

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/chester>) 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.

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