

Patient information from BMJ

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Oesophageal cancer

This type of cancer affects the oesophagus, which is the ‘food pipe’ that connects your throat to your stomach. Oesophageal cancer is often only found late, when it has already spread. So if you get symptoms it’s important to see your doctor quickly.

You can use our information to talk with your doctor about what treatments are best for you.

What is oesophageal cancer?

The cells in our bodies usually grow, then die off and get replaced in a regular way. But if cells start to multiply in an uncontrolled way, they can form a growth called a tumour. Without treatment, tumours can grow and spread to other parts of the body. This is how most cancers happen.

As the name suggests, oesophageal cancer is cancer that grows in the wall of the oesophagus. The oesophagus is the tube or pipe that connects your throat with your stomach. Food passes down your oesophagus to reach your stomach where it starts to be digested.

Like many cancers, it’s hard to say exactly what causes oesophageal cancer. But there are things that increase the chances of it happening, including:

- having regular heartburn or ‘acid reflux’ over a long period (the medical name for regular heartburn is gastro-oesophageal reflux disease or GORD)
- having a condition called Barrett’s oesophagus. This happens when long-term GORD causes changes in the cells in your oesophagus, making it easier for cancer to develop
- being overweight
- being male
- being older
- eating a poor diet that’s high in fat and low in fresh fruit and vegetables
- smoking

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- drinking too much alcohol.

What are the symptoms?

Most people with oesophageal cancer have had it for some time by the time it is diagnosed.

This is often because the symptoms might not become obvious until the cancer is fairly advanced, or because people don't realise that heartburn could be a sign of something more serious.

Typical symptoms are:

- regular heartburn or 'acid reflux'
- difficulty swallowing. For example, you might find it painful to swallow food
- weight loss. This happens because people find it painful to swallow food, so they eat less.

Other, less typical symptoms that don't happen to everyone can include:

- hoarseness
- being prone to hiccups
- coughing after eating.

If you have had heartburn regularly for several months, and especially if you have difficulty swallowing, see your doctor as soon as possible.

Of course, having heartburn doesn't usually mean that you have cancer: most of the time it's just a sign that you need to eat a more healthy diet, with more fresh fruit and vegetables and less processed food. But getting heartburn checked can rule out something more serious.

If your doctor thinks you might have oesophageal cancer, or another problem with your oesophagus, he or she will probably want to do a test called an **endoscopy**.

This involves your doctor passing a small camera down your throat on a thin tube. The doctor can then see if anything is wrong with your oesophagus.

If the endoscopy finds anything unusual in your oesophagus, such as a lump, your doctor will take a sample of cells from it for testing, using a needle.

This test is called a **biopsy**. These cells are then checked under a microscope to see if they are cancer cells, or something else.

If you have a tumour, you will then need to have a **scan**, such as a CT (computerised tomography) or MRI (magnetic resonance imaging). Using these scans, a specialist cancer doctor (called an oncologist) can tell what size the tumour is and whether it has spread to nearby tissues.

Another type of scan, called a PET (positron emission tomography) scan can tell if the cancer has spread to more distant parts of the body.

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These scans are important in deciding the kind of treatment you might need.

You might hear this process called 'staging'. Oesophageal cancer is divided into four stages, with stage 1 being the least advanced (early stage) and stage 4 being the most advanced (late stage).

If you have oesophageal cancer, your oncologist will explain what stage it is, and what treatments might be most helpful.

What treatments are available?

Surgery

The usual treatment for oesophageal cancer is surgery to remove the tumour and, sometimes, other tissues affected by it. This is usually possible if the cancer is at an early stage, meaning that it is not too large and has not spread too far into other tissues.

Surgery for oesophageal cancer is a major operation. Like all surgeries, it has risks, such as infection. For example, some people get pneumonia after this surgery. And a small number of people do not survive the operation.

You can talk with your doctor about the possible risks of surgery and about what you want to happen. All decisions about your treatment should be yours. You don't have to have any treatments that you don't want.

If you choose to have surgery, you will probably also need to have one or two other treatments, depending on the stage of your tumour. These treatments improve the chances of killing all the cancer cells.

You might have heard of these treatments, as they are commonly used to treat many cancers.

- **Chemotherapy** means using medicines to stop cancer cells from multiplying.
- **Radiotherapy** uses local radiation treatment to kill cancer cells.

These treatments can be used after surgery. But they are often used to shrink tumours before surgery, to make them easier to remove.

Other treatments

Not everyone with oesophageal cancer can have surgery.

For example, if you are in poor general health or have other serious illnesses, you might not be well enough to have surgery. And some people's cancer has spread too far for surgery to be helpful.

If you can't have surgery, you might be able to have other treatments, including chemotherapy and radiotherapy. Without surgery, these treatments are unlikely to cure your cancer, but they can help you to live longer and relieve some of the symptoms.

Other possible treatments for people who can't have surgery are **laser treatment** to kill cancer cells, and **cryotherapy**, which kills tumours by freezing them.

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But these treatments can't help with advanced cancers that have spread too far from the oesophagus into other tissues.

What to expect after treatment

If you have had surgery for oesophageal cancer you will have a check-up and an endoscopy every few months to check your progress. These check-ups might continue for several years.

Unfortunately, oesophageal cancer is one of the most dangerous cancers. Survival rates are improving, especially for early-stage cancer. But they are still poor compared with many other cancers.

Depending on how far the cancer has spread, between 5 and 50 in every 100 people are still alive 5 years after treatment. Early treatment gives the best chance of a good outcome.

If these numbers look worrying, remember that 5-year survival doesn't mean that people are only expected to live for 5 years after treatment.

It just means that that's how long most studies last, because it's hard to keep up with people for longer than that. Many people live for many years after their treatment.

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