



What to expect during each stage of treatment and beyond

Oesophagogastric cancer support

You can speak to qualified cancer nurses at the Cancer Council on **13 11 20**. They can answer your questions about the effects of cancer, explain what will happen during treatment and link you to

support groups and other community resources.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral

Your general practitioner (GP) will assess your symptoms (for example, upper abdominal pain, difficulty swallowing), conduct a physical examination and order any blood tests if needed.

Your GP should also discuss your needs (including physical, psychological, social and information) and recommend sources of reliable information and support.

If cancer is suspected, you will be referred to an endoscopist for a diagnostic endoscopy within two weeks.

Endoscopy

A flexible tube with a camera on it (called an 'endoscope') is inserted into the nose or throat, and the images appear on a screen.

It can be helpful to bring a family member or friend with you to your appointments.

2. Staging

The endoscopist should discuss your test results and, if cancer is present, will refer you to a specialist in the management of oesophagogastric cancer (if not specialising in this area themselves) for further testing to find out whether the cancer has spread and, if it has, the stage of development.

You may have one or more of these tests:

Computed tomography (CT) scan

Computer technology and x-rays are used to create detailed images of the body.

Endoscopic ultrasound (EUS)

An endoscope with a probe on the end is inserted into your oesophagus and stomach and uses high-frequency sound waves to create an image.

Positron emission tomography (PET) scan

This produces a three-dimensional image that may show where cancers are located. A small amount of radioactive material is injected, and the whole body is scanned.

Laparoscopy (for stomach cancer)

Under an anaesthetic, a thin tube (a laparoscope) is inserted into your body through small cuts on your abdomen to look for cancer that is too small to be seen on PET or CT scans.

3. Treatment

To ensure you receive the best care, your doctor will arrange for a team of health professionals to plan your treatment and recommend treatment based on your preferences and needs.

The team will be made up of health professionals who have experience managing conditions such as oesophagogastric cancer. Your doctor will tell you when the team will be discussing your case.

Your doctor should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects and the risks and benefits. Your doctor may also suggest you consider taking part in a clinical trial. You might want to ask for more time before deciding on your treatment, or ask for a second opinion.

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.

Oesophagogastric cancer is often not found until it is advanced because symptoms can go unnoticed, and it can sometimes be difficult to completely remove all the cancerous cells. In some cases more than one type of treatment will be used to get the best outcome.

Treatment options:

Surgery

It is important that this surgery is performed by a surgeon who is experienced in performing oesophagogastric cancer surgery and who regularly performs these operations.

Endoscopic treatment

Several types of treatment can be done by passing an endoscope down the throat. Some of these treatments may be used to try to cure very early stage cancers or even to prevent them from developing.

3. Treatment cont'd

Chemotherapy or drug therapy may be given to treat cancers that have spread to other organs.

Stent

The doctor inserts a tube of flexible mesh (a stent) into your oesophagus. The stent expands the oesophagus to allow fluid and food to pass into the stomach more easily.

Radiation therapy (also called radiotherapy) may benefit patients with some types of oesophagogastric cancer including cancer that has spread to different parts of the body. It may be given to you in combination with surgery or chemotherapy.

Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information) and may refer you to another service or health professional for different aspects of your care. It is particularly important that you have access to a dietitian and a speech pathologist during your treatment.

It can be helpful to contact cancer peer support groups and support groups for carers.

Palliative treatment:

Palliative treatment could be used at different stages to relieve various symptoms and help to improve quality of life. Help should be sought for any troubling symptoms (for example pain, difficulty swallowing). For more information about treatment and treatment side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

4. After treatment

After treatment is completed, your doctor should provide you with a treatment summary that details the care you received, including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- supportive care services provided to you.

Your doctor will decide whether your ongoing care will be managed by your GP or a palliative care physician. You and your GP should receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you

- care plans for managing any side effects of treatment, should they occur
- how to get specialist medical help quickly if you think the cancer has returned or worsened.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

5. Living with cancer

Side effects: Some people experience side effects (for example, tiredness) that continue beyond the end of treatment. Sometimes side effects can begin months after treatment has finished. For more information about side effects ask your doctor or **visit** www.cancervic.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care. For more information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life. For more information about palliative care ask your doctor or **visit** www.palliativecare.org.au

6. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance.

You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital.

For more information about treatment costs **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

For more information about accommodation and travel costs **visit** www.cancercouncil.com.au/get-support/practical-support-services

