

- [Questions to Ask About Esophageal Cancer](#)

Can Esophageal Cancer Be Found Early?

- [Testing people at high risk](#)

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

Barrett's esophagus

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](#)².) The doctor may remove small samples of tissue (biopsies) from the abnormal area 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 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](#)

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Signs and Symptoms of Esophageal Cancer

rare for people without symptoms to be diagnosed with this cancer. When it does happen, the cancer is usually found by accident 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.

The most common symptoms of esophageal cancer are:

- Trouble swallowing
- Chest pain
- Weight loss
- Hoarseness
- Chronic cough
- Vomiting
- Bone pain (if cancer has spread to the bone)
- 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 symptoms 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.

Trouble swallowing

The most common symptom of esophageal cancer is a problem swallowing (called *dysphagia*). It can feel like the food is stuck in the throat or chest, and can even cause someone to choke on their food. This is often mild when it starts, and then gets worse over time as the cancer grows and 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 (spit).

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. The medical term for painful swallowing is *odynophagia*. Pain may be felt a few seconds after swallowing, as food or liquid reaches the tumor and has trouble getting around it.

Weight loss

Many people with esophageal cancer lose weight without trying to. This happens because their swallowing problems keep them from eating enough to maintain their weight. The cancer might also decrease their appetite and increase their metabolism.

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Tests for Esophageal Cancer

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

Barium swallow test

If you're having trouble swallowing, sometimes a barium swallow is the first test done. In this test, you will be asked to swallow a thick, chalky liquid called *barium* to coat the walls of the esophagus. When x-rays are taken, the barium outlines the esophagus. This test can be done by itself, or as a part of a series of x-rays called an [upper gastrointestinal \(GI\) series⁵](#), that includes the stomach and part of the intestine

A barium swallow test can show any abnormal areas in the normally smooth 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 test can show even small, early cancers. 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) scan

A [CT scan⁶](#) uses x-rays to make detailed cross-sectional images of your body. Instead of taking 1 or 2 pictures, like a regular x-ray, a CT scanner takes many pictures and a computer then combines them to show a slice of the part of your body being studied.

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.

CT-guided needle biopsy: If a suspected area of cancer is deep within your body, a CT scan might be used to guide a biopsy needle into this area to get a tissue sample to check for cancer.

Magnetic resonance imaging (MRI) scan

Like CT scans, [MRI scans](#)⁷ show detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays. MRI can also be used to look for possible cancer spread to the brain and spinal cord.

Positron emission tomography (PET) scan

[endoscopy](#)⁹, you are sedated (made sleepy) and then the doctor passes an endoscope

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 scope (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](#)¹³, the doctor removes a small piece of tissue with a cutting instrument passed through the scope.

HER2 testing: If esophageal cancer is too advanced for surgery, your biopsy samples may be tested for the HER2 gene or protein. In some people, the esophageal cancer cells make too much of the HER2 protein, which helps them grow. Drugs that target the HER2 protein may help treat these cancers. Only cancers that have too much of the HER2 gene or protein are likely to benefit from these drugs, which is why doctors may test tumor samples for it. (See [Targeted Drug Therapy for Esophageal Cancer](#)¹⁴.)

PD-L1 testing: Some esophageal cancers may be tested to see how much of the PD-L1 protein the cancer cells have. Tumors with more of this protein might be more likely to be helped by an [immunotherapy](#)¹⁵ drug.

MMR and MSI testing: Esophageal cancer cells might be tested to see if they show high levels of gene changes called microsatellite instability (MSI), or if they have changes in any of the mismatch repair (MMR) genes (*MLH1*, *MSH2*, *MSH6*, and *PMS2*).

Esophageal cancers that test positive for MMR changes or high MSI and cannot be treated with surgery, have come back after initial treatment, or have spread to other parts of the body might benefit from treatment with an immunotherapy drug.

See [Testing Biopsy and Cytology Specimens for Cancer](#)¹⁶ 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.

Blood tests

Your doctor might order certain blood tests if they think 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 have low red blood cell counts because the tumor has been bleeding.

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

Hyperlinks

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Esophageal Cancer Stages

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 through a microscope.

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

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

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*.

Stage	SQUAMOUS CELL CARCINOMA
0	The cancer is only in the epithelium (the top layer of cells lining the inside of

	<ul style="list-style-type: none"> • An unknown grade and located anywhere in the esophagus OR • 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 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>The trachea (windpipe), the aorta (the large blood vessel coming from</p>

	<p>nodes.</p> <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	<p>The cancer is growing into the lamina propria, muscularis 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 The outer layer of the esophagus (the adventitia) and spread to no more than 6 nearby lymph nodes

	The cancer can be any grade.
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	The cancer has spread to distant lymph nodes and/or other organs. such as the liver and lungs. The cancer can be any grade.

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 (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, 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.

If you have localized esophageal cancer, it is often recommended that your case be discussed at a multidisciplinary meeting. In this meeting, your medical information is

reviewed at one time with doctors from different specialties (for example, medical oncology, pathology, surgery, radiation oncology) who, as a group, recommend a treatment plan for you.

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/types/esophagus-cancer/treating.html
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3. www.cancer.org/cancer/diagnosis-staging/staging.html

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Survival Rates for Esophageal Cancer

- [What is a 5-year relative survival rate?](#)
- [Where do these numbers come from?](#)
- [5-year relative survival rates for esophageal cancer](#)
- [Understanding the numbers](#)

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. Ask your doctor how these numbers might apply to you.

What is a 5-year relative survival rate?

A relative survival rate compares people with the same 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 Surveillance, Epidemiology, and End Results (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](#)¹ (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- Localized means that the cancer is growing only in the esophagus.
- Regional means that the cancer has spread to nearby lymph nodes or tissues.
- Distant means that the cancer has spread to organs or lymph nodes away from the main tumor.

5-year relative survival rates for esophageal cancer

These numbers are based on people diagnosed with esophageal cancer between 2013 and 2019.

Stage	5-Year Relative Survival Rate
Localized	49%
Regional	28%
Distant	6%
All SEER* stages combined	22%

*SEER = Surveillance, Epidemiology, and End Results

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.

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Questions to Ask 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

- What [kind of esophageal cancer](#)¹ do I have?
- Where is the cancer located?
- Has the cancer spread beyond where it started?
- What is [the cancer's stage \(extent\)](#)², and what does that mean?
- Will I need other [tests](#)³ before we can decide on treatment?
- Should the cancer be checked for [gene changes](#)⁴ that could help you choose my treatment options?
- 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](#)⁵?
- What do you recommend and why?
- How much experience do you have treating this type of cancer?
- Should I get a [second opinion](#)⁶? How do I do that? Can you recommend someone?

After treatment

- Do I need a special diet after treatment? Should I eat smaller, more frequent meals from now on?
- Do I need to take certain vitamins after treatment?
- Are there any limits on what I can do?
- What 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 endoscopy 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 if you qualify for a [clinical trial](#)⁹.

Doctors are not the only ones who can give you information. Other health care professionals, such as nurses and social workers, can also answer some of your questions. You can find more information about speaking with your health care team in [The Doctor-Patient Relationship](#)¹⁰.

Hyperlinks

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