

Treatment of early stage (T1) esophageal adenocarcinoma: Personalizing the best therapy choice

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Abstract

Esophagectomy is considered the primary form of management for esophageal adenocarcinoma (EAC); however, the surgery is associated with high rates of morbidity and mortality. For patients with early-stage EAC, endoscopic resection (ER) presents a potential curative treatment option that is less invasive and carries fewer risks procedure related risks, but it is associated with higher rates of cancer recurrence following the procedure. For some patients, age and comorbidities may prevent them from having esophagectomy as a treatment option, while other patients may be operative candidates but do not wish to undergo esophagectomy for a variety of reasons related to their values and preferences. Furthermore, while anxiety of cancer recurrence following ER may significantly diminish a patient’s quality of life (QOL), so might the morbidity surrounding esophagectomy. In addition to considering health status, patient preferences, and impacts on QOL, physicians and patients must also consider what treatments would be both beneficial and available to the patient, considering esophagectomy methods-minimally invasive (MIE) *vs* open-or the use of chemoradiotherapy in addition to ER. Our article reviews and summarizes available treatment options for patients with early EAC and their potential effects on the health and wellbeing of patients based on the current data. We conclude with a request for more research of available options for early EAC patients, the conditions that determine when each option should be employed, and their effects not only on patient health but also QOL.

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## Endoscopic options for early stage esophageal cancer

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4294829>

Aug 22, 2014 - Endoscopic approach to the patient with **early stage esophageal cancer**. Patients generally undergo on average 2 to 3 sessions of **ablative therapy** for successful **elimination** of all **flat dysplasia** and BE ( 9 ). Patients are recommended to undergo surveillance **endoscopy** and retreatment every 3 months for the **first year**.

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## Treating Esophageal Cancer by Stage

<https://www.cancer.org/cancer/esophagus-cancer/treating/by-stage> ▾

Jun 14, 2017 - **Stage IV esophageal cancer** has spread to distant lymph nodes or to other distant organs. In general, these cancers are very hard to get **rid** of completely, so **surgery** to try to **cure** the **cancer** is usually not a good option. **Treatment** is used mainly to help keep the **cancer** under control for as long as possible and to relieve any symptoms it is causing.

Last Revised: October 3, 2017

### Treating Stage 0 Esophagus Cancer

A stage 0 tumor is not true cancer. It contains abnormal cells called high-grade dysplasia and is a type of pre-cancer. The abnormal cells look lik...

### Treating Stage I Esophagus Cancer

In this stage the cancer has grown into some of the deeper layers of the esophagus wall (past the innermost layer of cells) but has not reached the...

### Treating Stages II and III Cancer of The Esophagus

Stage II includes cancers that have grown into the main muscle layer of the esophagus or into the connective tissue on the outside of the esophagus...



## Treatment allocation in patients with early-stage ...

<https://onlinelibrary.wiley.com/doi/10.1002/cncr.30040>

INTRODUCTION. The annual incidence of **esophageal adenocarcinoma** continues to increase in the United States, 1, 2 and the rate of increase is greater than that of other major epithelial malignancies. 2, 3 There also has been a relative increase in **early-stage** disease, possibly related to surveillance for Barrett **esophagus**. 4 The traditional **treatment** of choice for patients with **early-stage** ...

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## Endoscopic methods in the treatment of early-stage ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4105665>

Introduction. Esophageal cancer is a **treatment-resistant** lesion of poor prognosis []. In the **early stage**, T1a, and in the precancerous **stage** as a high-grade dysplasia (HGD), this type of lesion is still managed by **esophageal** resection []. Increasing evolution of endoscopic techniques identified the alternative **treatment** of selected types of **early-stage esophageal** cancers as a less invasive approach.

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Publish Year: 2014