



Your guide to
Oesophageal cancer



Oesophageal cancer

The oesophagus is the pipe which carries food from the mouth to the stomach. It is sometimes referred to as the gullet or food pipe and is part of the digestive system. The walls of the oesophagus are made of many cells which form 3 layers of tissue, the mucosa (inner layer which secretes mucus to lubricate the tube), muscle layer (squeezy layer which moves the food) and connective tissue (stiff supportive outer layer).

Cancer begins when the cells making up a tissue begin to grow and divide in an uncontrolled way. Oesophageal cancer can occur at any point along the tube, from the upper section in the throat, down the middle section in the upper chest to the lower part where the oesophagus joins the stomach. Most commonly, oesophageal cancer begins in the mucosa in either the gland (mucus secretory) cells or the lining cells. The two main types of oesophageal cancer are named according to which type of cells they start in.

- ✓ **Adenocarcinoma** – starting in the gland cells, this is the most common type of oesophageal cancer diagnosed in the UK. They usually begin in the lower part of the oesophagus.
- ✓ **Squamous cell carcinoma** – starting in the lining cells, this is the second most diagnosed oesophageal cancer in the UK. Usually, squamous cell carcinomas begin in the upper or middle sections of the oesophagus.
- ✓ **Undifferentiated carcinoma** – this label is used when the cancer cells are not clearly identifiable under the microscope because they look underdeveloped.

Some other, less common types of cancer can develop in the oesophagus including gastro oesophageal junction cancers and melanoma.

[More information about the types of oesophageal cancer | Cancer Research UK](#) →

Each year, in the UK, around 9,400 people are diagnosed with oesophageal cancer making it the 14th most common cancer (4th August 2005, [What is oesophageal cancer | Cancer Research UK](#)).

Risk factors

Certain things, some of which can be changed and others which cannot, can increase the risk of developing oesophageal cancer. Having one or more of these risk factors does not guarantee a diagnosis of oesophageal cancer and some people who are diagnosed do not have any known risk factors.

- ✓ **Age** – oesophageal cancer is not very common in people under 45 and is more common in people over 75.
- ✓ **Gender** – men are more likely to be diagnosed with oesophageal cancer than women.
- ✓ **Medical conditions** – gastro-oesophageal reflux disease (GORD, long-term, severe acid reflux) and Barrett's oesophagus are known to increase the risk of developing oesophageal cancer.
- ✓ **Lifestyle factors** – drinking alcohol excessively and smoking have both been linked to oesophageal cancer.
- ✓ **Weight** – being overweight or obese has been linked to oesophageal cancer.

[Click here for more about the causes of oesophageal cancer | NHS](#) →

Symptoms

- ✓ Difficulty swallowing – this is the most common symptom of oesophageal cancer – it can feel like food is getting stuck in the throat or chest
- ✓ Regurgitation (food coming back before it reaches the stomach), nausea (feeling sick) or vomiting (being sick)
- ✓ Weight loss
- ✓ Back or chest pain
- ✓ Chest or throat pain when swallowing
- ✓ Persistent indigestion or heartburn
- ✓ Cough which doesn't go away or a hoarse voice

These symptoms can be caused by conditions other than oesophageal cancer, but it is important to get them checked as soon as possible because early diagnosis makes oesophageal cancer more treatable.

[More information about the symptoms of oesophageal cancer | Macmillan Cancer Support](#) →



Diagnosis

If you visit your GP with symptoms of oesophageal cancer, they'll ask questions about your general health, lifestyle and symptoms you're experiencing. They may examine you for areas of swelling or pain, and listen to your chest and abdomen for sounds that could indicate something unexpected. You may also be asked to take a blood test.

If your GP is concerned about any of the things they've found, they may refer you for tests at a hospital to look inside the oesophagus or to a specialist who will arrange further investigations.

- ✓ **Gastroscopy** – a camera on a thin flexible tube is used to look inside the oesophagus.
- ✓ **Scans** – including a CT or PET-CT scan which takes multiple images and combines them to create a 3D image of the oesophagus and other organs.
- ✓ **Ultrasound** – sound waves are used to create a picture of the inside of the body. A thin tube, called an endoscope, carries the ultrasound probe down the oesophagus.
- ✓ **Laparoscopy** – a surgical procedure used to look inside the body at areas of concern.
- ✓ **Biopsy** – a small sample of cells is taken from any areas of suspicion to be tested for cancer. The sample may also be tested for tumour markers, gene, DNA and protein changes.

[More information about testing for oesophageal cancer | Cancer Research UK](#) →

Treatment

Which treatments are offered depends on the stage and grade of the cancer when it is diagnosed (how big and how advanced), the position within the oesophagus and your general health and preferences. Treatment may be offered with the intention of curing the cancer, slowing the growth or managing symptoms.

Treatments may be used alone, in combination or one after the other. The main treatments for oesophageal cancer are:

- ✓ **Surgery** – to remove cancer which has not spread outside the oesophagus. The cancerous lining cells, and part or all of the oesophagus, may be removed. The top part of the stomach may also be removed depending on where the cancer is located. Surgical procedures may also be used to relieve symptoms caused by the tumour narrowing the oesophagus.
- ✓ **Chemotherapy** – drugs which are toxic to cells are used to kill the cancer or shrink the tumour to make it possible to remove surgically. Chemotherapy can also be used to relieve symptoms in oesophageal cancer which cannot be cured.
- ✓ **Radiotherapy** – targeted radiation is used to kill the cancer or slow the growth and control symptoms. Radiotherapy can also be used to relieve symptoms in oesophageal cancer which cannot be cured.
- ✓ **Targeted and immunotherapy drugs** – these treatments use something on the cancer cells to identify them and interfere with their growth and survival.
- ✓ **Symptom control treatments** – if it isn't possible to cure the oesophageal cancer, treatments can be given to relieve symptoms and improve comfort and quality of life. These may include laser or heat treatment to burn away parts of the cancer and create more space in the oesophagus. Dilation (stretching) of the oesophagus or insertion of a stent (reinforcing tube) may also be used to improve the passage of food.

[More information about treatment for oesophageal cancer | Cancer Research UK](#) →



Living with or after oesophageal cancer

Eating

While recovery from surgery used to treat oesophageal cancer may take some months, the changes to the digestive system that it creates can take up to a year to adjust to. A liquid diet, sometimes delivered through a feeding tube, is common after surgery while the surgery sites heal. Solid foods are introduced gradually starting with softer options and with extra chewing. The gut may initially struggle to digest the food as it would usually, resulting in diarrhoea. This is common, and it should settle as the diet becomes more normal and the body heals.

Swallowing difficulties

Oesophageal cancer and many of the treatments for it can cause restriction or narrowing of the oesophagus. This can make it difficult to swallow food and lead to the feeling that things become stuck. Choosing soft foods and eating small amounts more often rather than large meals can help things pass through more easily. There are lots of ways to add calories to foods to increase the nutritional value without having to increase the quantity consumed. If the swallowing problems are severe, a Speech and Language Therapy (SALT) referral can be made.

Late dumping syndrome (post prandial hypoglycaemia)

If all or part of the oesophagus is removed during surgery to treat oesophageal cancer, food travels more quickly through the digestive system into the small bowel as it doesn't have as far to go. Because the food arrives all in one go instead of gradually, sugar from food and drinks is absorbed more quickly through the bowel walls, leading to a rapid increase in blood sugar levels. The pancreas releases insulin in response to the raised blood sugar levels but may produce too much as it expects sugar to continue to arrive as it would have previously. The excess insulin causes blood sugar levels to drop very quickly leading to symptoms of weakness, sweating, feeling faint and dizzy or extreme tiredness and need to rest. These symptoms are known as late dumping syndrome, as they can occur one to three hours after eating. If not treated, the low blood sugar levels and high insulin levels can cause serious problems.



[More about eating after treatment for oesophageal cancer | Macmillan Cancer Support](#) →

[Eating with swallowing difficulties in oesophageal cancer | Cancer Research UK](#) →

[Dumping syndrome | Macmillan Cancer Support](#) →

Work and finances

Most people will need to take some time off work during cancer treatment either to recover from procedures or manage side effects. While it isn't a requirement to tell employers about a cancer diagnosis, it can often help them to offer appropriate support both during time off and on return to work.

Macmillan offer advice for employees and employers about working with cancer:

[How to discuss your cancer diagnosis with your employer | Macmillan Cancer Support](#) →

[Macmillan at Work | Macmillan Cancer Support](#) →

Apart from needing to take time off work, cancer can have a financial impact in other ways, for example, costs of travelling to appointments, needing a warmer house during treatment, etc. Some people on low incomes may be eligible for benefits payments or help with health costs. Hospital cancer units often have access to benefits advisors who can help or may be able to signpost to other organisations, such as [Maggie's Centres](#) or [Citizen's Advice](#).

It may be possible to claim a one-off, small grant from some charities either for a particular expenditure or for general help. Macmillan have information about grants and loans, including their own Macmillan grants, on their website [Grants and loans for people with cancer](#).

People who have been diagnosed with cancer are entitled to free NHS prescriptions. GPs or hospitals can provide the forms required to apply for a prescription cost exemption certificate and once an application has been made, pharmacists can supply forms to reclaim costs incurred for prescriptions issued while waiting for the certificate.

[Help with NHS prescription costs](#) →

Emotional support

A cancer diagnosis can turn the world upside down whether it's you or someone close to you who has received it. Many people hear the word cancer then don't take in anything else that is said during the appointment.

At first, the appointments for tests, scans, consultant discussions and treatment coming one after the other can feel like being carried along by a current with no time to think about or process what is happening.

Lots of resources are often provided in a short time to direct people to organisations that can help or trusted sources of information, but it can be overwhelming and easy to forget what has and has not been said or provided.

Many employers have Employee Assistance Programmes (EAPs), such as the one provided by Zurich, which can offer counselling and advice. Some people find speaking to someone who has been through a similar experience to them helpful, while others prefer to speak to a healthcare professional. There is support out there in many different forms, but it's important to use reliable organisations.

NHS recommended resources

Support
The Oesophageal Patients Association - cancer charity

Emotional, financial and physical help for people with cancer
Macmillan Cancer Support