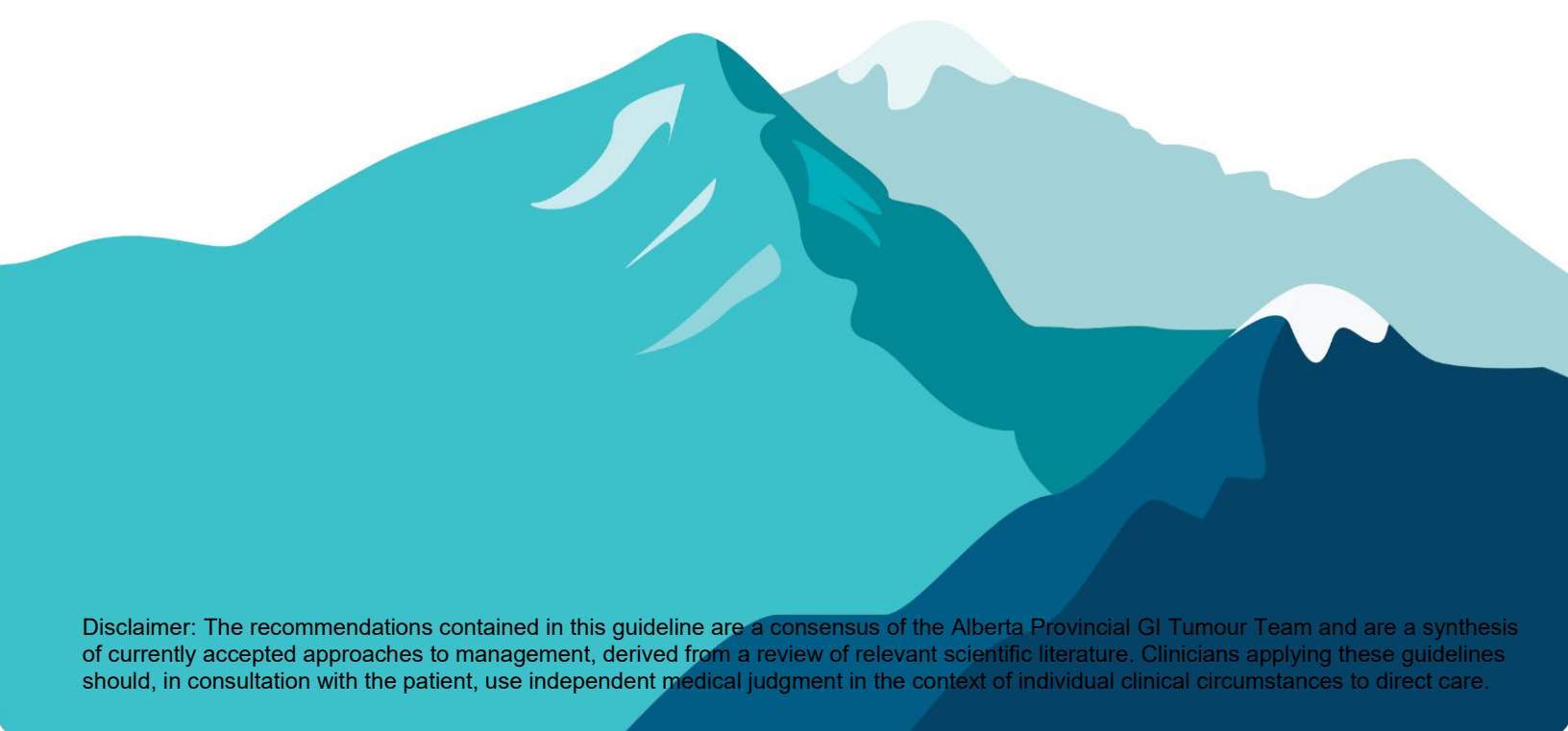


Esophageal Cancer Pathway

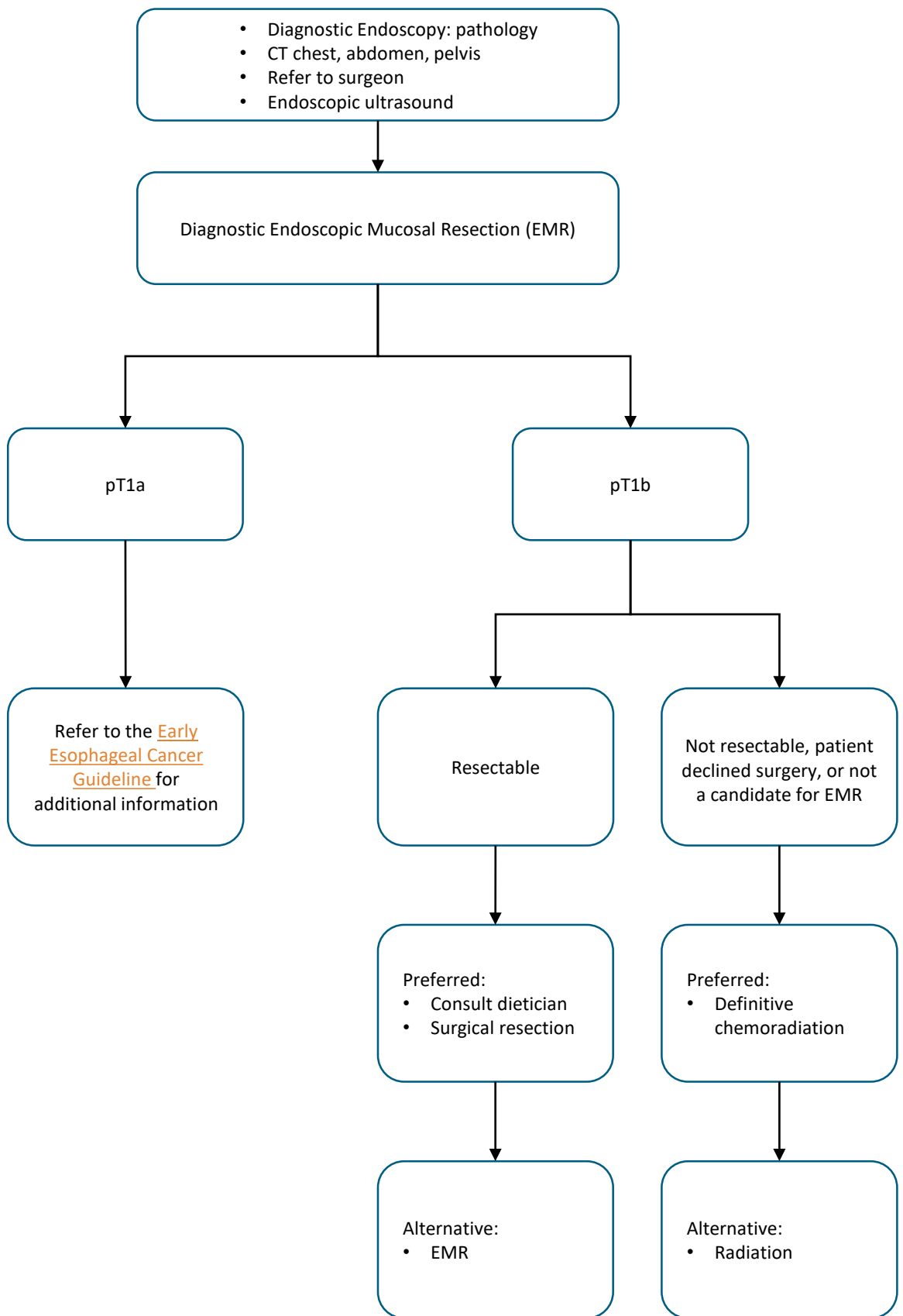
Effective Date: March 2022

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.

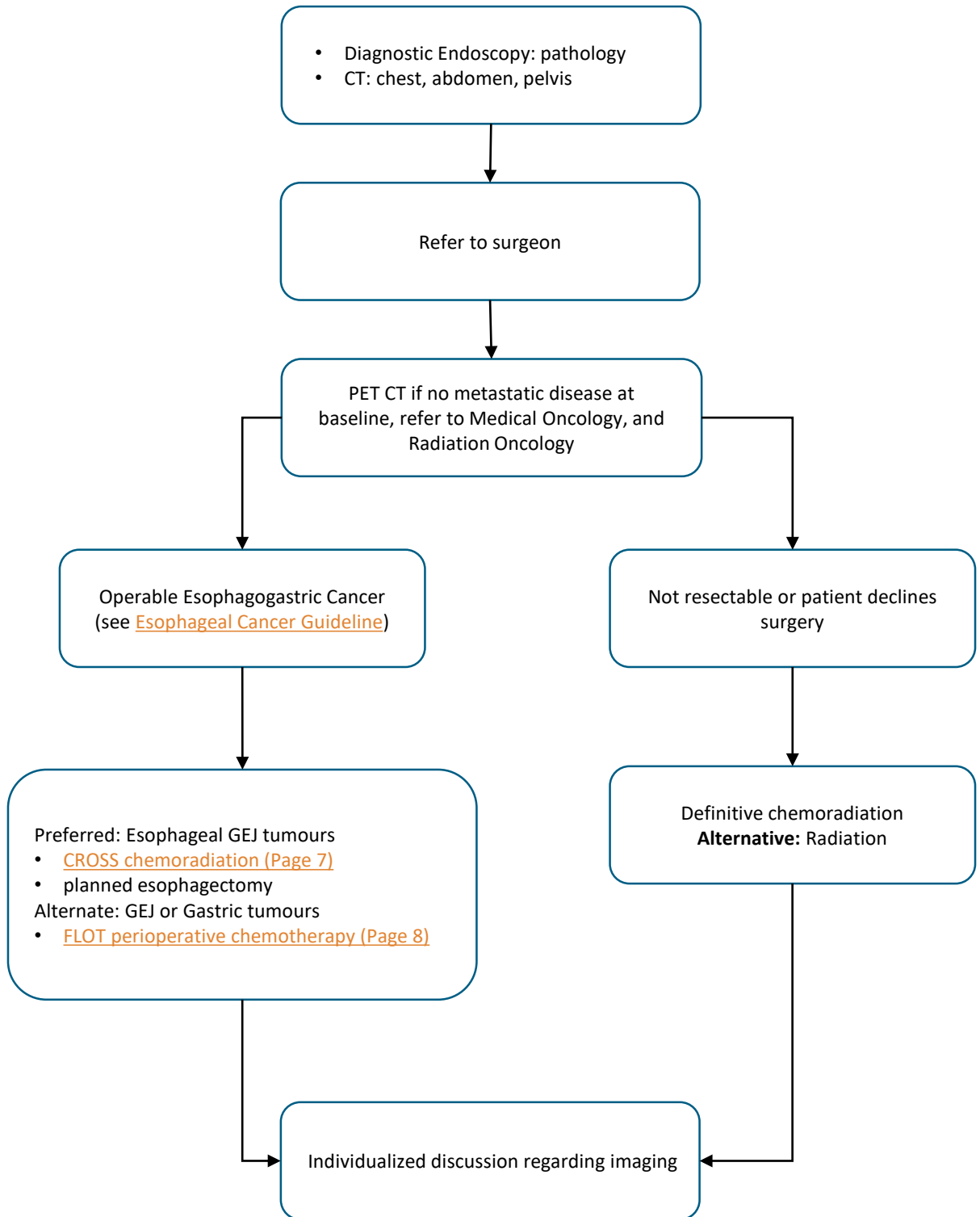
Stage I Esophageal Cancer



Stage II-III Esophageal or Gastroesophageal Cancer

Dietician consult*

Screen for psychosocial needs



Quality Measures:

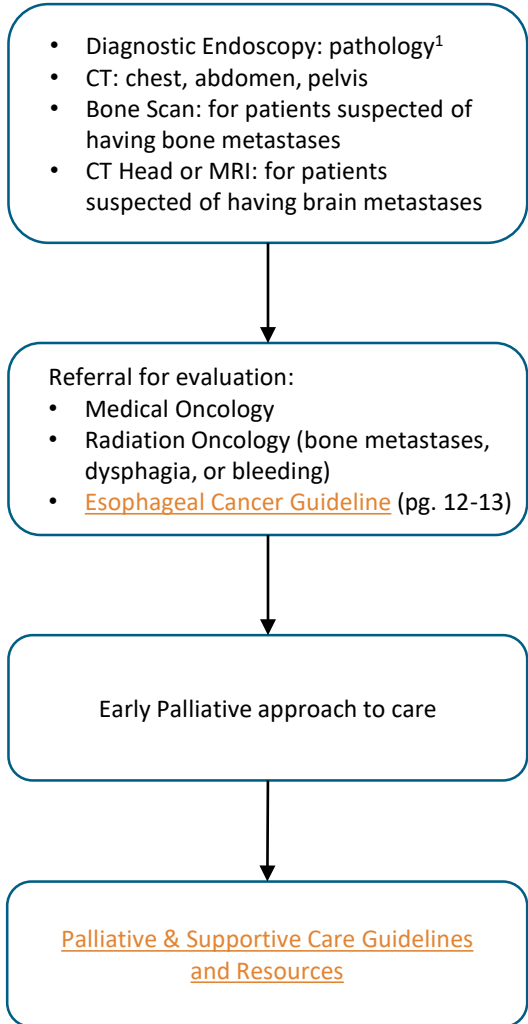
• Time from endoscopy to chemotherapy	• Post-operative mortality
• Time from endoscopy to surgical consult	• Major complication rate
• Time from surgical consult to evaluation by Radiation Oncology	• For patients who have surgery, time from last dose of radiation to surgery
• Time from tissue biopsy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

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.

Stage IV Esophageal Cancer

Dietician consult*

Screen for psychosocial needs



¹If adenocarcinoma, HER2 Testing

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.