

# Oesophageal cancer rates are rocketing—here's what you need to know about the disease

June 1 2017, by Amanda Lee

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Oesophageal cancer is an aggressive disease with one of the [worst survival rates of all cancers](#). Our [latest research](#) shows that the longer a

person waits to see a doctor, the more likely they are to die from their cancer. Early diagnosis and treatment is critical as it can significantly improve survival odds.

Unfortunately, many people don't recognise the symptoms. Heartburn, hoarseness and difficulty swallowing are often dismissed by patients as "nothing serious". Usually, by the time the patient has more severe symptoms, such as weight loss, vomiting or coughing up blood, the disease has already progressed quite far.

Some of the symptoms of oesophageal cancer include:

- Difficulty swallowing – feeling food is caught in your throat or chest
- A burning sensation when swallowing
- Acid indigestion or heartburn
- Weight loss
- Food coming back up the throat
- Vomiting Persistent cough
- Coughing up blood
- Changes in depth of voice, or hoarseness
- Pain around the breastbone or in the back
- Dark faeces

Most people diagnosed with oesophageal cancer are over 60 years old. The cancer is more common in people who are overweight or obese, especially if they carry most of their [excess weight around their middle](#). It is also [more common in men](#) and in people who [drink alcohol](#) or smoke.

## Getting a diagnosis

Oesophageal cancer is usually detected with an endoscope – a thin,

flexible viewing tool. The scope is inserted through the patient's mouth and moved down their throat into the oesophagus. The doctor can use the tool to examine the oesophagus and take samples (biopsies) of any unhealthy looking tissue.

The endoscope doesn't interfere with breathing. Patients are usually given light sedation and a numbing throat spray to relieve any discomfort that might be felt.

Another, less invasive, test is the "barium swallow". Here, an X-ray is taken while the patient swallows a chalky fluid called barium, which lights up on the X-ray. By taking pictures while the patient is swallowing the solution, the test can reveal how well the gullet transports food to the stomach and if there are any growths or blockages in the gullet.

If cancer is detected, there are a range of scans that view the whole body to see if the cancer has spread to surrounding areas. CT and MRI scans offer more detailed views of the total body. The PET-CT scan is a little more involved, yet more accurate in assessing the type of tumour. The patient is given a very mild radioactive substance before the procedure to light up the most active cells in the body (generally, cancer cells).

Once the cancer diagnosis and assessment has taken place, a team of healthcare professionals will discuss treatment options. They consider how far the [cancer](#) may have spread, what type of [cancer cells](#) are present, whether the patient can tolerate treatments and how surgery may affect the outcome.

As our research indicated, by getting [patients](#) to seek an [early diagnosis](#), treatments can be more effective, operations are not as invasive and survival is improved.

Rates of [oesophageal cancer](#) are [predicted to double](#) in the next 20 years,

mainly driven by rising obesity rates, so it's important that more people are aware of the signs and symptoms of the disease and have it investigated at the earliest possible stage.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

Citation: Oesophageal cancer rates are rocketing—here's what you need to know about the disease (2017, June 1) retrieved 2 May 2024 from <https://medicalxpress.com/news/2017-06-oesophageal-cancer-rocketinghere-disease.html>

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