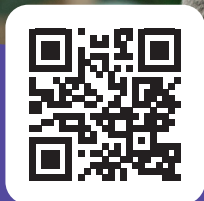
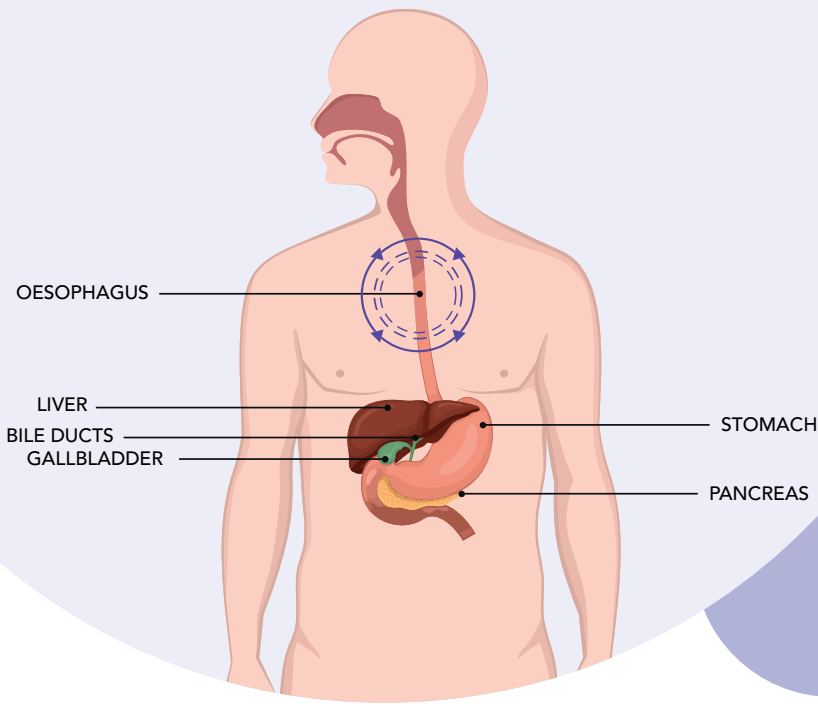


What is Oesophageal Cancer?

**Cancer Support Helpline:
0121 704 9860**





What is oesophageal cancer?

- Oesophageal cancer is a cancer that's found anywhere in the oesophagus, sometimes called the gullet or food pipe.
- The oesophagus connects your mouth to your stomach.
- How serious oesophageal cancer is depends on where it is in the oesophagus, how big it is, if it has spread and your general health.

Main symptoms of oesophageal cancer

There are many possible symptoms of oesophageal cancer, but they might be hard to spot.

They can affect your digestion, such as:

- having problems swallowing (dysphagia)
- feeling or being sick
- heartburn or acid reflux
- symptoms of indigestion, such as burping a lot

Other symptoms include:

- a cough that is not getting better
- a hoarse voice
- loss of appetite or losing weight without trying to
- feeling tired or having no energy
- pain in your throat or the middle of your chest, especially when swallowing
- black poo or coughing up blood (although these are uncommon)

If you have another condition, such as gastro-oesophageal reflux disease, you may get symptoms like these regularly.

You might find you get used to them. But it's important to be checked by a GP if your symptoms change, get worse, or do not feel normal for you.

What happens at the GP appointment

The GP may feel your neck and tummy.

They might arrange for you to have a blood test.

The GP may refer you to see a specialist in hospital for more tests if they think you have a condition that needs to be investigated.

They may also refer you straight to hospital for a test to look inside your oesophagus.

This may be an urgent referral, usually within 2 weeks, if you have certain symptoms. This does not definitely mean you have cancer.

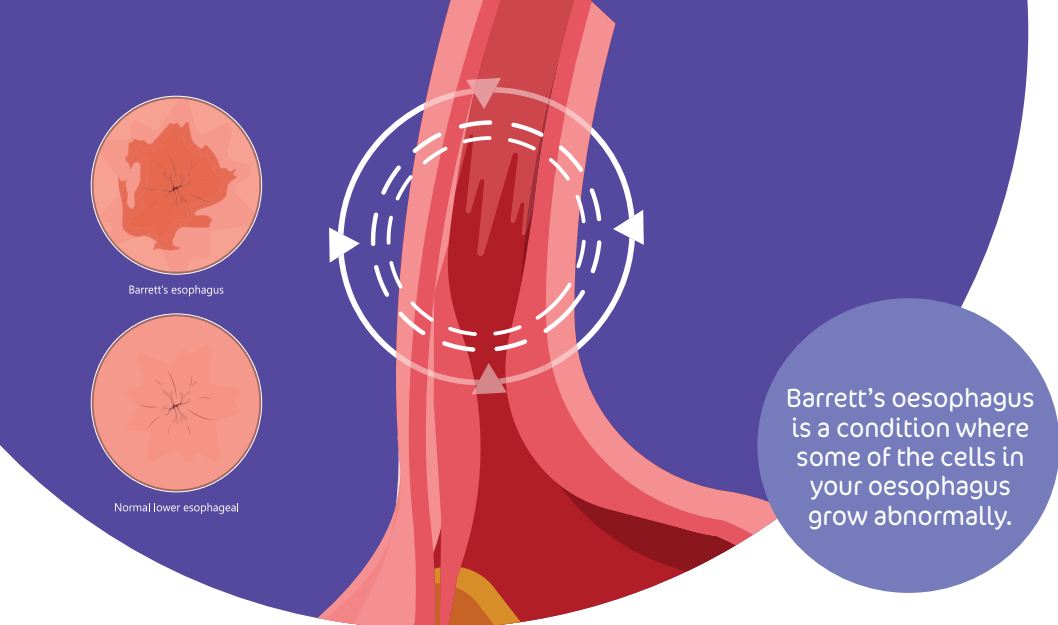
Who is more likely to get oesophageal cancer

It's not always clear what causes oesophageal cancer.

Anyone can get it, but you **might** be more at risk if you:

- are over the age of 75 (it's not very common in people under 45)
- are a man
- have certain conditions, such as long-term, severe acid reflux (gastro-oesophageal reflux disease), or Barrett's oesophagus

Many oesophageal cancers are also linked to lifestyle. For example, you're more likely to get it if you're overweight, smoke or drink too much alcohol.



Barrett's oesophagus

Barrett's oesophagus is a condition where some of the cells in your oesophagus grow abnormally.

If you have Barrett's oesophagus you're slightly more likely to get oesophageal cancer. But this is not common. It's sometimes called a pre-cancerous condition.

Barrett's oesophagus often does not have any symptoms. But you may have symptoms of indigestion and heartburn.

How to reduce your chance of getting oesophageal cancer

You cannot always prevent oesophageal cancer. But making healthy changes can lower your chances of getting it.

Do:

- try to lose weight if you're overweight
- let hot drinks cool down a bit before drinking, so they do not damage your oesophagus
- try to cut down on alcohol – avoid drinking more than 14 units a week
- try to quit smoking

It's important to get any symptoms of oesophageal cancer checked by a GP.

Anyone can get oesophageal cancer, even if you do not think you have a higher chance of getting it.

Tests and next steps for oesophageal cancer

Main test for oesophageal cancer

If the GP or specialist thinks you might have oesophageal cancer, they will probably refer you for a test to look inside your oesophagus.

This test is called a gastroscopy (a type of endoscopy) or sometimes a camera test. It looks for any problems in your oesophagus or stomach, including oesophageal cancer.

During a gastroscopy:

A long, thin, flexible tube with a small camera inside (called an endoscope) will be put into your mouth and down your oesophagus.

A specialist will use the camera in the endoscope to look for any problems.

A small sample of cells (called a biopsy) may be collected during the procedure. These cells will be sent to a laboratory to check for cancer.

The gastroscopy should take around 10 to 15 minutes, but you'll probably be in hospital for several hours.

The test should not be painful, but you might find it uncomfortable.

You may be offered things to make you more comfortable and make the test easier, such as:

- a spray to numb the back of your throat (local anaesthetic)
- sedation – medicine given through a small tube in your arm to help you relax
- putting you to sleep (general anaesthetic)

A gastroscopy can also help find problems in other nearby organs, such as your stomach and the first part of the bowels (small intestine).

Getting your results

You should get the results of a gastroscopy and biopsy within 2 weeks.

Try not to worry if your results are taking longer to get to you. It does not definitely mean anything is wrong.

You can call the hospital or GP if you're worried. They should be able to update you.

A specialist will explain what the results mean and what will happen next. You may want to bring someone with you for support.

If you're told you have oesophageal cancer

Being told you have oesophageal cancer can feel overwhelming. You may be feeling anxious about what will happen next.

It can help to bring someone with you to any appointments you have.

A group of specialists will look after you throughout your diagnosis, treatment and beyond.

Your team will include a clinical nurse specialist who will be your main point of contact during and after treatment.

You can ask them any questions you have.

Next steps

If you've been told you have oesophageal cancer, you will need more tests.

These, along with the camera test, will help the specialists find out the size of the cancer and how far it's spread (called the stage).

You may need:

- scans, like an ultrasound scan (sometimes from inside your body using an endoscope), CT scan, or PET-CT scan
- a small operation to look inside your tummy, called a laparoscopy

You may not have all these tests.

The specialists will use the results of these tests and work with you to decide on the best treatment plan for you.

Treatment for oesophageal cancer

Oesophageal cancer is often treatable. But it can be difficult to treat.

The treatment you have will depend on:

- the size and type of oesophageal cancer you have
- where it is
- if it has spread
- your general health

It may include surgery, chemotherapy, radiotherapy, and targeted medicines and immunotherapy.

The specialist care team looking after you will:

- explain the treatments, benefits and side effects
- work with you to create a treatment plan that is best for you
- help you manage any side effects, including changes to your diet

You'll have regular check-ups during and after any treatments. You may also have tests and scans.

If you have any symptoms or side effects that you're worried about, talk to your specialists. You do not need to wait for your next check-up.

Surgery

If oesophageal cancer is found early and it has not spread, you may be able to have surgery to remove it.

The surgeon will remove part or, in a small number of people, most of the oesophagus.

They may also need to remove parts of other organs around the oesophagus, such as the top of the stomach.

If oesophageal cancer is found early, you may be able to have surgery to remove it.



Chemotherapy

Chemotherapy uses medicines to kill cancer cells.

You may have chemotherapy for oesophageal cancer:

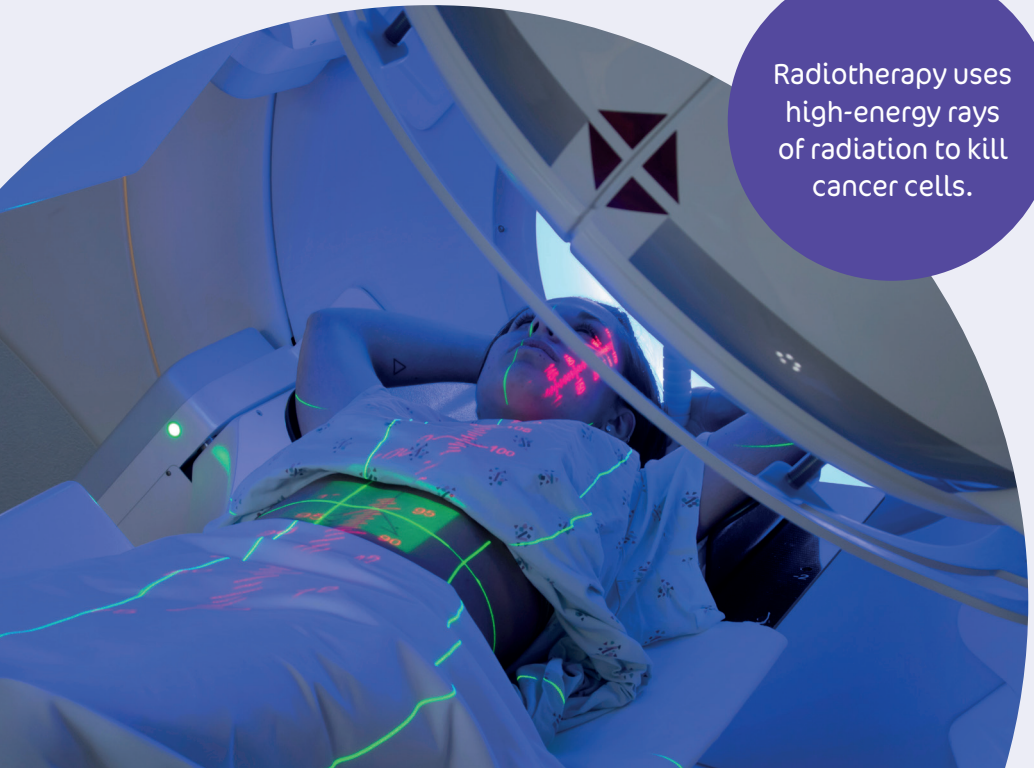
- before surgery to help make the cancer smaller
- after surgery to get rid of any remaining cancer and help stop the cancer coming back
- with radiotherapy (chemoradiotherapy) to treat early cancer, or if you're not able to have surgery
- to help control and improve the symptoms of advanced cancer

Radiotherapy

Radiotherapy uses high-energy rays of radiation to kill cancer cells.

You may have radiotherapy for oesophageal cancer:

- to treat early cancer, usually with chemotherapy (chemoradiotherapy)
- to help control and improve the symptoms of advanced cancer



Radiotherapy uses high-energy rays of radiation to kill cancer cells.

Targeted medicines and immunotherapy

Targeted medicines and immunotherapy aim to stop the cancer growing and help your immune system attack the cancer.

You might have treatment with targeted medicines or immunotherapy:

- if the cancer has spread to another part of the body
- if the cancer cannot be cured
- to lower the risk of the cancer coming back after surgery to remove it

What happens if you've been told your cancer cannot be cured

If you have advanced oesophageal cancer it might be very hard to treat. It may not be possible to cure the cancer.

In this situation, the aim of your treatment will be to limit the cancer and its symptoms, and help you live longer.

Finding out the cancer cannot be cured can be very hard news to take in. You will be referred to a special team of doctors and nurses called the palliative care team or symptom control team.

They will work with you to help manage your symptoms and make you feel more comfortable.

The clinical nurse specialist or palliative care team can also help you and your loved ones get any support you need.

Information from the NHS website as at 14/02/24

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About the OPA Cancer Charity

The OPA Cancer Charity (OPA) is an independent registered charity formed in 1985 when a few former oesophageal cancer patients met and found tremendous reassurance in sharing experiences. Since then, we have helped thousands of patients, carers and their families. The friends and users of the OPA are primarily patients who have experienced oesophageal or gastric difficulties, not forgetting the hard work of their carers, of course, and the support of their families, friends and our excellent health care professionals.

The Charity is represented on various committees involved with the management of upper GI cancers and research into new treatments. Patient involvement is increasingly recognised as a valuable input to the thinking and documentation on such matters.

What we offer

Our objectives are to help patients, carers and their families to cope with any difficulties arising as a result of treatment and to provide support, encouraging them to achieve a good quality of life. This is done by publishing information booklets and leaflets on matters of concern, providing a telephone support line, and arranging patient support meetings around the UK.

We make no charge to patients or their families for any support and advice provided. The OPA can only maintain its vital service through trust donations and other fundraising activities generated by the community it serves.

It costs the OPA substantial funds to keep vital services running, providing advice, support and practical help.

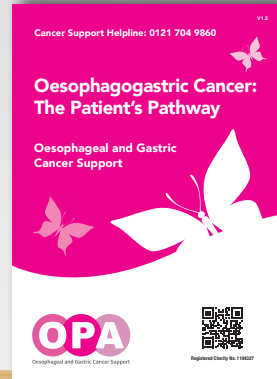
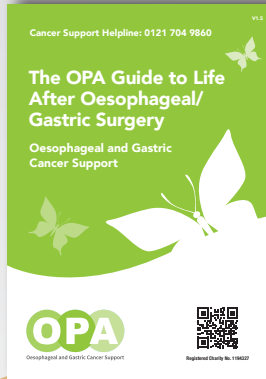
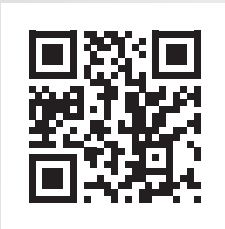
We produce many thousands of our booklets and leaflets as a valuable reference for patients, carers and their families, as well as many organisations, and all of this is supplied free of charge and paid for by the OPA. We would be grateful for any donations you could make so we can continue to help those who need it; please visit <https://opa.org.uk/donations/>

Support Nationwide

For more than three decades, OPA Cancer Charity has fought against oesophageal and gastric cancers, raising awareness about the dangers of persistent heartburn, Barrett's oesophagus and acid reflux (GORD). We support patients, caregivers and their families. Whether you find yourself in the initial stages or further along in your journey, the OPA is committed to offering free support and guidance.

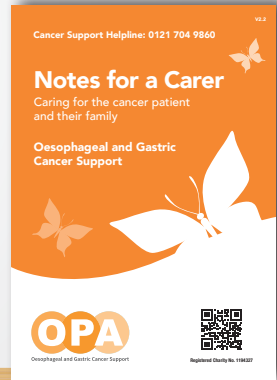
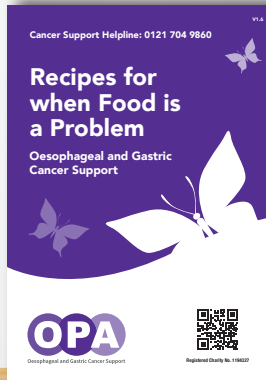
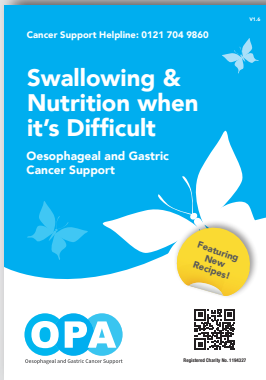
Publications from the OPA

We are here to help those with or affected by Oesophageal and Gastric Cancer. Here are some of our helpful booklets; they are free and can be posted or downloaded from our website.



A Guide to Life After Oesophageal/Gastric Surgery – Oesophagectomy & Gastrectomy
(Informative guide for Oesophageal & Gastric patients following surgery)

Oesophagogastric Cancer: The Patient's Pathway
(Patient's guide following diagnosis based on the St. Thomas' Hospital Pathway)



Swallowing & Nutrition – when it's difficult
(For those not having an operation but perhaps having a stent inserted or other treatments)

Recipes for When Food is a Problem
(Recipe book for patients post surgery/ treatment)

Notes for a Carer
(Informative guide for carers of Oesophageal & Gastric patients following diagnosis)

These publications are available to patients and medical staff on request. There is no charge to individuals and no membership subscription. The OPA Cancer Charity is supported entirely by donations.

Cancer Support 24 Hour Helpline

Tel: 0121 704 9860

Email: enquiries@opa.org.uk

Web: www.opa.org.uk

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