CONFIRMING DIAGNOSIS

Endoscopy

Upper GI endoscopy with biopsy is the recommended investigation for patients with dysphagia to confirm oesophageal cancer. Lesional biopsy with histological interpretation is required to identify cancer subtype and exclude other causes such as severe gastro-oesophageal reflux and ulceration, see table 1, opposite.

Repeat gastroscopy should be performed if histology is benign and endoscopic appearances were suspicious of cancer. In cases of severe reflux, gastroscopy with biopsies is repeated after six weeks of anti-acid treatment to ensure healing and exclude underlying cancer or Barrett’s oesophagus. Despite improved advances in endoscopic imaging, failure to diagnose gastric cancer at initial endoscopy is consistently around 10%. Therefore patients with unexplained symptoms may require a second gastroscopy.17,18 The principal factors associated with repeat gastroscopy include failing to suspect malignancy and misdiagnosing reflux oesophagitis or a peptic stricture at the first examination. Failure to take adequate biopsies can result in false-negative histology.

‘Endoscopy with biopsy is recommended for dysphagia to confirm oesophageal cancer’

Over the counter availability of ranitidine and PPI medication means that patients may well be taking an anti-acid medication at presentation. Initial gastroscopy should follow a break in PPI therapy, although there is no evidence to suggest the best timing, two weeks is usually suggested. PPIs may mask endoscopic findings and ‘heal’ malignant ulcers or alter their appearance. Barium studies can be performed if the patient is too unwell or keen to avoid gastroscopy.19 Sensitivity of barium is reasonable for detecting malignancy but does not allow histological sampling to differentiate between malignant and benign ulceration and diagnosis can be delayed.

CANCER STAGING

If a lesion suspicious of oesophageal cancer is seen at gastroscopy, the patient is warned and referral to a specialist upper GI surgery unit is made. A thorough staging process is undertaken to allow patients to choose appropriate treatments and avoid patients with advanced or incurable disease undergoing unnecessary, significant surgery, see figure 1, p23.

Oesophageal cancer staging employs the Tumour, Nodal, Metastases (TNM) classification system, see table 3, left.20 Computed tomography (CT) of the chest abdomen and pelvis is performed initially to detect incurable disease.