Staging and Follow-up of Esophageal Cancer

Esophageal cancer (https://www.radiologyinfo.org/en/info/esophageal-cancer) is the eighth most common cancer worldwide. There are two types of cancer that make up most of the tumors in the esophagus: squamous cell carcinoma and adenocarcinoma. Squamous cell carcinoma occurs in the upper and middle esophagus, whereas adenocarcinoma occurs in the lower esophagus.

A combination of initial imaging tests and biopsies is used to confirm the suspected sites of the cancer and determine the cancer staging. Cancer staging is the process of finding out how big the cancer is and where and how far it has spread. This information is then used to guide treatment. Further imaging tests during or after treatment are used to evaluate the effectiveness of the treatment and to see if the cancer has come back (recurrent disease).

For individuals with newly diagnosed esophageal cancer, CT chest (https://www.radiologyinfo.org/en/info/chestct) and abdomen with intravenous (IV) contrast or PET/CT using fluorine-18-2-fluoro-2-deoxy-D glucose (FDG-PET/CT) (https://www.radiologyinfo.org/en/info/pet) skull base to mid-thigh is usually appropriate for initial imaging. MRI of the chest (https://www.radiologyinfo.org/en/info/chestmr) and abdomen with and without IV contrast or FDG-PET/MRI skull base to mid-thigh may be appropriate.

During treatment, FDG-PET/CT skull base to mid-thigh is usually appropriate to evaluate tumor response to treatment. MRI chest and abdomen with and without IV contrast or FDG-PET/MRI skull base to mid-thigh may be appropriate.

After treatment, CT chest and abdomen with IV contrast or FDG-PET/CT skull base to mid-thigh is usually appropriate. For individuals without a suspected or known recurrence, CT chest, abdomen, and pelvis with IV contrast may be appropriate.

For more information, see the Esophageal Cancer (https://www.radiologyinfo.org/en/info/esophageal-cancer) page.

— By Emily Chu and Sherry S. Wang, MBBS. This information originally appeared in the *Journal of the American College of Radiology*.

Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at **http://www.radiologyinfo.org** to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright ® 2026 Radiological Society of North America, Inc.