

CANCER OF THE OESOPHAGUS

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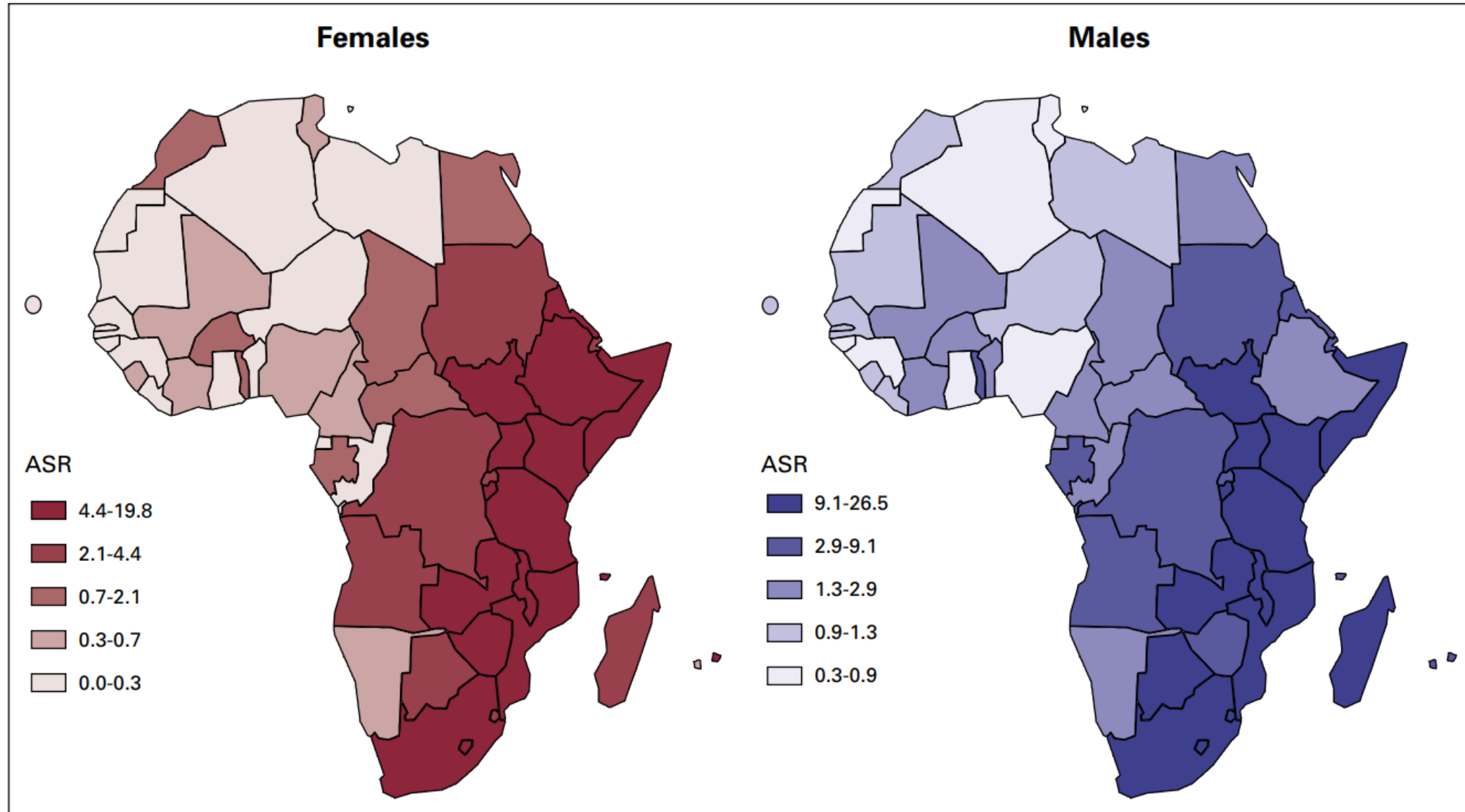
OBJECTIVES

- TO HIGHLIGHT THE HIGH BURDEN OF CA OESOPHAGUS
- TO HIGHLIGHT VARIOUS TREATMENT MODALTIES AND THEIR BENEFITS
- TO EXPLORE PREVENTION/EARLY DETECTION STRATEGIES

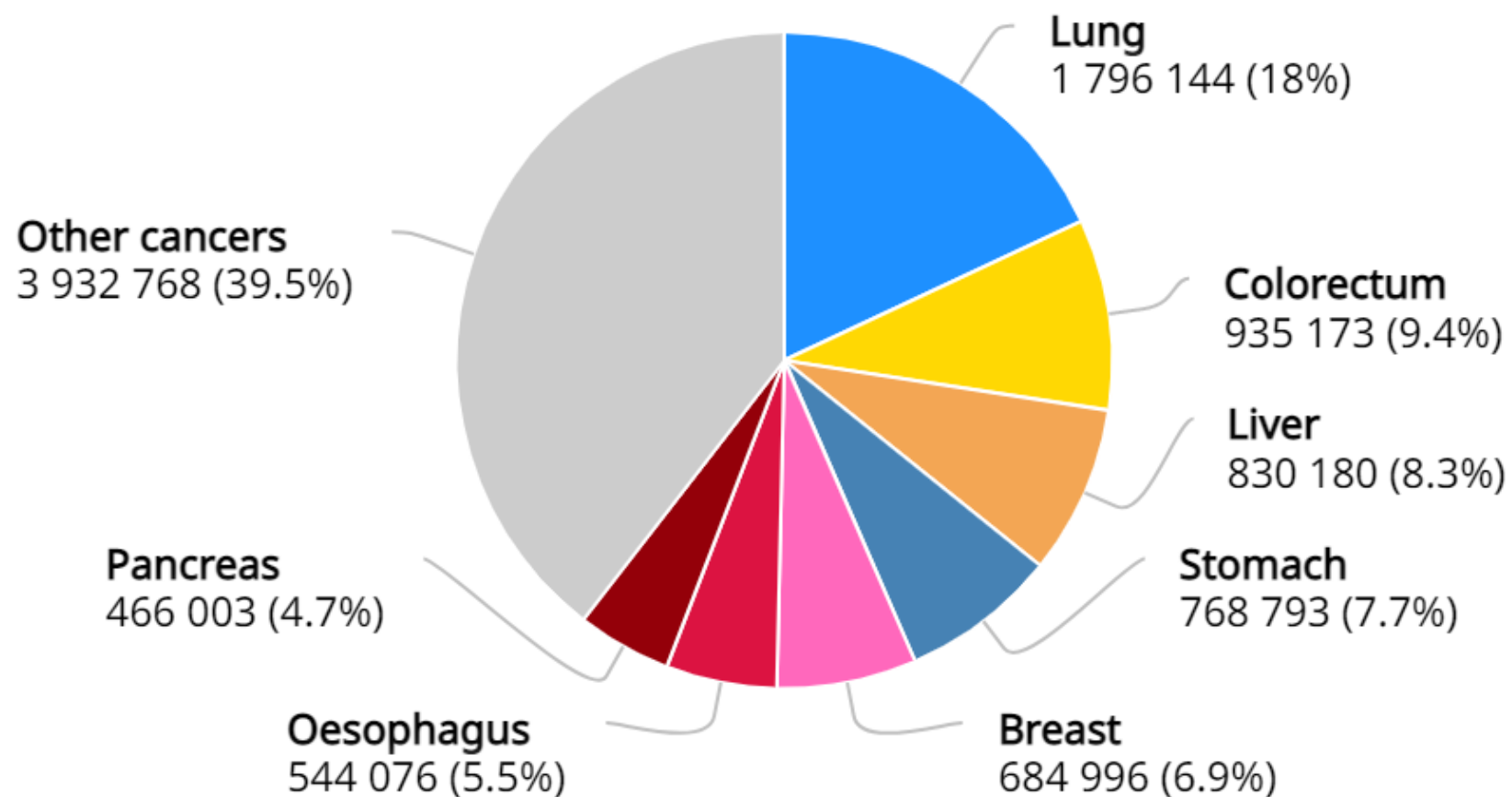
GLOBAL BURDEN-ESOPHAGEAL CANCER

- 8th most common cancer worldwide
- 6th most common cause of cancer related death
- This does not reflect the geographic variations in the occurrence
- 80% of cases and deaths occur in the developing countries
- Geographically defined high incidence regions is a distinguished characteristic of Ca Esophagus
- High incidence areas include: Northern China, North-eastern Iran, Southern South America, South Africa and **Eastern Corridor of Africa**
- Yet ESCC is much less common in **Western and Northern Africa**

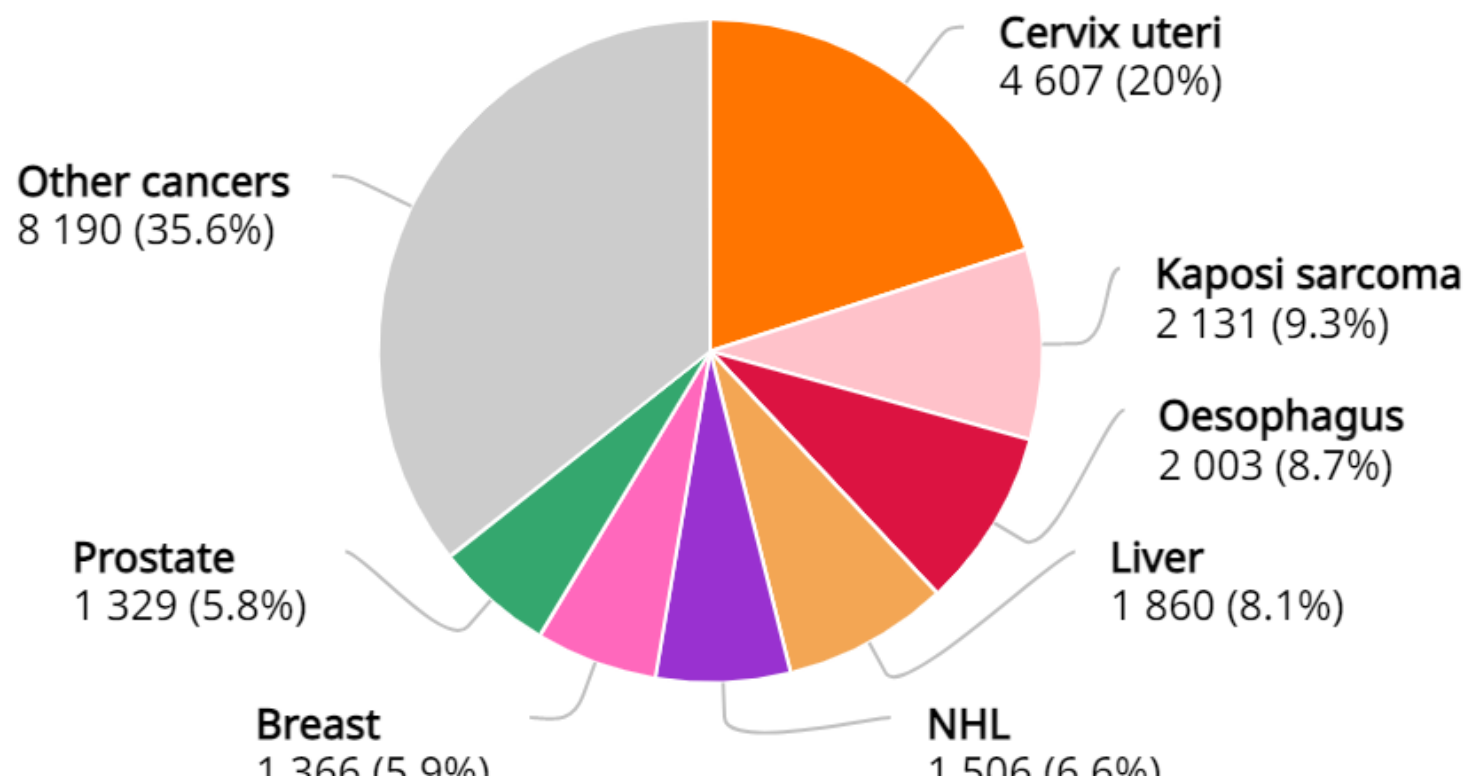
EASTERN CORRIDOR OF AFRICA



Estimated number of deaths in 2020, World, both sexes, all ages



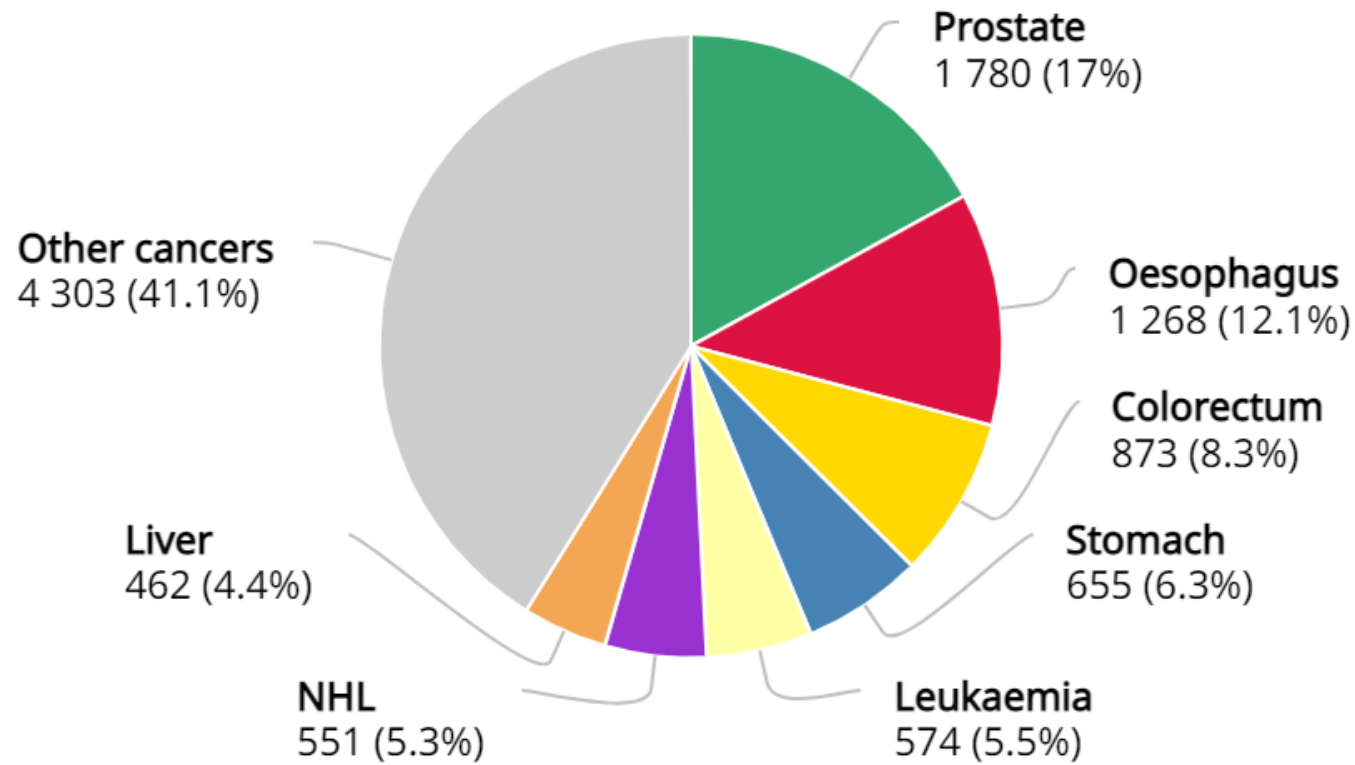
Estimated number of deaths in 2020, Uganda, both sexes, all ages



Estimated deaths Uganda, 2020, males

Cancer ◆	Cases ◆
Kaposi sarcoma	1 379
Prostate	1 329
Oesophagus	1 219
Liver	1 136
Non-Hodgkin lymphoma	767
Colorectum	447
Leukaemia	315
Other cancers	3 422

Estimated number of deaths in 2020, Kenya, males, all ages

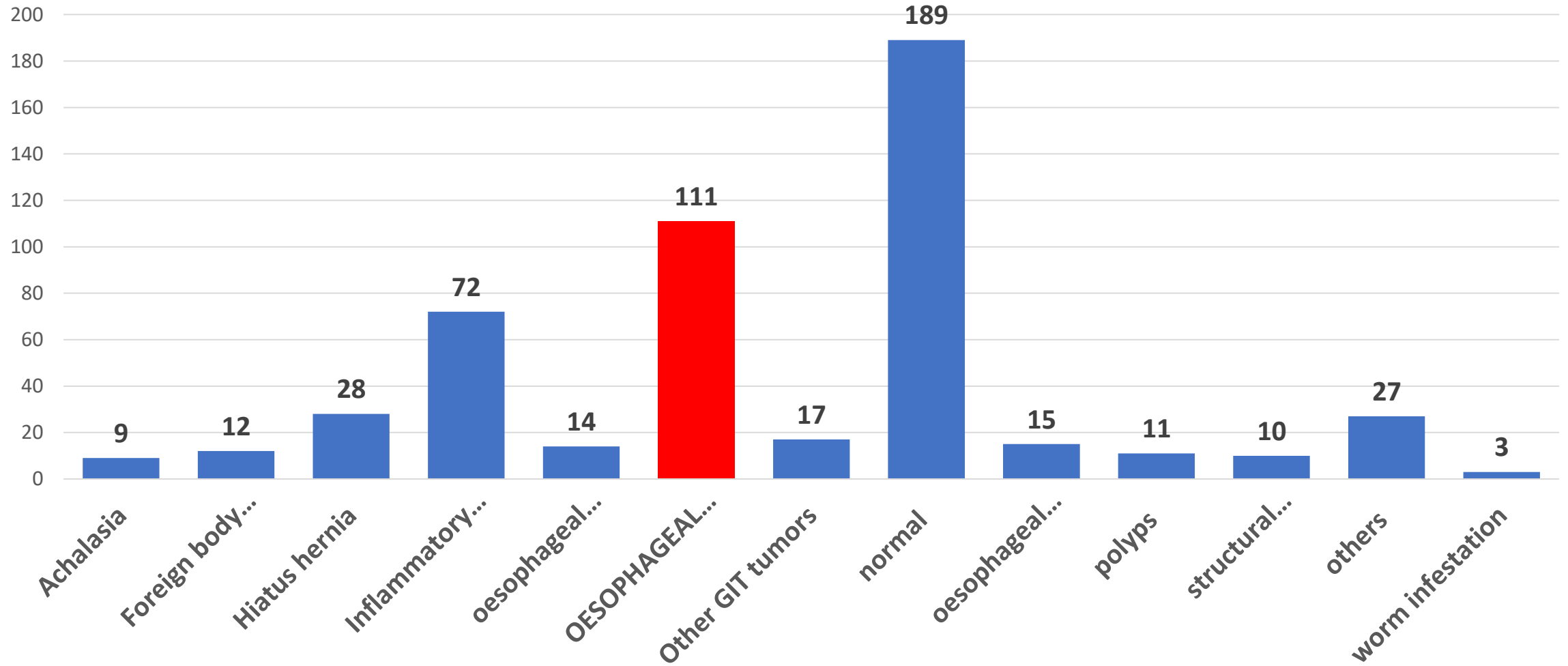


ADDITIONAL DATA: UGANDA

- Cancer of the esophagus: histopathological sub-types in northern Uganda: ON Alema et al.
- 7.5 % Ca Oesophagus (1871)
- High rates of gastroesophageal cancers in patients with dyspepsia undergoing upper gastrointestinal endoscopy in Uganda: Mbiine et al 2021
- 11% gastro-oesophageal cancers (159/356)
- Kyabirwa Surgical Center (Busoga subregion): **21.4%**

KYABIRWA SURGICAL CENTER

DIAGNOSES DISTRIBUTION



RISK FACTORS

- Genetics, ALDH2 heterozygosity
- US, Black : White 6:1
- Geographical/environmental factors (? Soil)
- Alcohol, Smoking
- Foods
- Indoor wood combustion
- Thermal injury from hot food and beverages (Mwachiro et al)
- Polycyclic aromatic hydrocarbons (PAH)

SYMPTOMS

- Asymptomatic
- Dysphagia
- Non specific symptoms:
- heartburn, dyspepsia, cough, weight loss

INVESTIGATIONS



DIAGNOSTIC
INVESTIGATIONS



STAGING INVESTIGATIONS

INVESTIGATIONS

BA SWALLOW

CT SCAN

MRI

OGD/UPPER GI ENDOSCOPY

OESOPHAGEAL SPONGE

LUGOLS IODINE

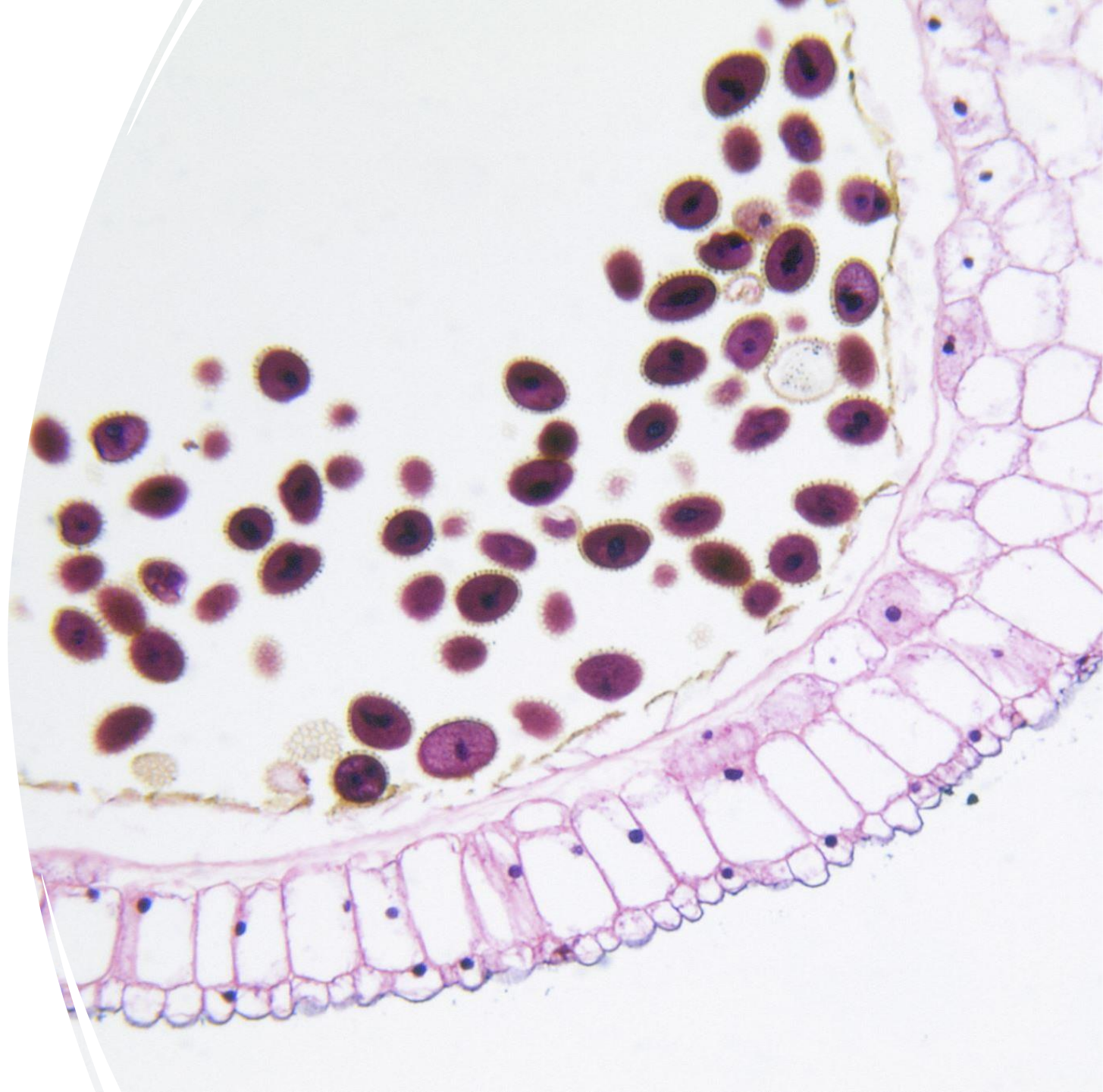
SCREENING + INTERVENTION,

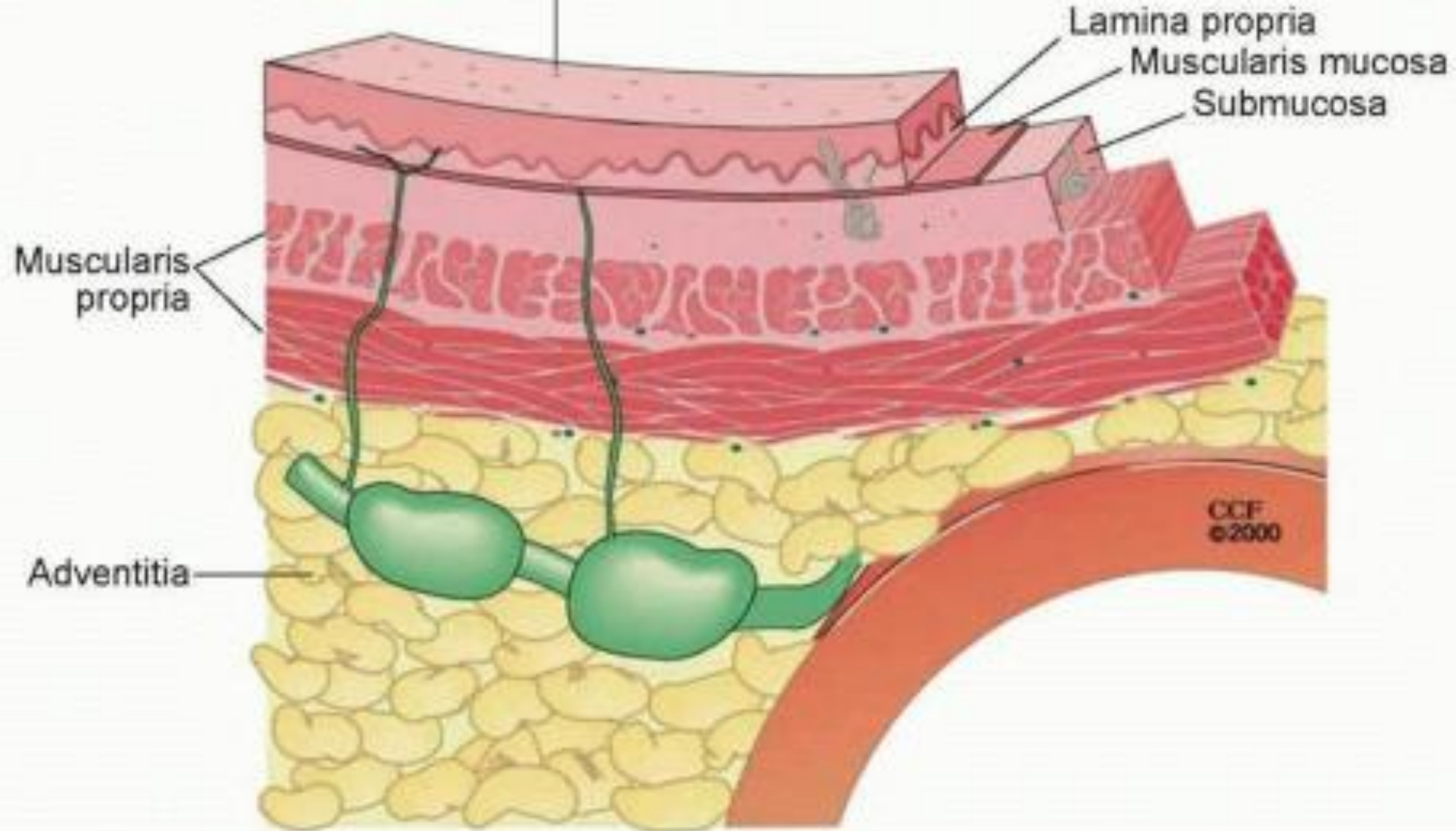
HISTOLOGIC SUBTYPES

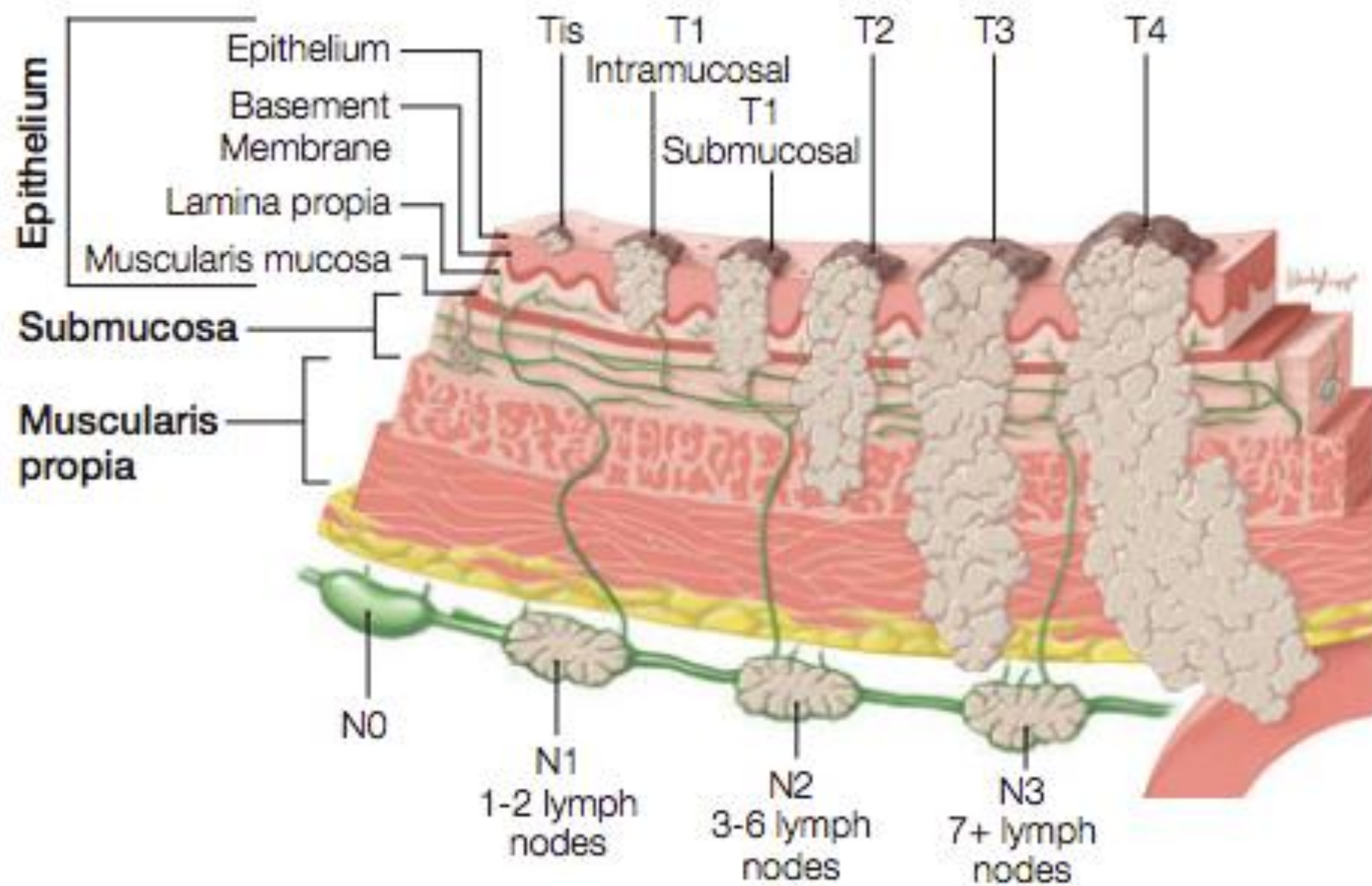
- ADENOCARCINOMA (EAC)
- SQUAMOUS CELL CARCINOMA (ESCC)

STAGING

- EXTENT OF SPREAD OF DISEASE
- CLINICAL
- PATHOLOGICAL
- POSTNEOADJUVANT







MANAGEMENT

- PREVENTION
- EARLY DIAGNOSIS
- (COMMUNITY SURVEILLANCE?)
- TREATMENT
- FOLLOW UP

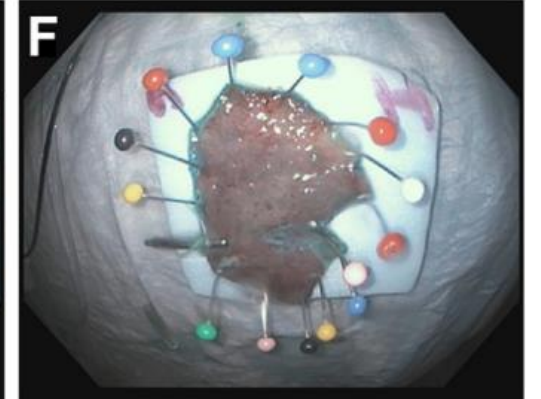
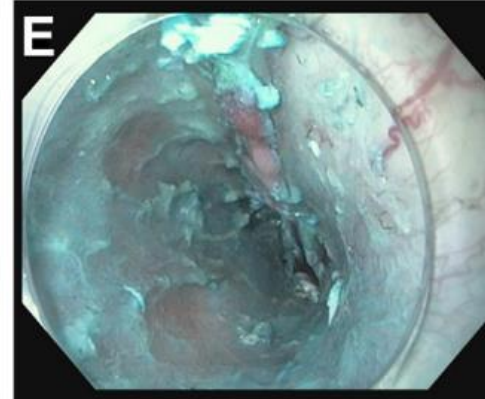
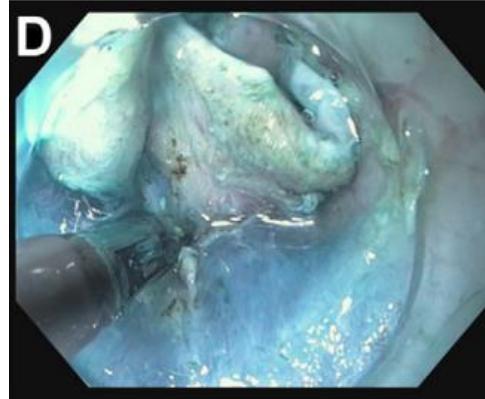
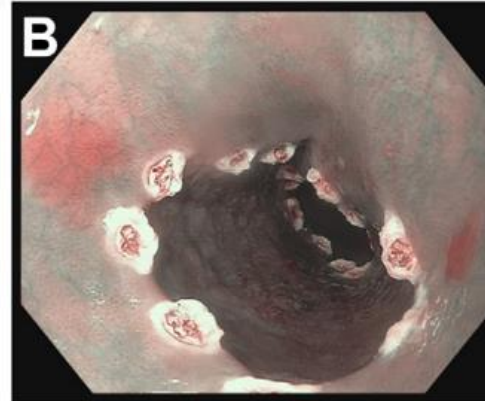
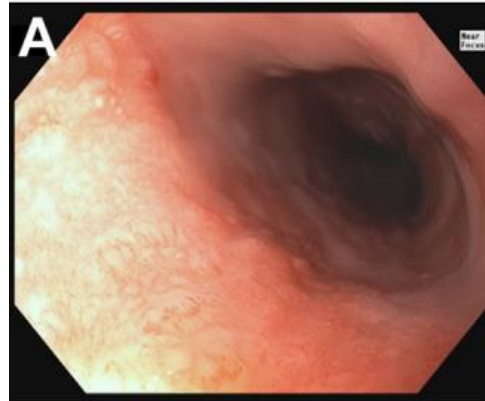
TREATMENT

- EARLY DISEASE
- LOCOREGIONAL DISEASE
- SYSTEMIC/METASTATIC DISEASE

EARLY DISEASE

- Tis, T1a, T1b <3cm
- ENDOSCOPIC SURGICAL TECHNIQUES
- ENDOSCOPIC MUCOSAL RESECTION (EMR)
- ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD)
- CROTHERAPY?
- RADIOFREQUENCY ABLATION?

ESD



LOCOREGIONAL
DISEASE

T2/T3, N?

PRE-OP CHEMORADIATION

THEN OESOPHAGECTOMY

CROSS TRIAL, CALGB, MAGIC
TRIAL

METASTATIC
DISEASE

CHEMORADIATION
VARIOUS REGIMENS

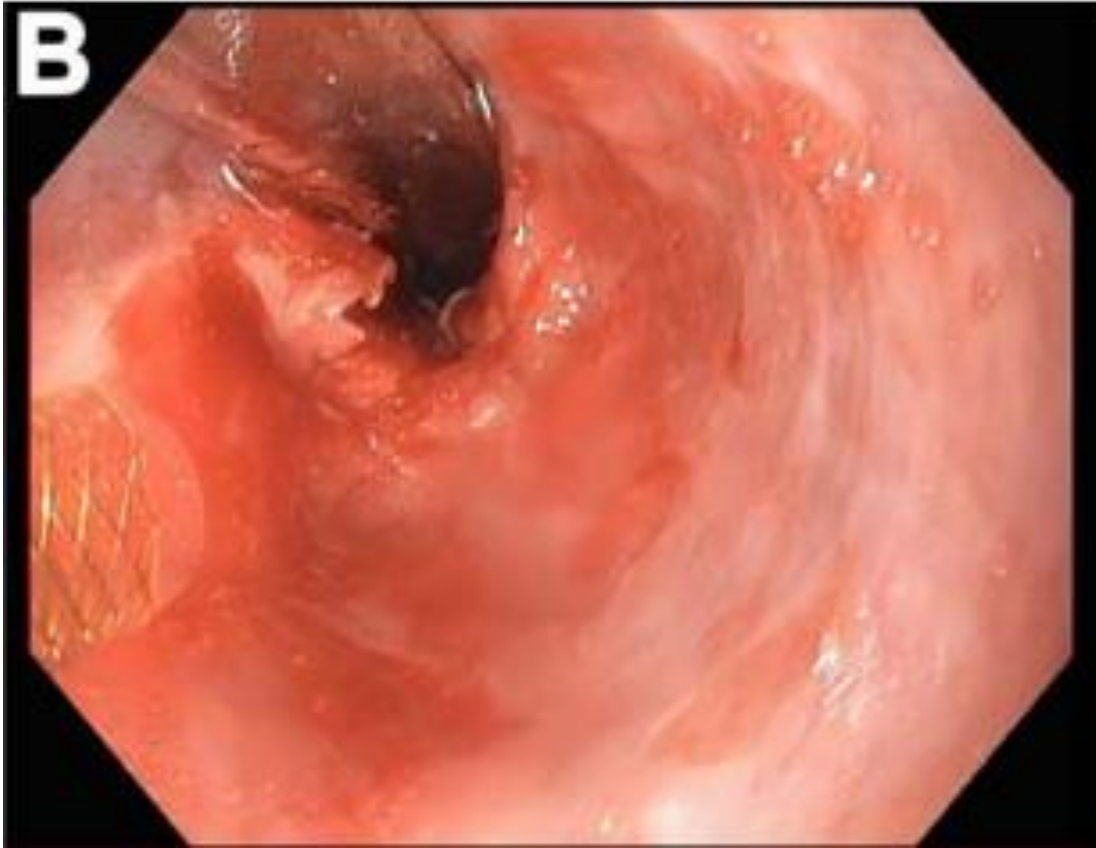
IMMUNOTHERAPY

MUCOSAL ABLATION TECHNIQUES

CROTHERAPY

- Spray Cryotherapy(SC)
- Using liquid nitrogen
- Also used in Rx Barrett's Oesophagus





CYOTHERAPY

RADIOFREQUENCY ABLATION

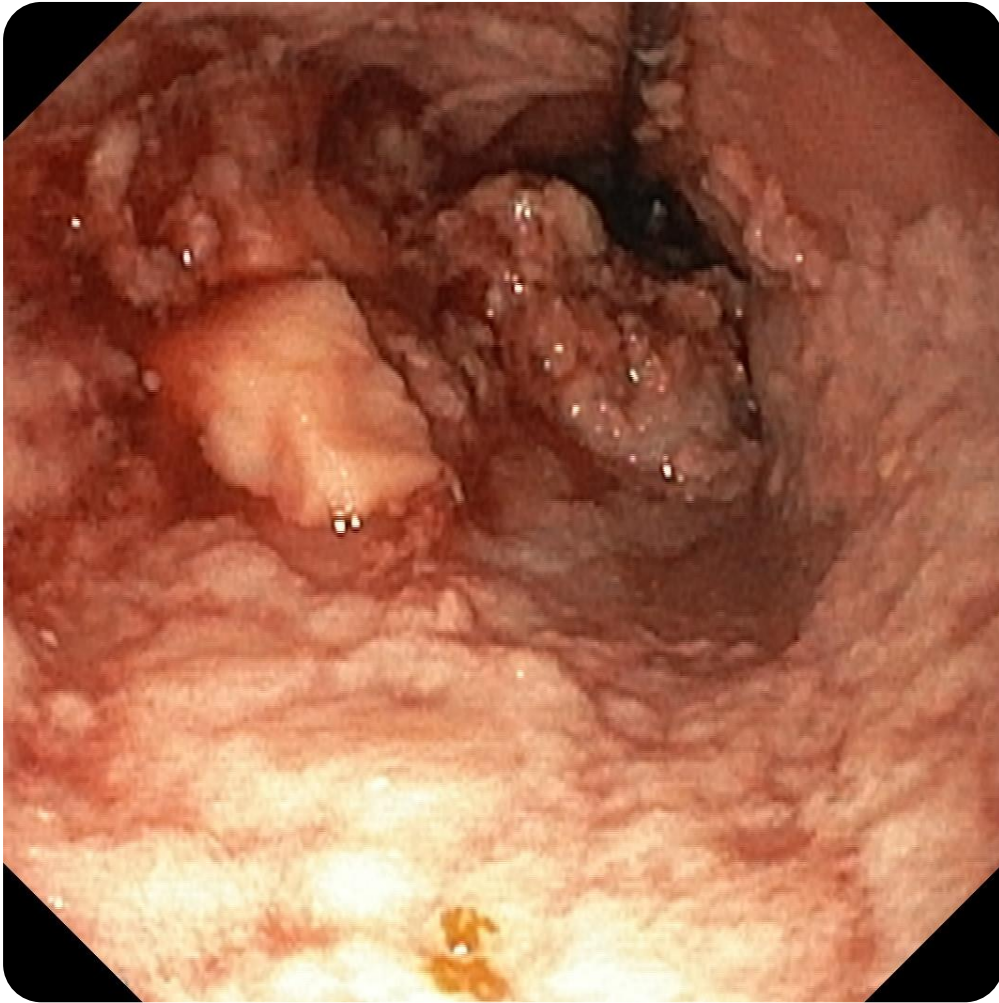
- Endoscopic RFA
- Specialized heated ablation catheter for targeted mucosal injury and cell destruction
- Energy conduction reaches the level of lamina propria

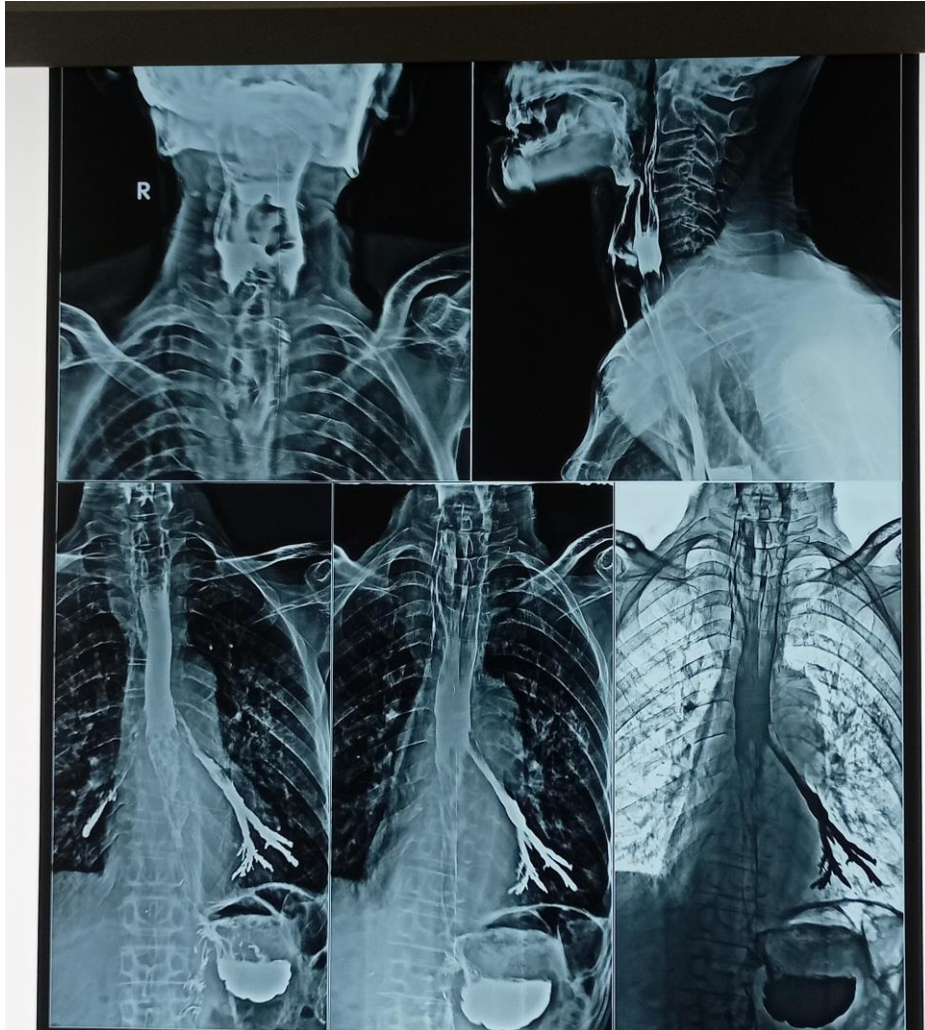
PALLIATIVE PROCEDURES?

- FEEDING GASTROSTOMY?
- CELESTIN TUBE?
- **STENT PLACEMENT**
- CROTHERAPY?
- RADIOFREQUENCY ABLATION.

OESOPHAGEAL STENTING

- COVERED SELF EXPANDING STENTS





CONCLUSION

- HIGH BURDEN/ENDEMIC ZONE
 - LIMITED TREATMENT MODALITIES
 - ROOM TO BROADEN TREATMENT MODALITIES?
 - COMMUNITY/POPULATION SCREENING IN VIEW OF HIGH BURDEN
-
- **BUT, WHO: SCREENING + INTERVENTION**



THANKYOU