

Upper GI Cancer Information Sheet



Upper GI Cancer

This sheet gives information on tests and treatments for patients with tumours (cancers) of the oesophagus, stomach and oesophagogastric junction

The oesophagus and stomach

The oesophagus commonly known as the gullet is the tube which carries food and drink from the mouth to the stomach. It measures about 26cm (10.5 inches). The tube is made up of three layers of muscle. It lies between the windpipe (trachea) and the spine, passing through the chest to the stomach. At the lower end where it joins the top of the stomach, there is a valve that helps to prevent stomach contents from coming back up into the oesophagus.

The stomach is a 'bag' like organ that mixes food with stomach juices to prepare it for digestion. At the bottom of the stomach it is joined to the small bowel where it releases the content for further digestion. It also makes a substance that helps the absorption of vitamin B12, which is required for the production of red blood cells.

Cancer of the oesophagus or the stomach

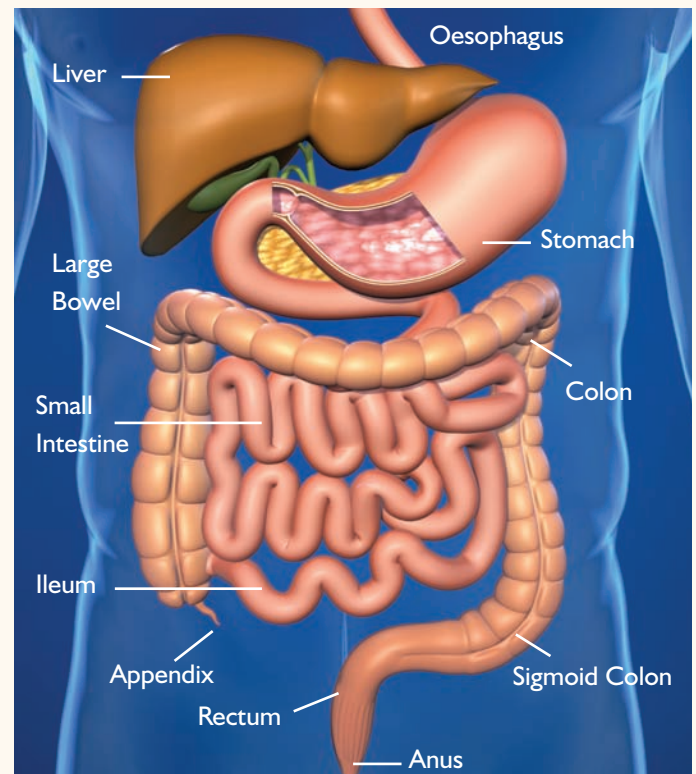
Cancer usually develops in the lining (inner layer) of the oesophagus or stomach. It can affect any part of the organs but it is becoming more common in the lower part of the oesophagus and upper part of the stomach. As cancer grows in the oesophagus it often causes narrowing of the tube which makes it difficult and uncomfortable to swallow food and drink.

Cancer of the stomach can also cause discomfort such as indigestion and heartburn. Cancer cells can also spread outside the layers of the oesophagus or stomach into surrounding glands, called lymph nodes and via the blood stream to other organs causing a secondary cancer.

Diagnosing cancer of the oesophagus or stomach

The main procedure for diagnosing cancer of the oesophagus or stomach is an endoscopy. This is performed in the Endoscopy units at either the Norfolk and Norwich University Hospital or a local hospital close to where you live.

This procedure involves a flexible telescope being passed from the back of the mouth and into the oesophagus. Abnormal areas of the lining of the oesophagus or stomach can be seen and a sample of tissue (biopsy) is taken. If the sample confirms a cancer the following tests may be required to identify the extent of the cancer:



CT Scan

This is a type of X-ray, which is usually performed within 2-3 weeks at the X-ray department at the Norfolk and Norwich Hospital or James Paget Hospital depending on where you live. You will be given more information about this prior to the procedure.

PET Scan

This is similar to a CT scan but uses a low-dose radioactive form of glucose to measure the activity of cancer cells. The appointment takes a few hours and you will need to starve before the scan. You will be given full instructions prior to the appointment.

Endoscopic Ultrasound (EUS)

This is a similar procedure to an endoscopy. It is performed at the Endoscopy unit at the Norfolk & Norwich Hospital as a day procedure. Just like a gastroscopy this uses a special telescope which has a small ultrasound probe at the tip. We are able to get information about the thickness of the tumour and whether the cancer involves the lymph glands that are near to the tumour. Once these investigations have been performed you will be seen in out-patients and a treatment plan will be developed.

Laparoscopy

This is a small 'keyhole' operation, requiring a general anaesthetic and an overnight stay in hospital. It is performed to get more information about the extent of the cancer. You will be given more information prior to having the procedure.

Staging of oesophageal and stomach cancer

A cancer normally develops in the inner lining of the oesophagus or stomach. The stage of a cancer refers to the extent to which the disease has spread beyond the lining of the organ.

There are 4 main stages of cancer:

Stage 1 – The cancer is contained within the lining of the oesophagus or stomach. Treatment usually results in cure. Treatment can often be given by a minimally invasive route.

Stage 2 – The cancer has grown through (invaded) the lining into the muscle layer of the oesophagus or stomach. Nearby lymph nodes may also be affected by cancer. Treatment often results in cure but in a minority the cancer can return.

Stage 3 – The cancer has grown through all the layers of the oesophagus or stomach and into a number of lymph nodes but has not spread to other organs. Treatment in stage 3 can occasionally result in cure but usually is aimed at halting or remission of the cancer.

Stage 4 – The cancer has spread to other organs of the body such as the lungs or liver. This is called metastases or secondary cancer. Cure is not possible in stage 4 and treatments are aimed at improving symptoms and halting disease progression.

The stage of a cancer is identified by carrying out a number of investigations such as a CT scan, endoscopic ultrasound and laparoscopy. It is important to know the stage of the cancer as it helps the doctors to plan the most appropriate treatment for you. Chemotherapy before surgery is given to 'downstage' the cancer.

For more detailed information on staging of oesophageal and stomach cancer, refer to Macmillan website: www.macmillan.org.uk or telephone for a free detailed booklet on treatment of oesophageal and stomach cancer on freephone 0808 808 0000.

Useful questions to ask your Consultant, GP or Nurse Specialist

Some questions you may want to ask about your illness, tests and treatments. It is up to you how involved you want to be in your care. You may be offered choices about the treatments available. The following questions may help you to gain the information you need to make decisions about your care.

- **What tests will I need?**
- **Is there any written information?**
- **What type of cancer is it?**
- **What stage is it?**
- **Has it spread?**
- **What treatments are available?**
- **What is the aim of treatment?**
- **What are the side effects of treatment?**

Treatment for cancer of the oesophagus and stomach
There are a number of ways to treat cancer of the oesophagus and stomach. The treatment of choice for you will depend on the following; the position and type of cancer, if it has spread outside the oesophagus and your general health.

Surgery is one of the treatment options available and probably offers the best chance of cure. For cancers of the oesophagus and stomach, chemotherapy is often given before an operation to help shrink the cancer and make it easier to remove. However, an operation to remove a cancer of the oesophagus or stomach is major surgery and will not be suitable for everyone. The other treatments may include radiotherapy, chemotherapy, or placing a plastic coated tube (stent) in to the gullet to keep it open.

Once all of the investigations have been performed, your Consultant will talk to you about the treatments available for your condition. It is important at this point for you and your family/carers to ask questions about the treatments so you can make a decision that you feel fully prepared for.

It may also be useful to discuss the treatments with your GP and / or nurse specialist. Your nurse specialist can put you in contact with the local Oesophageal Patients Association representative who is available to talk to you about surgery.

Financial support

Having treatment for a cancer is a very stressful event. Many people have money worries due to added costs of travelling to hospital appointments and not being able to work. If this is a concern, your nurse specialist can give you advice on the financial benefits available to you.

Useful contacts for further information

Big C Cancer Information Centre

NNUH, Colney Lane, Norwich, Tel: 01603 286112,
email: cancer.information@nnuh.nhs.uk

The Oesophageal Patients Association

Helpline: 0121 704 9860 (9 am – 5pm Mon – Fri)
Website: www.opa.org.uk

Macmillan Cancer Backup

3 Bath Place, Rimington Street, London, EC2A 3JR
Freephone: 0808 808 0000
website: www.macmillan.org.uk

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