Esophageal Cancer/GE Junction Cancer
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The incidence of esophageal cancer/GE junction cancer has been rising. It is estimated that over 16,000 new cases are to be diagnosed in 2010 in the United States. Although squamous cell carcinoma is the predominant histologic type worldwide, a shift in the histologic type and primary tumor location has occurred. Adenocarcinoma arising in the distal esophagus and GE junction is now the most common histologic type of esophageal cancer in the United States and western Europe. In the 2010 AJCC Cancer Staging Manual (7th ed.), tumors of the GE junction are now included in the staging for esophageal cancer. Prior to this, GE junction tumors were sometimes considered with either esophageal or gastric cancers. The previous staging was based on the predominance of squamous cell cancer in the past. Now that adenocarcinoma is the predominant cell type, the change was felt necessary.

At the SwedishAmerican Regional Cancer Center, we have analyzed the cases of esophageal cancer and GE junction cancer from 2000-2009. A total of 123 cases were diagnosed during that time. Esophageal cancer is a diagnosis usually occurring over the age 50. There is a male predominance with approximately 80 percent of the cases occurring in men. Adenocarcinomas account for 80 percent, with squamous cell carcinoma making up the rest. The majority of patients present with advanced disease, with 62 percent of cases being either stage 3 or 4. There was no significant change through the years for stage at presentation.

Treatment of esophageal cancer includes surgery, chemotherapy and radiation therapy. Surgery alone has been the predominant mode of therapy for early stage esophageal cancers. Clinical trials have been offered when appropriate. Forty-one percent of patients have received surgery as part or all of their therapy. Seventy percent of patients received chemotherapy as part or all of their therapy. Fifty-eight percent of patients received radiation therapy as part or all of their therapy. Combined modality therapy with both chemotherapy and concurrent radiation therapy is the most common initial treatment modality, especially for patients with locally advanced cancers, with 30 percent undergoing combined modality therapy only. An additional 18 percent of patients underwent combined modality therapy as well as surgical resection. Some patients present with advanced disease. Many of these patients underwent chemotherapy or radiation therapy alone.

For early stage patients, five-year survival data is favorable at the SwedishAmerican Regional Cancer Center compared to the NCDB data. Some 84.6 percent of stage 1 patients are alive at five years, compared to 46.3 percent NCDB data, and 55.3 percent of stage 2 patients are alive at five years, compared to 23.5 percent NCDB data. For advanced stages, 10 percent of stage 3 patients are alive compared to 12 percent NCDB data, and 6.9 percent of stage 4 patients are alive compared to 3.1 percent NCDB data.

It is clear that earlier diagnosis would impact survival. More accurate staging also may affect survival. Over the past 10 years, endoscopic ultrasound and PET scanning have been
added to the diagnostic workup of these patients in addition to standard testing such as upper endoscopy, standard X-ray imaging and CT scanning. This has allowed for more accurate staging leading to assigning patients to the most appropriate therapy for their stage.