Provincial Esophageal Cancer Prevention, Screening & Diagnosis Primary Care Pathway

Esophageal Cancer often presents at advanced stage. Early identification and management of modifiable risk factors, timely recognition of alarm symptoms, and appropriate referrals for specialist evaluation are essential to improving prognosis. This clinical pathway is designed to support primary care providers in three key areas:

1. Promoting **primary prevention** strategies for all patients
2. Identifying **high-risk individuals** who may benefit from targeted screening
3. Guiding the **evaluation and management** of patients presenting with esophageal dysphagia

Esophageal Dysphagia refers to difficulty swallowing caused by impaired passage of solids or liquids through the esophagus. *This pathway does NOT address* **oropharyngeal dysphagia**, which refers to difficulty initiating swallowing and transferring food from the oropharynx into the esophagus.

Primary Prevention for ALL

Manage **GERD** if present
- Diet and lifestyle modification
- +/- pharmacologic therapy

Modifiable risk factor reduction:
- Smoking cessation
- Alcohol moderation

GERD Pathway

Targeted Screening for Barretts Esophagus (precursor condition of esophageal adenocarcinoma)

Risk assessment for Barrett's esophagus:

Consider one-time screening endoscopy in those with **chronic GERD (> 5 years) and/or frequent symptoms of GERD (weekly or more) + ≥ 3 risk factors** from:
- Male Sex
- Age > 50
- Caucasian
- Current or past history of tobacco smoking
- Central Obesity (waist circumference > 88 cm in women and > 102 cm in men)
- Family History of esophageal cancer

Consider screening in those with **sleeve gastrectomy**

No → Screening for Barrett's Esophagus **NOT** indicated. Counsel on primary prevention and reassess if symptoms of dysphagia develop or meet screening criteria

Yes → Shared Decision Making about BE Screening

Investigation of Symptomatic Patients

Patient describes symptoms of **Esophageal Dysphagia:**
- Difficulty/discomfort during swallowing
- Sensation of food getting "stuck" in esophagus/chest

Assess for alarm features:
- Progressive dysphagia
- Odynophagia
- Unexplained weight loss (≥5% total body weight over 6-12 months)
- GI bleeding
- Iron deficiency anemia
- Concerning exam or diagnostic imaging findings

Yes → **Refer to Local Endoscopy Provider**

Note: If esophageal cancer is identified, the endoscopist is responsible for arranging:
- Staging CT chest/abdomen/pelvis
- Concurrent referral to surgery and medical oncology as per local process

See referral guideline tab for details.

No → **Non-progressive dysphagia**
- Trial PPI as outlined in GERD pathway

GERD Pathway

Response to PPI Trial

No → Refer to Local Endoscopy Provider

Yes → Continue to manage in Primary Care

If your patient is diagnosed with advanced cancer, consider:

Integrating An Early Palliative Approach to Advanced Cancer Care (Shared Care)

Introducing Early Palliative Care: Tips for Healthcare Professionals