What risks or side effects are there to the treatments you suggest? Are there things I can do to reduce these side effects?
- How might treatment affect my daily activities? Can I still work full time?
- What are the chances the cancer will recur (come back) with these treatment plans?
- What will we do if the treatment doesn't work or if the cancer recurs?
- What if I have trouble getting to and from my treatments because of transportation problems?

During treatment

Once treatment begins, you'll need to know what to expect and what to look for. Not all of these questions may apply to you, but asking the ones that do may be helpful.

- How will we know if the treatment is working?
- Is there anything I can do to help manage side effects?
- What symptoms or side effects should I tell you about right away?
- How can I reach you on nights, holidays, or weekends?
- Do I need to change what I eat during treatment?
- Are there any limits on what I can do?
- Can I exercise during treatment? If so, what kind of exercise should I do, and how often?
- Can you suggest a mental health professional I can see if I start to feel overwhelmed, depressed, or distressed?
- What if I need some social support during treatment because my family lives far away?

After treatment

- Do I need a special diet after treatment?
- Are there any limits on what I can do?
- What other symptoms should I watch for?
- What kind of exercise should I do now?
- What type of follow-up will I need after treatment?
- How often will I need to have follow-up exams and imaging tests?

- Will I need any blood tests?
- How will we know if the cancer has come back? What should I watch for?

Along with these sample questions, be sure to write down some of your own. For instance, you might want more information about recovery times so you can plan your work or activity schedule. You might also want to ask about [clinical trials](#)³ for which you may qualify.

Keep in mind that doctors are not the only ones who can provide you with information. Other health care professionals, such as nurses and social workers, may have the answers to some of your questions. You can find more information about communicating with your health care team in [The Doctor-Patient Relationship](#)⁴.

Hyperlinks

1. www.cancer.org/cancer/esophagus-cancer/treating.html
2. www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team/seeking-a-second-opinion.html
3. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
4. www.cancer.org/treatment/understanding-your-diagnosis/talking-about-cancer/the-doctor-patient-relationship.html

Last Medical Review: June 14, 2017 Last Revised: June 14, 2017

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