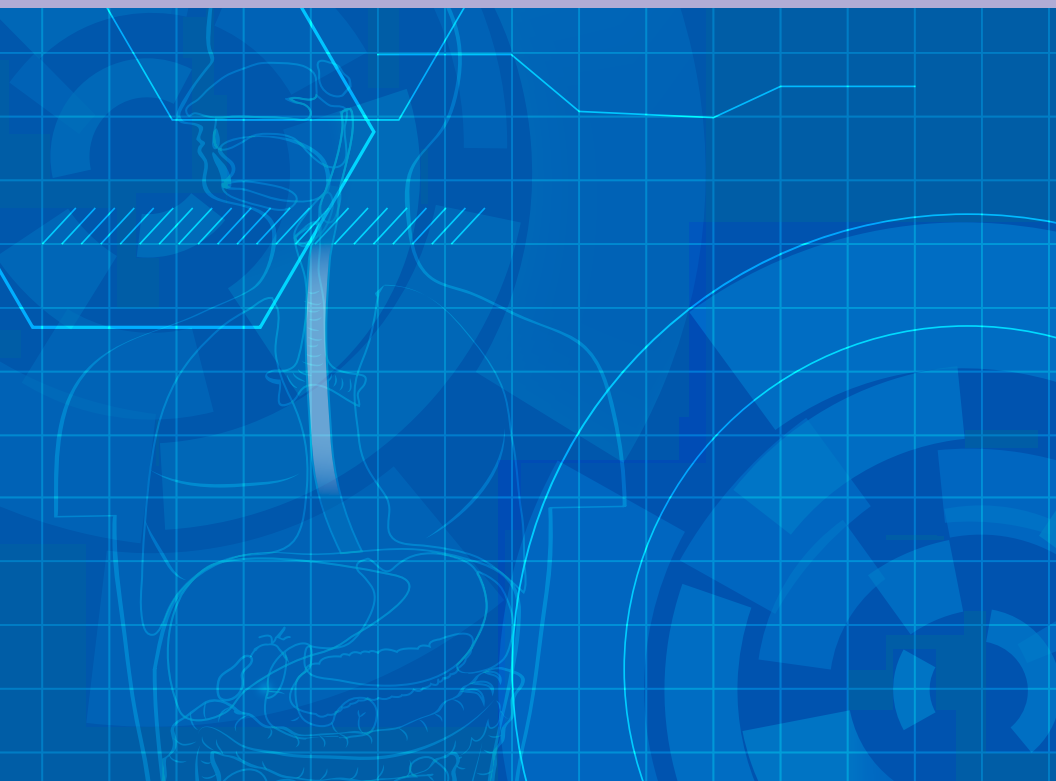


UNDERSTANDING ESOPHAGEAL CANCER



**ROSWELL
PARK®**
COMPREHENSIVE CANCER CENTER

**PATIENT
EDUCATION**

Welcome to the Gastrointestinal (GI) Oncology Center at Roswell Park Comprehensive Cancer Center. Experts in each type of GI cancer work together and create a treatment plan that fights your cancer while keeping your preferences in mind. Our goal is to work with you to make your journey as comfortable as possible. Thank you for placing your trust and confidence in our team.

This booklet provides an overview of esophageal cancer and its treatment options. We encourage you to take an active part in your care decisions. Your preferences will always be respected and considered in your care plan.

Remember, we are here for questions at any time. Please do not hesitate to talk to your nurse, your doctor, or any staff members who are assisting you.



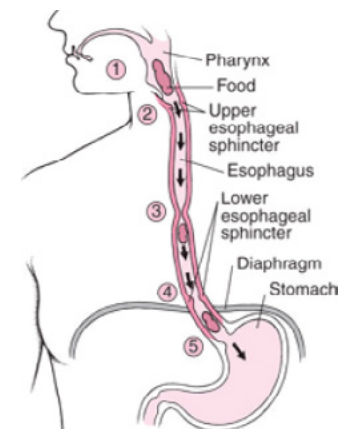
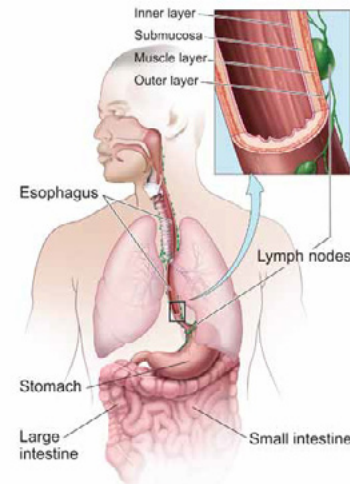
THE ESOPHAGUS

The esophagus is a 10-11 inch muscular tube in the middle of your chest. Food and liquids move from the mouth, through the esophagus, and into the stomach.

The wall of the esophagus has several layers of tissue.

- The inner layer (mucosa) is the lining of the esophagus. These cells are flat and thin and they keep the lining moist. Most of the esophagus is lined by squamous cells, which are thin, flat cells.
- The next layer is the submucosa. It consists of connective tissue and contains glands that make mucus.
- The muscle layer moves food down the esophagus.
- The outer layer, made of connective tissue, covers the muscle layer.

The esophagus has 2 muscular rings, or sphincters. One at the top and one at the bottom. These sphincters control the passage of food and liquid. As food approaches the closed sphincter, the muscle relaxes and food can pass into the esophagus (at the top sphincter) and the stomach (at the lower sphincter).



This picture shows the esophagus and nearby organs. The close-up shows the layers of the wall of the esophagus.

WHAT IS ESOPHAGEAL CANCER?

Cancer in any part of our bodies happens when cells become abnormal and then reproduce without order or control. New cells form when you do not need them. Old cells don't die when they should. This buildup of abnormal cells can become a tumor.

A risk factor is anything that increases a person's chance of developing cancer. Risk factors for esophageal cancer include:

- age (45-70)
- sex (male)
- race (black)
- being overweight and not getting enough exercise
- having a poor diet (low in fruits, vegetables, vitamins, and minerals)
- using tobacco products of any kind (especially for squamous cell)
- heavy alcohol use for a long time (especially for squamous cell)
- gastric reflux (GERD) – (especially for adenocarcinoma)

Risk factors may vary for different types of esophageal cancer. Some people with several risk factors never develop cancer, while others who have no known risk factors do.

Approximately 18,000 new cases of esophageal cancer are diagnosed in the U.S. every year.

Most esophageal cancers begin in the lining of the esophagus and spread outward and along the length of the esophagus as they grow.

Most Common Types

- Squamous cell carcinoma begins in squamous cells. It usually develops in the upper or middle parts of the esophagus. It is also called epidermoid carcinoma.
- Adenocarcinoma begins in glandular cells that make mucus. This type of cell is not normally part of the inner lining of the esophagus. Before an adenocarcinoma can develop, gland cells must replace an area of squamous cells, which is what happens in Barrett's esophagus. If acids from the stomach back up into the lower esophagus, the acids may irritate the glandular cells, causing them to change. These changes can lead to an adenocarcinoma. This backup occurs mainly in the lower esophagus, which is where most adenocarcinomas start.

As the cancer grows, the cancer cells can invade into deeper layers of the esophagus and surrounding structures. They may get into blood or lymph channels and circulate, spreading the cancer to other parts of the body (metastases), which can be life threatening. Cancer may require surgery, chemotherapy, radiation, or a combination of therapies.

TESTS TO DIAGNOSE AND STAGE ESOPHAGEAL CANCER

If your doctor suspects you have esophageal cancer, you will have some tests to determine if it is cancer, and if so, how far the cancer has progressed. These tests will help determine the exact "stage" of your cancer. Stages are just a way of defining how much a cancer has grown, if it has spread to other organs, and how it is impacting the rest of your body. These tests may include:

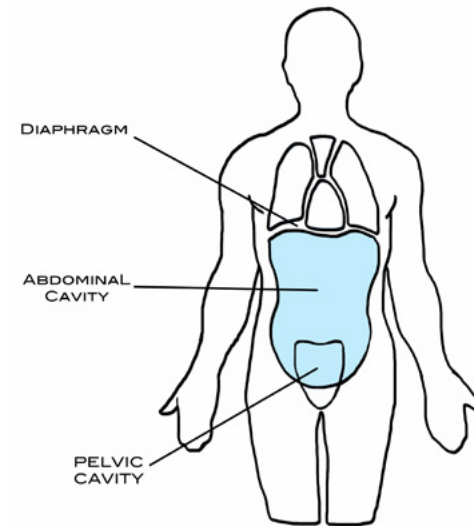
- **History and physical exam:** A care provider takes a history of your health habits, past illnesses, and family medical history. He or she checks your general health and looks for any signs of disease that may affect your care plan.

- **Upper endoscopy (EGD):** After giving you sedation (medication that makes you relaxed and sleepy) and numbing your throat with an anesthetic spray, a thin, lighted tube (endoscope) is passed through your mouth or nose into the esophagus. The test lets your doctor examine the lining of your esophagus, stomach, and the first part of the small intestine (duodenum). Any abnormal areas can be sampled (biopsied). This test is also called an upper GI endoscopy.
- **Esophagram:** X-rays are taken of your esophagus and stomach after you drink a contrast solution. The contrast solution highlights the esophagus on the x-rays, and allows us to get a better view of the inside the esophagus and stomach. This test is also called an upper GI series.
- **Endoscopic ultrasound (EUS):** An endoscopic ultrasound, or EUS, combines two technologies – endoscopy and ultrasound. Endoscopy gives a direct view of the inside of your GI tract. Ultrasound allows your doctor to ‘see through’ the walls of the GI tract and examine nearby structures. EUS provides high-quality, detailed images useful for diagnosing and staging upper GI cancers.

During EUS, the doctor can take tissue samples (biopsies) from suspicious areas.

- **Computed Tomography (CT):** A CT scan is a diagnostic test that uses special x-rays and computer enhancement to take multiple cross-sectional images of your body. CT images are many times more sensitive than the image from a standard x-ray. A CT scan may also be used to guide a doctor who is performing a biopsy.
- **CT/Ultrasound-guided biopsy:** During this test, a CT scan or ultrasound machine helps guide the radiologist (a doctor who specializes in obtaining and reading medical images) to take a small sample (biopsy) of a suspicious or abnormal area of a tissue or organ. This procedure is performed in the Radiology Department on the 2nd floor of the hospital.

- **Magnetic Resonance Imaging (MRI):** An MRI scan is created by an imaging machine that uses a large magnet, a computer, and radio waves to create detailed images of the inside of your body.
- **Positron Emission Tomography (PET) scan:** A small amount of radioactive material (radiotracer) is injected, swallowed, or inhaled and it builds up in the area being examined. A special camera device creates pictures of where the radiotracer has concentrated (areas of abnormal activity). The PET scan images are then fused with CT images. The combined scans help pinpoint abnormal metabolic activity and may be more accurate at diagnosing than either scan separately.
- **Laparoscopy:** While you are under general anesthesia, the surgeon makes small incisions (cuts) in your abdomen. The surgeon inserts a thin, lighted tube (laparoscope) into the abdomen and looks at your organs and your abdominal cavity. The surgeon may remove lymph nodes or other tissue samples for biopsy (examination, usually under a microscope).



YOUR ESOPHAGEAL CANCER CARE TEAM

Roswell Park offers the benefits of being cared for by a collaborative team of surgeons, medical oncologists, radiation oncologists, nurses, and other experts. Their individual roles and responsibilities include:

- **Physician (MD):** She or he diagnoses and treats illness and is usually the leader of your health care team. Physicians generally have the responsibility for making clinical decisions and carrying out many of those decisions. A fellow is a physician who has completed residency and training in general medicine or surgery and is now training in a specialty.
- **Oncologist:** An oncologist is a physician with specialized knowledge in diagnosing and treating cancer and relieving symptoms. A medical oncologist is a specialist in the use of medications, such as chemotherapy, to achieve these goals and is the primary care provider for your cancer. A surgical oncologist performs surgery and a radiation oncologist specializes in radiation therapies.
- **Gastroenterologist:** A physician with 2-3 years of specialized training in internal medicine and another 2-3 years of training in problems of the digestive tract.
- **Gastroenterologist/Endoscopy specialist:** a gastroenterologist with additional specialized training in performing endoscopy (a minimally invasive medical procedure in which a flexible lighted tube is used to examine the inside of the body for diagnostic purposes or to perform endoscopic therapy (see description on page 11)).

- **Interventional radiologist:** a board-certified physician with additional advanced training in performing minimally invasive, targeted treatments using imaging to guide them.
- **Nurse Practitioner (NP)** are advanced practice nurses who can prescribe medications and other treatments, order and interpret lab tests and x-rays, care for patients, and teach patients and families about their care. NPs practice independently, within their scope of practice.
- **Physician Assistant (PA)** complete physical exams on patients, and diagnose and treat illnesses under the supervision of a physician. They order and read tests, write prescriptions, and assist in surgery. They teach patients and families about their care.
- **Clinical pharmacist (PharmD)** prepare the medications and chemotherapy agents that are prescribed by physicians and given by nurses. They help patients and families understand the medications prescribed.
- **Oncology nurses (RN)** complete patient assessments, give prescribed medications and treatments and help patients and families understand them, and communicate changes and abnormal findings to the provider (MD, NP, or PA).

All of the positions listed above require licensing by the State of New York.

STAGING AND GRADE

The TNM score and histologic grade determine the stage of esophageal cancer. TMN stands for Tumor size, whether Nodes are involved, and if Metastasis (spread to another part of the body) has occurred. Histologic grade refers to how much the cancer cells in the esophagus look like the normal cells of the esophagus. In general, the earlier stages and lower grades have better outcomes (prognosis). Remember, these outcomes are based on the data from thousands of patients, and may not apply to one specific person. Some people will do better than expected and others will do worse. Other factors, such as your general health, are also important in considering prognosis, though they are not included in the staging process.

Stages of Squamous Cell Carcinoma

In addition to TNM and histologic grade, the location of the tumor is included when staging squamous cell carcinoma. For this purpose, the esophagus is divided into three equal sections - upper, middle, and lower.

Stage 0 (also called high-grade dysplasia or HGD): abnormal cells are found in the inner (mucosal) layer of the esophageal wall. These abnormal cells may become cancer and spread into nearby normal tissue.

Stage I is divided into Stage IA and Stage IB, depending on where the cancer is found.

- Stage IA – Cancer is found in the mucosa or thin muscle layer of the esophageal wall. The cancer cells are grade 1 or the grade is not known.
- Stage IB – Cancer is found in the mucosa, thin muscle, or submucosa layer of the esophageal wall. The cancer cells are any grade or the grade is not known; or cancer has spread into the thick muscle layer of the esophageal wall. The cancer cells are grade 1.

Stage II is divided into Stage IIA and Stage IIB, depending on where the cancer has spread.

- Stage IIA – Cancer has spread:
 - into the thick muscle layer of the esophageal wall. The cancer cells are grade 2 or 3 or the grade is not known; OR
 - into the connective tissue layer of the esophagus and the tumor is in the lower esophagus; OR
 - into the connective tissue layer of the esophageal wall. The cancer cells are grade 1. The tumor is in either the upper or middle esophagus.
- Stage IIB – Cancer has spread:
 - into the connective tissue layer of the esophageal wall. The cancer cells are grade 2 or 3. The tumor is in either the upper or middle esophagus; OR
 - into the connective tissue layer of the esophageal wall. The grade of the cancer cells is not known, or it is not known where the tumor has formed in the esophagus; OR
 - into the mucosa layer, thin muscle layer, or submucosa layer of the esophageal wall. Cancer is found in 1 or 2 lymph nodes near the tumor.

Stage III is divided into Stage IIIA, Stage IIIB, depending on where the cancer has spread.

- Stage IIIA – Cancer has spread:
 - into the mucosa layer, thin muscle layer, or submucosa layer of the esophageal wall. Cancer is found in 3 to 6 lymph nodes near the tumor; OR
 - into the thick muscle layer of the esophageal wall. Cancer is found in 1 or 2 lymph nodes near the tumor.
- Stage IIIB – Cancer has spread:
 - into the thick muscle layer or the connective tissue layer of the esophageal wall. Cancer is found in 1 to 6 lymph nodes near the tumor; OR
 - into the diaphragm, azygos vein, pleura, sac around the heart, or peritoneum. Cancer may be found in 0 to 2 lymph nodes near the tumor.

Stage IV is divided into stages IVA and IVB, depending on where the cancer has spread.

- Stage IVA – Cancer has spread:
 - into the diaphragm, azygos vein, pleura, sac around the heart, or peritoneum. Cancer is found in 3 to 6 lymph nodes near the tumor; OR
 - into nearby structures, such as the aorta, airway, or spine. Cancer may be found in 0 to 6 lymph nodes near the tumor; OR
 - to 7 or more lymph nodes near the tumor.
- Stage IVB: Cancer has spread to other parts of the body, such as the liver or lung.

THE FOLLOWING STAGES ARE USED FOR ADENOCARCINOMA OF THE ESOPHAGUS

Stage 0 (high-grade dysplasia): abnormal cells are found in the inner (mucosal) layer of the esophageal wall. These abnormal cells may become cancer and spread into nearby normal tissue.

Stage I is divided into stages IA, IB, and IC, depending on where the cancer has spread:

- Stage IA – Cancer has spread into the mucosa layer or thin muscle layer of the esophageal wall and the cancer cells are grade 1 or the grade is not known.
- Stage IB – Cancer has spread:
 - into the mucosa layer or thin muscle layer of the esophageal wall. The cancer cells are grade 2; OR
 - into the submucosa layer of the esophageal wall. The cancer cells are grade 1 or 2 or the grade is not known.
- Stage IC – Cancer has spread:
 - into the mucosa layer, thin muscle layer, or submucosa layer of the esophageal wall. The cancer cells are grade 3; OR
 - into the thick muscle layer of the esophageal wall. The cancer cells are grade 1 or 2.

Stage II is divided into Stage IIA and Stage IIB, depending on where the cancer has spread.

- Stage IIA – cancer has spread into the thick muscle layer of the esophageal wall. The cancer cells are grade 3 or the grade is not known.
- Stage IIB – Cancer has spread:
 - into the connective tissue layer of the esophageal wall; OR
 - into the mucosa layer, thin muscle layer, or submucosa layer of the esophageal wall. Cancer is found in 1 or 2 lymph nodes near the tumor.

Stage III is divided into Stage IIIA and Stage IIIB, depending on where the cancer has spread.

- Stage IIIA – Cancer has spread:
 - into the mucosa layer, thin muscle layer, or submucosa layer of the esophageal wall. Cancer is found in 3 to 6 lymph nodes near the tumor; OR
 - into the thick muscle layer of the esophageal wall. Cancer is found in 1 or 2 lymph nodes near the tumor.
- Stage IIIB – Cancer has spread:
 - into the thick muscle layer of the esophageal wall. Cancer is found in 3 to 6 lymph nodes near the tumor; OR
 - into the connective tissue layer of the esophageal wall. Cancer is found in 1 to 6 lymph nodes near the tumor; OR
 - into the diaphragm, azygos vein, pleura, sac around the heart, or peritoneum. Cancer may be found in 0 to 2 lymph nodes near the tumor.

Stage IV adenocarcinoma of the esophagus: Stage IV is divided into stages IVA and IVB, depending on where the cancer has spread.

- Stage IVA – Cancer has spread:
 - into the diaphragm, azygos vein, pleura, sac around the heart, or peritoneum. Cancer is found in 3 to 6 lymph nodes near the tumor; or
 - into nearby structures, such as the aorta, airway, or spine. Cancer may be found in 0 to 6 lymph nodes near the tumor; OR
 - to 7 or more lymph nodes near the tumor.
- Stage IVB – Cancer has spread to other parts of the body, such as the liver or lung.

YOUR TREATMENT OPTIONS

Your team will review the results of your diagnostic tests and develop a treatment plan just for you. Your treatment plan will be based on:

- where the cancer is located in your esophagus
- whether the cancer has invaded nearby organs
- whether the cancer has spread to lymph nodes or other distant areas
- your symptoms
- your age and general health

Your treatment plan will likely include one or more of these approaches:

- Surgery
- Chemotherapy
- Radiation therapy
- Chemoradiation therapy (Combination chemo and radiation therapies)
- Laser therapy
- Electrocoagulation

Treatment by Stage

Stage 0 (local): Surgery, endoscopic resection

Stage 1 (local/regional): Chemoradiation followed by surgery, surgery alone

Stage 2 (local/regional): Surgery, chemoradiation or chemotherapy followed by surgery, chemoradiation alone

Stage 3 (local/regional): Chemoradiation or chemotherapy followed by surgery, chemoradiation alone

Stage 4 (metastatic): Chemoradiation therapy followed by surgery, chemotherapy, palliative therapies (to relieve symptoms and help with quality of life) such as laser surgery, electrocoagulation, esophageal stent, external or internal radiation, clinical trial of drug therapy*

*Clinical trials may be available at any stage. It is a myth that they are only for people who have advanced cancer that is not responding to treatment. (see page 17)

Surgery: Esophagectomy

An esophagectomy is a surgical procedure to remove part or all of the esophagus. There are several ways to perform this surgery, depending on the location and characteristics of the cancer. When the cancer is in the lower part of the esophagus, an Ivor-Lewis esophagectomy may be performed. This surgery is done under general anesthesia and takes 5-6 hours.

In a minimally invasive esophagectomy, part of your esophagus is removed and the portion below, usually the stomach, is pulled up into the chest cavity or neck. It is then reattached to the upper portion of your esophagus. This attachment is called an anastomosis. The procedure is performed through small incisions made in the chest and abdomen.

Lymph nodes near the esophagus also may be removed during esophagectomy. A pathologist will examine them under a microscope to see if they contain cancer.

Endoscopic Therapy

An endoscope is an illuminated, usually fiber-optic, flexible or rigid tubular instrument. It helps your doctor see inside your esophagus. It also has a space that allows your doctor to insert small forceps or scissors to remove abnormal or suspicious tissue for a biopsy.

- **Endoscopic mucosal resection:** The procedure is done under sedation and local anesthesia. It involves lifting the esophageal lining. Surgeons inject a solution underneath the lining, apply suction, and cut the lining off. This treatment may be used in combination with other therapies. It is for patients whose cancer is in the top layer of esophageal cells.
- **Electrocoagulation:** This procedure uses heat to destroy cancer cells. Usually, it is used to manage symptoms that make it difficult for you to swallow or eat.

- **Stents and balloon dilation:** If the esophagus is partly blocked by the tumor, making it difficult to eat, drink, or swallow, a stent may be placed inside the esophagus. Stents are small tubes made of expandable metal or plastic. A surgeon positions a stent or stents inside the esophagus. Stents help keep the esophagus open so foods and liquids pass through more easily. Stents may also decrease pain. Balloon dilation uses a tiny balloon to help widen the esophagus so you can eat.

Radiation Therapy

Radiation therapy is often combined with chemotherapy. It is given before surgery to improve the results of surgery. If surgery is done first, some patients may need radiation therapy afterward. This kills off any remaining cancer cells. Radiation therapy may also be used to ease cancer symptoms.

Radiation therapy for esophageal cancers can be delivered in different ways. If radiation therapy would be helpful in your case, your care provider will explain the different radiation techniques and discuss what may be best for you.

Chemotherapy

If your doctor is recommending chemotherapy, he or she will be selecting drug recommendations for you based on medications that have been nationally studied and approved.

Chemotherapy for esophageal cancer may be infused into a vein (intravenous) through an IV or port. Some medications are available as tablets. Your chemotherapy schedule will be based upon:

- your cancer type and how fast the cancer cells reproduce
- your health, medical history, and your body's ability to tolerate any known side effects of a specific chemotherapy drug or drug combination.

Chemoradiation

A combination of chemotherapy and radiation therapy. May be used to shrink a tumor before surgery or it can be used to treat the cancer when surgery is not an option.

Targeted Therapy

No two cancer patients are exactly alike. The same is true for cancers. Each tumor is genetically different. These differences can mean that one patient's body may respond positively to treatment while another does not.

- Traditional chemotherapy drugs, such as docetaxel/Taxotere® and trifluridine + tipicricil/Lonsurf®, identify and attack cancer cells by their rapid rate of reproduction.
- Targeted therapies, such as pembrolizumab/Keytruda®, radmucirumab/Cyramza®, and trastuzumab/Herceptin®, identify and attack cancer cells based on other characteristics of the cancer cells.

Your doctor will know if your cancer might be a good target for these drugs.

Clinical Trials

Clinical trials are research studies that involve people. They are the final step in a long process that begins with research in a lab. Clinical trials are key to developing new methods to treat cancer. Most treatments we use today are the results of past clinical trials. Clinical trials offer promising new therapies. These therapies are being tested to help create new, improved ways to prevent, detect, diagnose, and treat cancer and treatment side effects. If you take part in a clinical trial (also called a clinical or research study), you will play an important role in this process. Your participation will have a future benefit for many other patients and their families. Some patients may be eligible for clinical trials, if they meet certain criteria. Talk with your doctor and discuss whether a clinical trial is right for you.

QUESTIONS TO ASK THE DOCTOR

Before you can make important care decisions, you need to understand your cancer, the risks and benefits of each treatment, and how cancer and treatments may affect your life. Regular communication is important in making informed decisions. Consider asking these questions when meeting with your doctor or care team.

Diagnosis and Treatment Questions

- What type of cancer do I have?
- Can you explain my pathology report (or laboratory test results) to me?
- What stage is my cancer? What does this mean?
- What is the prognosis (likely course of my disease)?
- Which treatment plan do you recommend? Why?
- What is the goal of treatment? Is it to eliminate the cancer, help me feel better, or both?
- What are the side effects? How will you prevent or relieve these side effects?
- Who will be part of my treatment team? What does each member do?

Quality of Life

- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Will this treatment affect my ability to become pregnant or father a child?
- What long-term side effects may be associated with my treatment?
- If I'm worried about the costs of my cancer care, who can help me?
- Where can I find emotional support?
- Whom should I call for questions or problems?

HOW TO MANAGE SIDE EFFECTS OF TREATMENTS

Some treatments may have mild, moderate, or more severe side effects. Here are some tips for managing your health and managing any discomfort during treatment.

- Get plenty of rest. Do not overexert yourself.
- Drink 2-3 quarts of water/fluids per day unless your doctor has restricted your fluids.
- Eat a healthy and balanced diet.
- Brochures about how to manage specific side effects are available from your nurse and in the Resource Center for Patients and Families (see description below).
- Stay active. Work with your doctor to determine the physical activities best for you.
- Maintain good hygiene. Wash your hands thoroughly and often. Ask friends and family not to visit you if they are sick.
- Mouth care is very important. Follow instructions about dental care and how to brush your teeth. Avoid smoking, alcohol, and mouthwashes that contain alcohol.
- Find a support group. Roswell Park and local organizations offer a number of support groups for cancer patients, survivors, and families. Ask a member of your care team or see our calendar. You can also join the Roswell Park online community at cancerconnect.org/roswellpark

CARING FOR THE WHOLE YOU

Dealing with a cancer diagnosis and treatment can bring new challenges. Roswell Park offers many services to help you and your loved ones.

Assessment & Treatment Center

Roswell Park's Assessment and Treatment Center (ATC) can help if you have urgent, but not life-threatening symptoms. The ATC is open 24 /7 but does not accept walk-ins. You must be referred by your doctor or the doctor on call. If you are having urgent symptoms, call your clinic. After hours, call **716-845-2300**.

The Resource Center for Patients and Families

Visit our Resource Center, located on the first floor of the main hospital, inside the Sunflower Café. You will find a warm, welcoming staff, free cancer information and support, computers with WiFi and printers, a lending library (laptops, DVDs), and more. The Center also offers a complimentary wig, hat, and scarf boutique for cancer patients who have treatment-related hair loss, and a Cancer Coach program to provide support. Phone: **716-845-8659**.

Supportive and Palliative Care Department

Provides symptom control, pain management, and supportive care at any time after diagnosis, including patients with advanced disease who are continuing treatment. Services include:

- Supportive and Palliative Care: **716-845-8214**
(or ask your doctor for a referral)
- Psychology Department: **716-845-3700**
- Spiritual Care (interfaith): **716-845-8051**
- Cancer Pain Management: Ask your doctor or call **716-845-4595** for a referral.
- Medical Cannabis (Marijuana) Program: **716-845-1619**

Social Work

Social workers work with patients and families on the challenges a cancer diagnosis can bring. Services: Counseling, transportation, lodging, foreign language assistance, intimacy concerns, hospice information, disability concerns, and referrals for financial and legal assistance. Hours: Mon – Friday, 9 a.m. – 5 p.m. Phone: **716-845-8022**. Services are free and confidential.

Nutrition

Registered dietitians are an important part of the GI team. They check your nutritional status, help you meet your nutrition needs, and manage side effects that affect your ability to eat. If your treatment is interfering with your ability or desire to eat, ask your doctor about a referral for a personal meeting with one of our dietitians. Phone: **716-845-2398**.

Rehabilitation Services

Rehabilitation Services provide physical, occupational, and lymphedema therapy specifically designed for cancer patients and survivors before, during, and after cancer treatment. Talk to your health care provider for a referral or call **716-845-3271** to make an appointment.

Case Management

Staffed by registered nurses who help coordinate home care services after discharge from the hospital and review inpatient stays and specialty medications. Phone: **716-845-5735**.

OTHER RESOURCES

Roswell Park General Information

1-800-ROSWELL (716-767-9355)

Roswell Park Cancer Coach Program

716-845-8659

Roswell Park's Online Community

cancerconnect.com/roswellpark

Esophageal Cancer Awareness Association

800-601-0613 ecaware.org

Esophageal Cancer Foundation

fightec.org

Hotline for quality of life issues: **732-385-7461**

CancerCare

1-800-813-HOPE (1-800-813-4673)

cancercare.org

National Cancer Institute

1-800-4-CANCER cancer.gov

American Cancer Society

1-800-227-2345 Buffalo Resources: **716-882-9244**

cancer.org

Center for Hospice & Palliative Care

716-686-8077 hospicebuffalo.com

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GI CENTER
716-845-4005



Elm & Carlton Streets | Buffalo, New York 14263
www.RoswellPark.org
1-800-ROSWELL (1-800-767-9355)

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