

Esophageal Cancer

Dysphagia or persistent heartburn



Upper GI scopy with multiple (6-8) biopsies



Malignant

CECT scan lower neck, thorax, abdomen (pelvis also for GE junction tumors)
Bronchoscopy (upper and middle third or H/o change in voice)(can be avoided if EUS is done and shows T1/T2)
Nutritional support

Optional investigations
Endoscopic ultrasonography (borderline operable /early cases)
PET-CT



Early, Localized
(T1, 2, N0, needs confirmation with EUS)

Loco-regionally advanced
T3, 4 or N+ve

Metastatic disease
Any T, any N, M1

Unfit for surgery or refusing surgery

Surgery
TTE / THE

Radical RT
± chemo

NACTRT or NACT (Both squamous or adeno)
Periop CT (MAGIC protocol for adenoCa)
Followed by reevaluation with CECT/PET-CT.
Resectable disease: Surgery
Unresectable: CRT or RT or palliative procedures

Options
Pall RT –EBRT or ILRT or Endoscopic Stenting
Palliative chemotherapy
Pain management and nutritional support

R-0 resection: No adjuvant treatment
R-+ resection or +ve margins: Adjuvant RT