PATIENT EDUCATION

Esophageal cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Esophageal cancer starts in the swallowing tube. Squamous cancers are more common in the upper and mid esophagus; adenocarcinomas near the stomach are often tied to Barrett's and reflux. Trouble swallowing (food sticking) is the symptom that brings many people in. Care often combines chemotherapy, radiation, and surgery in a planned sequence.

What you may notice

- Food sticking, pain on swallow, or a shift to softer foods without meaning to
- Weight loss, hoarseness, or cough after swallows (worrisome for aspiration)
- Chest discomfort or black stools
- Heartburn that changed — worth mentioning even if you "always had reflux"

Usual care — the big picture

Staging uses endoscopy, biopsy, and PET/CT. Many locally advanced cases receive chemoradiation before surgery, or chemoradiation alone if surgery is not possible. Metastatic disease is mainly systemic, with radiation for bleeding, pain, or a blocked lumen.

Where CureRays may fit. CureRays delivers image-guided radiation to the esophagus and regional nodes when that is the agreed plan, with close nutrition support. Swallowing may get worse before it gets better. We will say that up front. Confirm the sequence with surgery and medical oncology.

What radiation treatment usually involves

- Joint planning with your other specialists
- Simulation, often with arms up; a stent if you already have one is not a reason to skip consult
- Daily treatments through a period when eating is hard — we watch weight
- Pain-on-swallow medicine before meals when needed

Immobilization — why it matters

Holding the same arm and chest position keeps the long target covered. Breath motion is accounted for in planning. Tell us if a feeding tube is already in place.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Painful swallow and reflux.** Very common during the course.
- **Weight loss.** We act early (see nutrition and dysphagia handouts).
- **Fatigue and skin.**
- **Rare / serious.** Choking, fever after meals, vomiting blood, or you cannot swallow saliva.

What this means for you at CureRays

The goal may be to shrink the tumor for surgery, to try to control it without surgery, or to open a blocked tube for comfort. We will write that goal on your after-visit summary.

Questions to ask

- What is the sequence — chemo, radiation, surgery?
- Should we place a feeding tube before I get weaker?
- What texture is safe this week?
- How will we know if the tumor is responding?

How to schedule or learn more

CureRays Radiation Medicine® — 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

Toll free: (844) CURERAYS / (844) 287-3729 · Office: (530) 802-6400 · office@curerays.com · www.curerays.com