Management of esophageal cancer

Dysphagia or persistent heartburn

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Upper GI scopy with multiple (6-8) biopsies

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Malignant

↓

CECT scan lower neck, thorax, abdomen (pelvis also for GE junction tumors)
Bronchoscopy (upper and middle third or H/o change in voice)
Nutritional support

Optional Procedures
Endoscopic ultrasonography (borderline operable /early cases)
PET-CT[$]

↓

Early, Localized (T1, 2, N0, needs confirmation with EUS)
T1 sm1 ESD/EMR

↓

Surgery
TTE / THE

↓

R-0 resection:
No adjuvant treatment

R + resection or +ve margins:
Post-operative RT

↓

Unfit for surgery or refusing surgery

↓

Radical RT
± chemo

↓

Loco-regionally advanced

T3, 4 or N+ve

↓

<u>Squamous cell carcinoma</u>

NACTRT (CROSS or NCCN protocol or NACT (Platinum-5FU or Pacli – Platinum) or

<u>Adenocarcinoma</u>

Perioperative chemotherapy (FLOT / ECF / EOX) or NACTRT

Followed by reevaluation with PET-CECT/CECT

Resectable disease: Surgery

Unresectable: CTRT or RT or palliative procedures

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Metastatic disease

Any T, any N, M1

↓

Options

Pall RT –EBRT or ILRT or Endoscopic Stenting

Pain management and nutritional support

If adenocarcinoma – chemotherapy

Her2 status (Trastuzumab[#])

SCC, if symptomatic and RT not feasible chemotherapy (optional)