



Curing esophageal cancer

By Urs von Holzen, *Surgical Oncologist*

Curing esophageal cancer requires early diagnosis and a highly specialized treatment team

Esophageal cancer, like pancreatic cancer, is a highly complex and aggressive disease. However, contrary to what some patients have been led to believe, esophageal cancer is often curable. The critical part of the equation is early detection! But even when the cancer is caught early, the treatment is very complex and requires a highly specialized treatment team.

The typical symptoms

The primary symptoms of esophageal cancer are trouble swallowing, unintentional weight loss, chest pain and worsening of indigestion and heartburn. Severe acid reflux is one of the main risk factors. It should be noted, however, that pain and weight loss can be late signs that the disease has already advanced.

Family history can provide critical information

A long-standing family history of reflux disease can be an important indicator of a patient's susceptibility to esophageal cancer risk. Gastroesophageal reflux disease (GERD) can lead to Barrett's Esophagus, a clinical condition in which the squamous mucosa of the esophagus is replaced by columnar epithelium. This is the only known precursor lesion of esophageal adenocarcinoma. A Cleveland Clinic study reported that about 20 percent of patients with Barrett's have a first-degree relative with the condition as well. So there seems to be a connection to family history. What is not clear is how or what the consequences may be.

The percentage of Barrett's patients who develop adenocarcinoma is relatively low

For patients with what I will call "regular" Barrett's Esophagus with no dysplasia, the risks of progressing to esophageal cancer are minimal – about three tenths of one percent. That being said, it's not zero. Studies suggest patients with Barrett's have an 11-fold greater risk of developing invasive esophageal cancer than the rest of the population. That's why knowledge of family history and surveillance are so important. As Barrett's progresses, dysplasia can advance from low grade to high grade. The higher the dysplasia rate, the greater the risk of developing invasive cancer.

Early stage esophageal cancers are very curable and stage IA lesions typically result in a cure rate of over 90 percent. Conversely cancers that have advanced to the metastatic stage are not curable. For that reason, any patient with dysphagia for a number of weeks should have an endoscopy. As always, when it comes to cancer and other health issues, time saves lives. The earlier esophageal cancers are diagnosed, the higher the cure rate.

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What healthcare providers need to know

Types of esophageal cancer

Esophageal cancer consists of two types of cancers, esophageal adenocarcinoma and squamous cell carcinomas. The treatment of these two types is similar and depends on the stage of the disease.

Very early esophageal cancers can be treated by endoscopic resection or surgical resection alone. However, we rarely encounter these early tumors. Healthy humans are blessed with a powerful immune system, and the esophagus has a very well developed lymphatic system. Unfortunately, that protection Mother Nature provides can actually work against cancer patients, as tumors can access the lymphatic system very early, thus enabling them to spread into the lymph nodes and quickly progress to locally advanced tumors.

Therefore, most tumors we encounter are already in a locally advanced stage. The treatment for these stages typically involves combined chemo radiation followed by an operation, or what we call multimodality treatment. In these cases, tumors can be curable although the five-year survival rate declines to about 40-50 percent.

Once the cancer has clearly metastasized, an operation is no longer a viable option and treatment involves palliative chemotherapy. Sometimes radiation is involved, but this is mostly for symptom control. The goal becomes one of extending life and especially quality of life as much as possible. At this stage, there are additional treatment options ranging from stent placement to endoscopic brachytherapy in which radiation is introduced inside the patient to open up the esophagus and relieve distress.

PCPs play a critical role in after-care treatment

For those patients whose esophageal cancer has been treated, conscientious after-care is essential, and their primary care provider plays a critical role. After being discharged from the hospital after esophageal resection, for example, patients have a feeding tube that needs to be managed until they are able to eat a regular diet. Initially, food needs to be consumed in smaller portions, and five to six small meals per day is the norm rather than the traditional three meals. Over time, the body will adjust and patients return to their regular meals.

Esophageal cancer is a complex disease that requires complex treatment. But the good news is that, when diagnosed and treated early, it is curable. Thus, every step possible should be taken to monitor the patient conscientiously and consistently – from the outset of potential symptoms to recovery and after-care.

***Dr. Urs von Holzen** is a board-certified surgical oncologist specializing in minimally invasive techniques to remove cancer. He has a special interest in thoracic and esophageal cancer. Dr. von Holzen leads a cancer research laboratory at the Harper Cancer Research Institute where he is the principal investigator on research projects for novel and more effective therapeutic strategies for esophageal cancer.*



TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call **(574) 364-2973** or visit **GoshenHealth.com/quick-guide**.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison**, at **jrupp2@goshenhealth.com** or **(574) 364-2978**.