UCCH Pathway

UCCH Guideline
Esophageal and Esophagogastric Junction Cancer

2.03.01 Anlage 01

Version Mar/2019

Hubertus Wald Tumorzentrum
Universitäres Cancer Center Hamburg
Ein Kompetenznetzwerk des UKE

Pathway: Esophageal and Esophagogastric Junction Cancer

Guideline Esophageal and GEJ

Version 04, Mar/2019

according to TNM classification 8th edition

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Staging squamous cell carcinoma (TNM v8)

Clinical Stage

Stage 0	Tis	N0	M0
Stage I	T1	N0, N1	M0
Stage II	T2	N0, N1	M0
	T3	N0	M0
Stage III	T1,T2	N2	M0
	T3	N1, N2	M0
Stage IVA	T4a,T4b	Any N	M0
Stage IVA	Any T	N3	M0
Stage IVB	Any T	Any N	M1

Pathological Stage

Stage 0	Tis	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
	T2	N0	M0
Stage II	T3	N0	M0
	T1	N1	M0
Stage IIIA	T1	N2	M0
	T2	N1	M0
Stage IIIB	T2	N2	M0
	T3	N1, N2	M0
	T4a	N0, N1	M0
Stage IVA	T4a	N2	M0
	T4b	Any N	M0
	Any T	N3	M0
Stage IVB	Any T	Any N	M1

Staging adenocarcinoma (TNM v8)

Clinical Stage

Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage IIA	T1	N1	M0
IIB	T2	N0	M0
Stage III	T1	N2	M0
	T2	N1, N2	M0
	T3,T4a	N0, N1,	M0
Stage IVA	T4b	N0, N1	M0
	Any T	N2, N3	M0
Stage IVB	Any T	Any N	M1

Pathological Stage

Stage 0	Tis	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
Stage IIA	T2	N0	M0
Stage IIB	T1a,T1b	N1	M0
Stage IIIA	T1	N2	M0
	T2	N1	M0
	T3, T4a	N0	M0
Stage IIIB	T2	N2	M0
	T3	N1, N2	M0
	T4a	N1	M0
Stage IVA	T4a	N2	M0
	T4b	Any N	M0
	Any T	N3	M0
Stage IVB	Any T	Any N	M1

Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

TB

= Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

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Pathway: Esophageal and Esophagogastric Junction Cancer

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Work up

- Physical exam
- Laboratory
- CT-chest / abdomen
- Upper GI endoscopy (in case of external endoscopy and non M+ re-endoscopy is mandatory)
- EUS
- Biopsy and histology (HER2/neu for Adeno, MSI/dMMR, PD-L1 (CPS) for all, EBV optional)
- Optional diagnostic laparoscopy[1], PET
- Supportive:
  - Offer contact to self help group
  - Offer psychooncological support

TB

Consider

- Resectability
- Comorbidity
- Clinical Trial

No PEG insertion in case of planned surgery

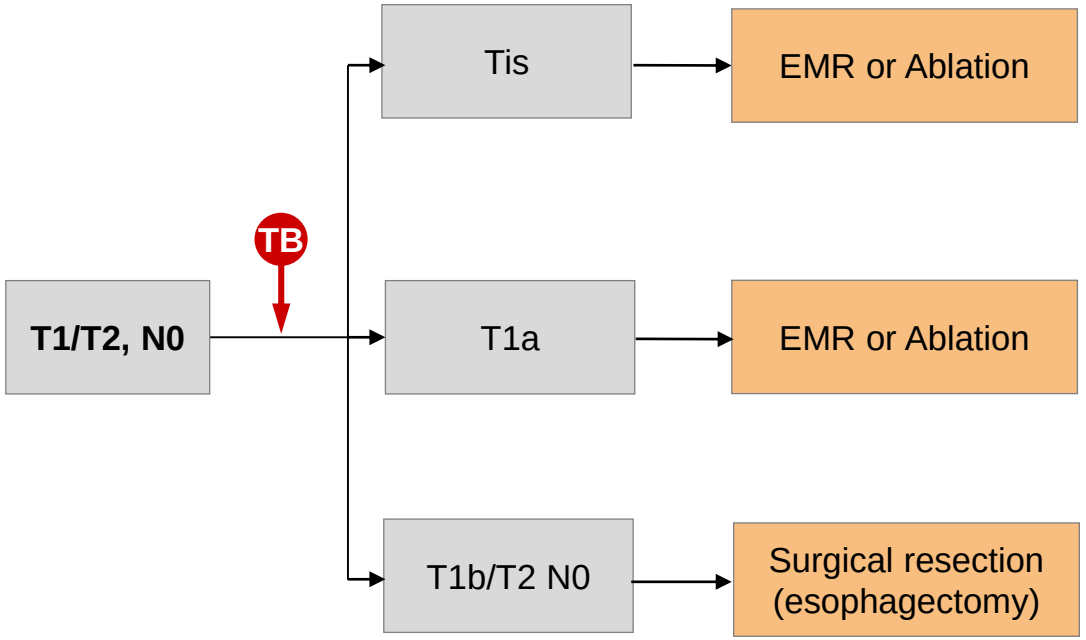
Resectable T1/2 N0	Pathway page 2
Resectable T3/4 or N+ (adeno)	Pathway page 3
Resectable T3/4 or N+ (SCC)	Pathway page 4
Unresectable or metastatic disease	Pathway page 5

[1] Diagnostic laparoscopy in case of ascites or large T3 or T4 tumor

Stage definition:

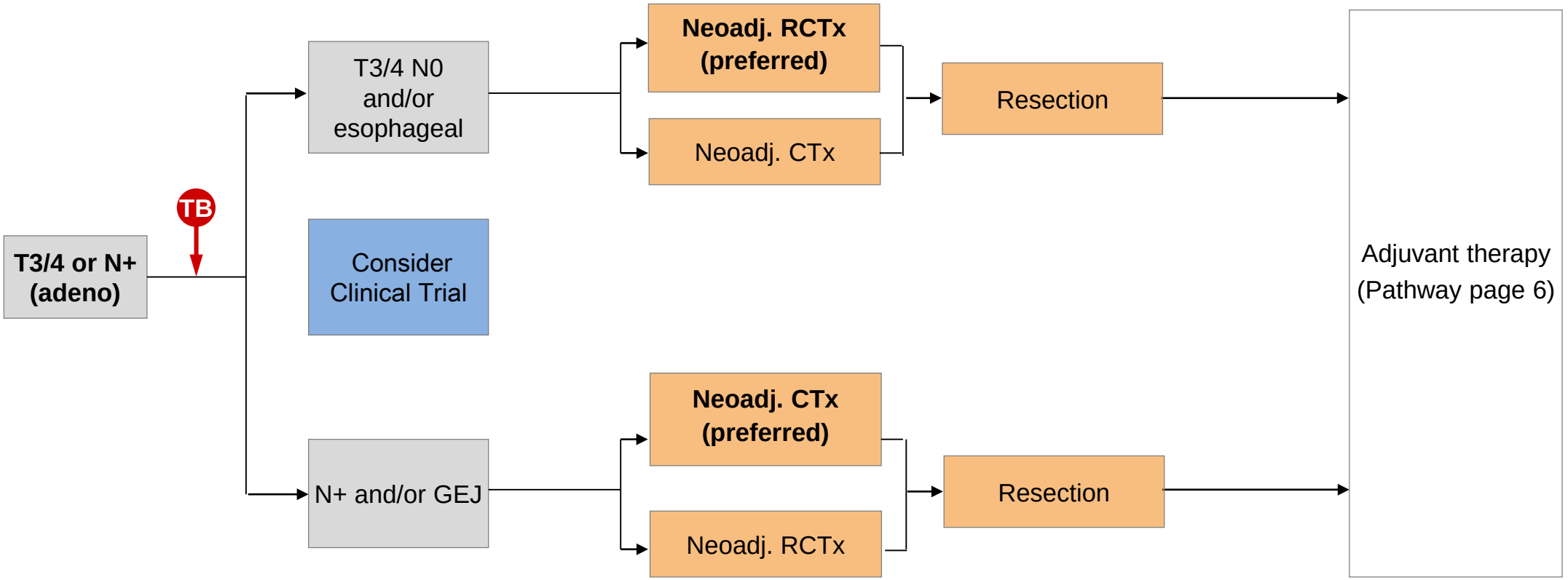
- Location: For determination of multimodal treatment, according to TNM v8 all tumors with their epicenter located within 2cm of the gastroesophageal junction reaching into the esophagus are defined as esophageal cancer. All tumors with their epicentre more than 2cm distal of GEJ or within but not reaching into the esophagus will be defined as gastric cancer (please refer to gastric cancer path in this case).
- T-stage: T3 visible on CT scan, independent of EUS staging, T2 not visible on CT scan and „clear“ T2 in EUS
- N-stage: N+ determined by CT scan lymph node >1cm (short axis), EUS not relevant for N staging

Pathway page 2: T1/T2 N0



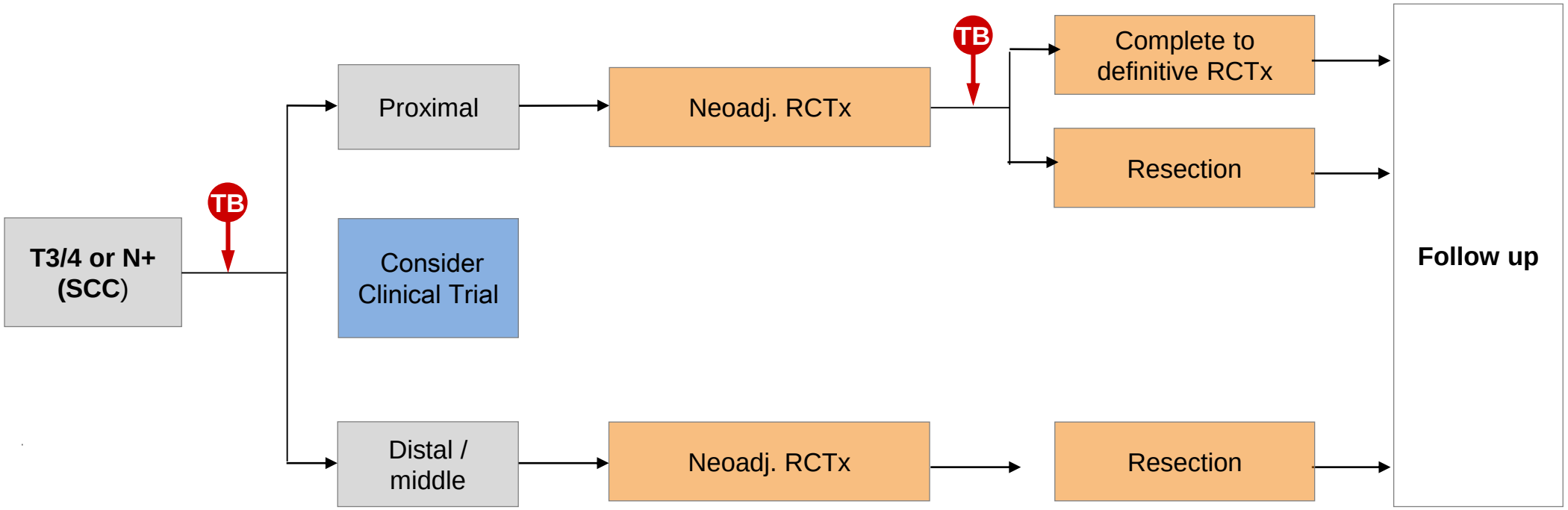
EMR = Endoscopic Mucosal Resection

Pathway page 3: T3/4 or N+ Adenocarinoma



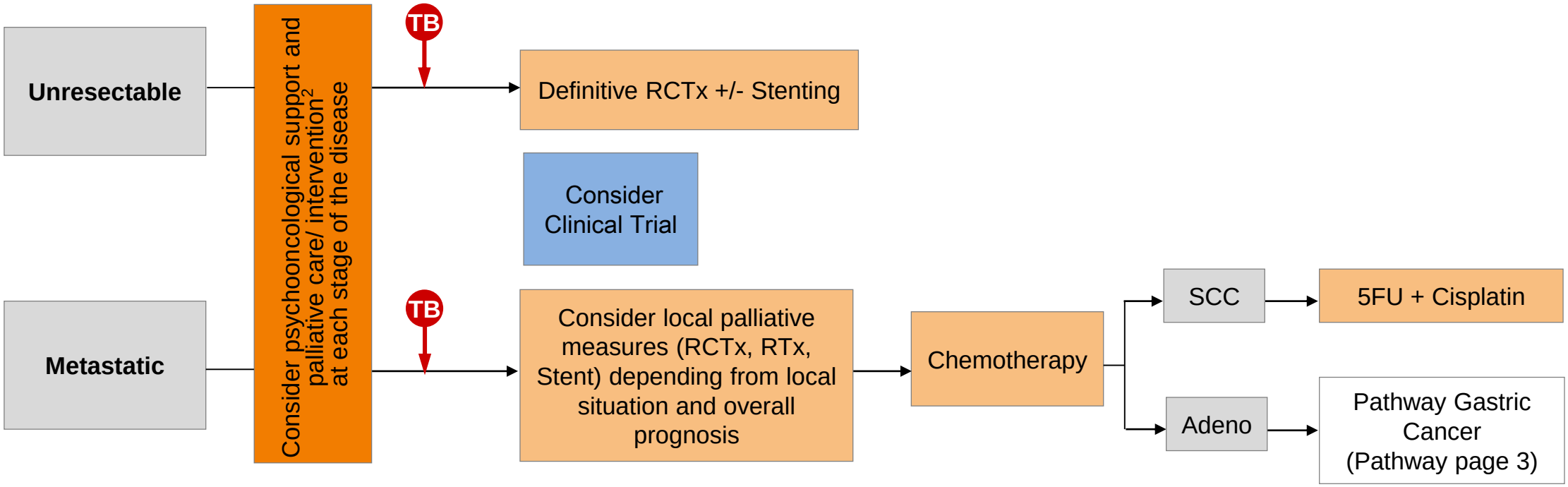
CTx Chemotherapy, RTx Radiotherapy, RCTx Radiochemotherapy with carboplatin/paclitaxel (CROSS regimen)

Pathway page 4: T3/T4 or N+ Squamous Cell Carcinoma



RCTx Radiochemotherapy, if neoadjuvant with carboplatin/paclitaxel (CROSS regimen), if definitive formally 5FU/cisplatin, but preferred regimen at UCCH carboplatin/paclitaxel

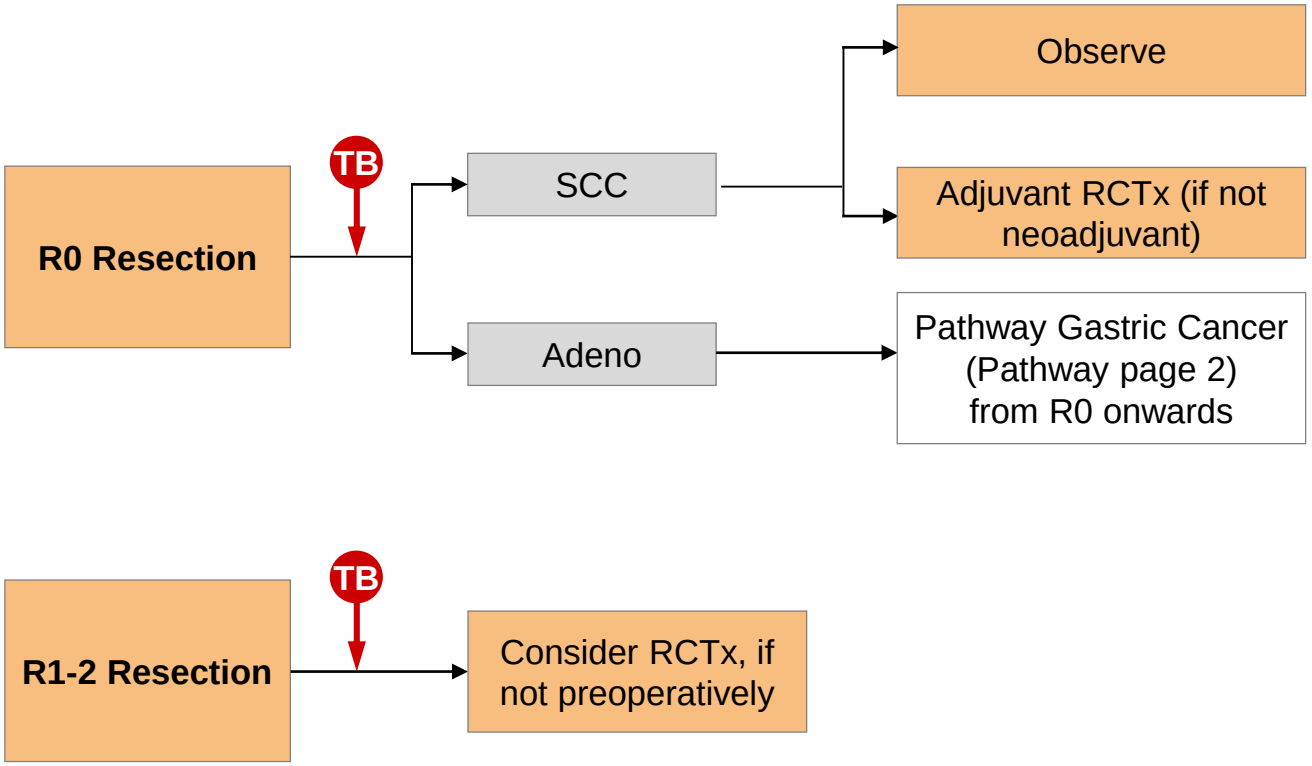
Pathway page 5: Unresectable or metastatic disease



RTx Radiotherapy, RCTx Radiochemotherapy, if definitive formally 5FU/cisplatin, but preferred regimen at UCCH carboplatin/paclitaxel

[2] See palliative care screening tool on page 6

Pathway page 6: Adjuvant treatment



RCTx Radiochemotherapy with carboplatin/paclitaxel (CROSS regimen)

Page 7: Follow up

- Except for patients that may be candidates for salvage surgery after definitive chemoradiation there is no evidence that regular follow up after initial therapy influence outcome.
- Follow up should concentrate on symptoms, nutrition and psychosocial problems.
- First two years 3 monthly followed by 6 monthly for 3 years visits with clinical examination. Abdominal-ultrasound or thoracoabdominal CT scan twice yearly and endoscopy yearly is recommended according to UCCH standards.
- Offer contact to self-help group and psychooncological support whenever necessary

Page 8: Palliative care screening tool

Screening items			Points
1.		• Presence of metastatic or locally advanced cancer	**2**
2.		• ECOG score (functional status score, performance status)	**0-4**
3.		• Presence of one or more serious complications of advanced cancer usually associated with a prognosis of < 12 months (e.g. brain metastases, hypercalcemia, delirium, spinal cord compression, cachexia)	**1**
4.		• Presence of one or more serious comorbid diseases also associated with poor prognosis (e.g. moderate-severe COPD or CHF, dementia, AIDS, end stage renal failure end stage liver cirrhosis)	**1**
5.		• Presence of palliative care problems	**1**
	a.	• Symptoms uncontrolled by standard approaches	**1**
	b.	• Moderate to severe distress in patient or family, related to cancer diagnosis or therapy (personal targets and expectations, educational and informational requirements, cultural factors)	**1**
	c.	• Patient/family requests palliative care consult	**1**
	d.	• Team needs assistance with complex decision making or determing goals of care (benefit/side effects of treatment)	**1**
	e.	• Instable or deficient network especially for emergency situation or 24-h care	**1**

A total of > 5 points signalizes need for supportive palliative care

According to Glare et al. (2011); NCCN Clinical Practice guidelines in Oncology 2015