Esophageal Cancer Pathway

Effective Date: March 2022

Accompanies: Clinical Practice Guideline GI-009

Disclaimer: The recommendations contained in this guideline are a consensus of the Alberta Provincial GI Tumour Team and are a synthesis of currently accepted approaches to management, derived from a review of relevant scientific literature. Clinicians applying these guidelines should, in consultation with the patient, use independent medical judgment in the context of individual clinical circumstances to direct care.
Stage I Esophageal Cancer

Diagnostic Endoscopic Mucosal Resection (EMR)

- pT1a
- pT1b

Refer to the Early Esophageal Cancer Guideline for additional information

Resectable

- Preferred:
  - Consult dietician
  - Surgical resection

Not resectable, patient declined surgery, or not a candidate for EMR

- Preferred:
  - Definitive chemoradiation

Alternative:

- EMR
- Radiation

Diagnostic Endoscopy: pathology
- CT chest, abdomen, pelvis
- Refer to surgeon
- Endoscopic ultrasound
Stage II-III Esophageal or Gastroesophageal Cancer

Quality Measures:
- Time from endoscopy to chemotherapy
- Time from endoscopy to surgical consult
- Time from surgical consult to evaluation by Radiation Oncology
- Time from tissue biopsy to start of radiation therapy
- Post-operative mortality
- Major complication rate
- For patients who have surgery, time from last dose of radiation to surgery

Dietician consult: Assess the degree of dysphagia and consult with a dietician to optimize the patient’s nutritional status. Consider placement of a nasogastric (NG) feeding tube. If the NG feeding tube insertion is technically difficult, placement should be performed radiographically.

Operable Esophagogastric Cancer (see Esophageal Cancer Guideline)

Preferred: Esophageal GEJ tumours
- CROSS chemoradiation (Page 7)
- planned esophagectomy
Alternate: GEJ or Gastric tumours
- FLOT perioperative chemotherapy (Page 8)

Screen for psychosocial needs

Individualized discussion regarding imaging

Operable Esophagogastric Cancer (see Esophageal Cancer Guideline)

Not resectable or patient declines surgery

Definitive chemoradiation

Alternative: Radiation

Dietician consult* Asses the degree of dysphagia and consult with a dietician to optimize the patient’s nutritional status. Consider placement of a nasogastric (NG) feeding tube. If the NG feeding tube insertion is technically difficult, placement should be performed radiographically.

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Guideline Resource Unit
Stage IV Esophageal Cancer

Quality Measures:

- Percentage of patients referred to Medical Oncology Radiation Oncology (note that some patients decline a referral or are not suitable for a referral due to other conditions, therefore this measure is not expected to be 100%)
- Proportion of patients who are referred to Palliative Care
- Percentage of patients with Goals of Care designation or Advanced Care Planning tracking sheets

Dietician consult*: Assess the degree of dysphagia and consult with a dietician to optimize the patient’s nutritional status. Consider placement of a nasogastric (NG) feeding tube. If the NG feeding tube insertion is technically difficult, placement should be performed radiographically.

1If adenocarcinoma, HER2 Testing