

Frequently asked questions about cancer of the oesophagus

You have recently had some tests that tell us that you have a cancer in your oesophagus (gullet). We hope this information will help answer some of your questions – if you have any concerns and worries, please do not hesitate to ask us. We want you to understand what is happening so you can make informed decisions about what we do next for you.

What is the oesophagus and where is it?

The oesophagus is a long, muscular tube that connects the back of your throat to your stomach. It is around 30 cm long and lies between your lungs in your chest. After you swallow, the muscles in the oesophagus contract to squeeze your food and drink down into your stomach. If your oesophagus is narrowed for any reason, it can be more difficult to swallow.

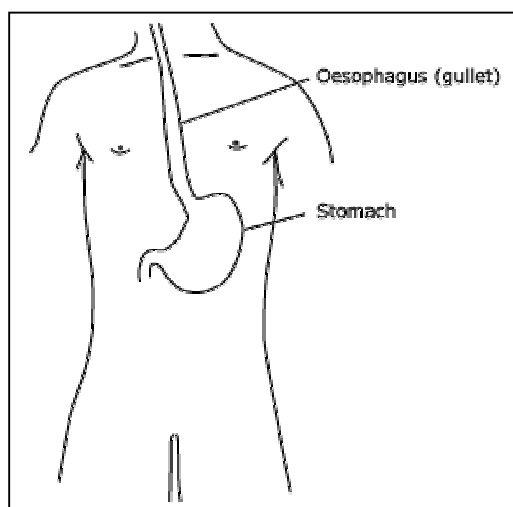


Diagram of your oesophagus and stomach

What is cancer of the oesophagus?

Cancer of the oesophagus is a type of malignant tumour that has developed in your gullet.

Why do cancers develop?

A cancer is a type of tumour, which is a collection of out-of-control cells.

Our body is made up of many millions of cells. These are normally under careful control so that they only divide and grow when the body needs them to. Sometimes, some of these cells get out of control to form a tumour (which can form a lump). We now know much more about why and how this happens, which helps us to develop new treatments.

Tumours can be either benign or malignant. Benign tumours (such as skin tags and warts) tend to remain in the local area, which is why they can be less serious and more easily treated than cancer.

Cancers are malignant tumours. If untreated, cancers tend to grow bigger and affect surrounding tissues and organs. Sometimes, some of the cancer cells break away and spread to more distant parts of the body. When this happens, a new tumour can form - these are called secondaries or metastases.

How do you know that I have cancer?

If we suspect that someone might have a problem with their oesophagus, the first test we usually do is an endoscopy. This is when we pass a tube down the throat and oesophagus to take a look at what is causing the symptoms. If we see any areas that don't look completely normal, we can remove some small samples (biopsies) using the endoscope. Our specialist

pathologists at Addenbrooke's can then look at the cells in the sample under a microscope and tell us if they find any cancer cells.

Why have I got this cancer?

Most people want to know why they have developed a cancer – but it is a very difficult question to answer. We don't yet know what causes cancer of the oesophagus. We can't yet predict who is going to get it. We think that our diets and whether we smoke might put us more at risk. We also think if we have acid reflux (regurgitation of acid into the mouth) for a long period of time it might put us more at risk. Older people are more likely to develop this type of cancer. It is more common in men than women.

Can cancer of the oesophagus be treated?

This type of cancer can be treated in a number of ways. The type of treatment we recommend to you will depend on the type of cancer you have, where it is, how big it is, and how fit you are in general.

Is surgery for the cancer the best option for me?

If we can remove the cancer of the oesophagus using surgery, this probably gives the best chance of a cure. However, not everybody will be suitable for, or want, this type of treatment, which involves major surgery. When we have the results from all your tests, we can discuss all your options including surgery.

What are the other treatment options?

Because every person and cancer is different, there is no 'standard treatment' for this cancer. Our teams of surgeons and doctors will carefully review your tests results before we discuss with you your options.

If we don't think surgery will benefit you, or you decide you do not want to have major surgery, we have a number of other options. These can reduce your symptoms and make you more comfortable, especially with swallowing. For example we may be able to offer you radiotherapy, chemotherapy, laser therapy, dilatation (stretching of the oesophagus), passing a stent (tube) into the oesophagus to hold it open, or a combination of these.

The full range of treatments for this cancer (including the latest developments) are available at Addenbrooke's, so you can expect to be offered the best treatment for you.

What happens now?

When we are sure that you have a cancer of the oesophagus, we will need to find out more about the cancer and your general health. You will already have had an endoscopy, which will help guide us to the next set of tests for you. These can include blood tests and computerised tomography (CT) scans, which are a special type of X-ray. You will be given more information about these tests and how they can help us offer the best options for you.

When we have the results from all of these tests, your consultant will discuss them with you together with your treatment options at this stage. Depending on the treatment recommended, we might need to carry out some further tests. We will discuss this with you at the time.

Who makes the decisions and whom can I ask for advice?

We consider you to be the most important person during all of this. You will be very involved in all of the discussions regarding your treatment. We will offer you an explanation about everything that is happening. Nothing will take place without your permission.

If you are unsure about anything at anytime do not hesitate to ask or contact The Oesophago-gastric Cancer Nurse Specialist Tel: 01480 364 914.