

Oesophageal Cancer

Cancer of the Oesophagus has the greatest variation in geographic distribution of any malignancy. In the United States of America it has a very low incidence whereas in certain areas in South Africa, for example the Transkei, its incidence is of the highest in the world.

Smoking and the excessive use of alcohol are associated with a higher incidence. The consumption of home-brewed beer, intake of contaminated foods, deficiencies in certain ground elements, betel nut chewing and chronic gastric reflux are also well-known risk factors for the development of such cancer.

These cancers are mostly diagnosed in an advanced stage – the most common presenting symptoms being difficulty in swallowing and associated weight loss.

To establish a diagnosis and to determine the extent of disease the following investigations are useful:

- Barium swallow and/or endoscopy with biopsy-taking of any visible lesions
- Chest X-ray and/or CT Scan
- Blood analysis

Your doctor may require further investigations depending on your symptoms at presentation.

Treatment options

Treatment will depend on the nature and extent of the disease as well as on your general state of health.

In earlier stages surgery is the treatment of choice and gives the best chance of cure, with post-operative radiation added in cases with higher risk for recurrence. In later stages radiation is often the treatment of choice, with increasing use of chemotherapy to enhance the effects of the radiation. Chemotherapy can also be used in cases where the cancer has spread to other parts of the body depending on the extent of the involvement

and the general condition of the individual involved.

Especially in patients with advanced disease, treatment of difficulty in swallowing (dysphagia) is often a priority. In addition to radiation with or without chemotherapy, the narrowing in the oesophagus can be dilated with a scope. For more permanent relief a surgical bypass of the narrowed area can be done.

Other options include the placement of a stent in the oesophagus or a feeding tube placed directly in the stomach.

The foregoing information is quite generalized. The specifics of your disease and treatment should be discussed with your oncologist to establish the optimal treatment plan for you as an individual.