


The Presenters
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Collecting Cancer Data: Stomach & Esophagus

- Agenda
 - Overview
 - Collaborative Stage Data Collection System
 - Diagnosis & Treatment

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Key Statistics: Esophagus

- **Estimated new cases and deaths** from esophageal cancer in the United States in 2012:
 - New cases: 17,460 (13,950 in men and 3,510 in women)
 - Deaths: 15,070 (12,040 in men and 3,030 in women)

American Cancer Society Cancer Facts and Figures 2012

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Key Statistics: Esophagus

- Risk Factors
 - Obesity
 - Gastroesophageal reflux and Barrett’s esophagus
 - Smoking
 - Alcohol
- Rates and Trends 1999-2008
 - Significant increase among
 - White men (1.8% per year)
 - White women (2.1% per year)
 - Hispanic men (2.8% per year)

American Cancer Society Cancer Facts and Figures 2012

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Key Statistics: Esophagus

Stage	5-Year Relative Survival Rate
Localized	37%
Regional	18%
Distant	3%

<http://www.cancer.org/Cancer/EsophagusCancer/DetailedGuide/esophagus-cancer-survival-rates>

- These survival rates for esophageal cancer do not separate squamous cell carcinomas from adenocarcinomas.
- Adenocarcinomas are generally thought to have a slightly better prognosis overall.

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Key Statistics: Esophagus

- Squamous Cell Carcinoma
 - Endemic in Asia, southern and eastern Africa, Northern France
- Adenocarcinoma
 - Increased prevalence among white men
 - Gradually increasing in all ethnic backgrounds

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Key Statistics-Stomach

- **Estimated new cases and deaths** from stomach cancer in the United States in 2012:
 - New cases: 21,320 (13,020 in men and 8,300 in women)
 - Deaths: 10,540 (6,190 in men and 4,350 in women)
- Estimated to be the 4th most common cancer worldwide

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Key Statistics: Stomach

- Risk Factors
 - Helicobacter pylori (H. Pylori)
 - Smoking
 - High salt intake
 - Heavy alcohol use

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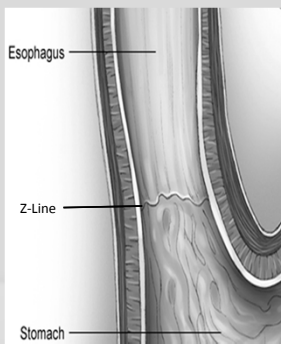
Key Statistic: Stomach

- Adenocarcinoma of the distal half of the stomach has been decreasing in the United States since the 1930s
- The incidence of cancer of the cardia and gastroesophageal junction has been rapidly rising in the last 20 years

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Histology

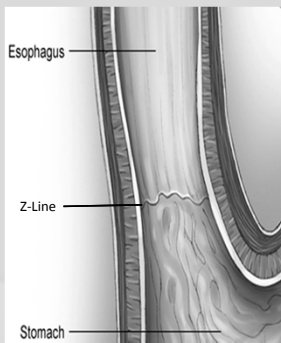
- Squamous Cell Carcinoma
 - Typically found in the upper two thirds of the esophagus.
- Adenocarcinoma
 - Usually forms in the lower third of the esophagus, near the stomach.



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Barrett's Esophagus

- Repeated exposure to acidic stomach contents washing back (refluxing) through the lower esophageal sphincter may cause squamous cells to be replaced by glandular cells resembling those cells in the stomach.



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High Grade Dysplasia/Ca In Situ

Per AJCC Manual

- High grade dysplasia includes all non invasive neoplastic epithelia formally called carcinoma in situ.
- Carcinoma in situ no longer used for columnar mucosae anywhere in the digestive tract.

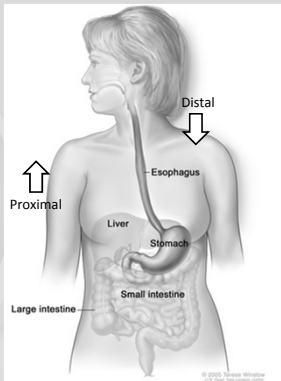
Per Standard Setters

- Please discuss this issue with your cancer committee and/or pathologists.
 - If they feel these cases should be reported as carcinoma in situ, please do so.
 - If they do not feel these cases should be picked up as carcinoma in situ, do not report them to SEER, CoC, or your state registry (unless they indicate otherwise).

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Proximal vs. Distal

- Proximal- Towards the incisors
- Distal-Away from the incisors
- This is the same for the entire GI tract



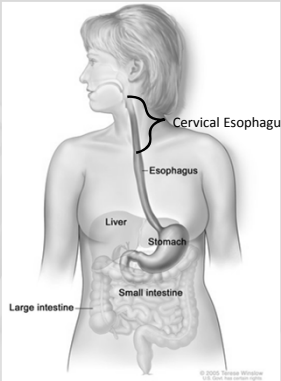
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Topography

Cervical Esophagus

- Part of the esophagus within the neck
- Between the hypopharynx superiorly and the sternal notch inferiorly



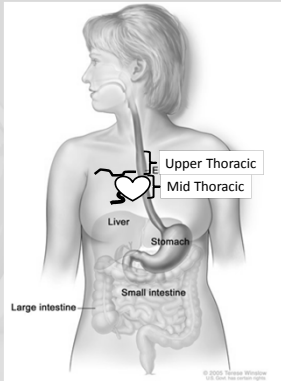
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Topography

Thoracic Esophagus
C15.1

- Upper
 - Between the sternal notch and the Azygos vein
- Mid
 - Between the azygos vein and the pulmonary vein



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Topography

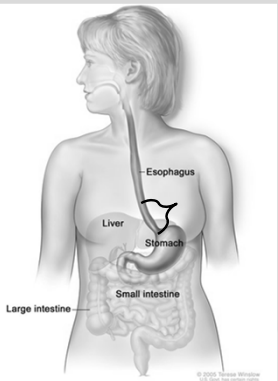
Lower Thoracic (C15.5)

- Within the thoracic cavity
- Located between the pulmonary veins and the stomach

Abdominal Thoracic (C15.2)

- Within the abdominal cavity

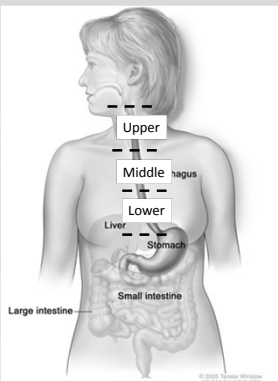
Esophagogastric junction (EGJ) (C16.0)



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Topography

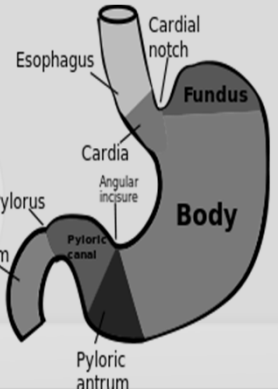
- Upper 1/3 esophagus (C15.3)
 - Proximal third of esophagus
- Middle 1/3 esophagus (C15.4)
 - Mid third of esophagus
- Lower 1/3 esophagus (C15.5)
 - Distal esophagus



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Topography: Stomach

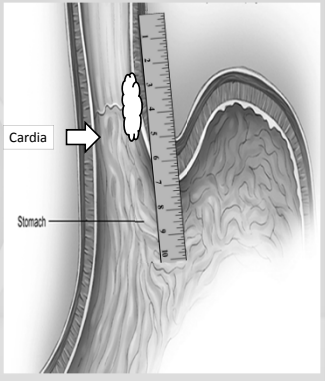
- Cardia (C16.0)
- Fundus (C16.1)
- Body (C16.2)
- Gastric (Pyloric) Antrum (C16.3)
- Pylorus (C16.4)
- Lesser Curvature (C16.5)
 - Not classifiable to C16.0 to C16.4
- Greater Curvature (C16.6)
 - Not classifiable to C16.0 to C16.4
- Stomach NOS (C16.9)



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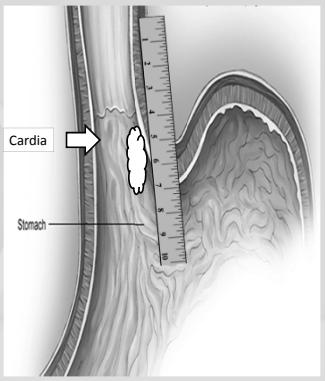
CS Schema Esophagus

- If the epicenter of tumor is in the distal esophagus **and** the cardia is involved use the Esophagus Schema



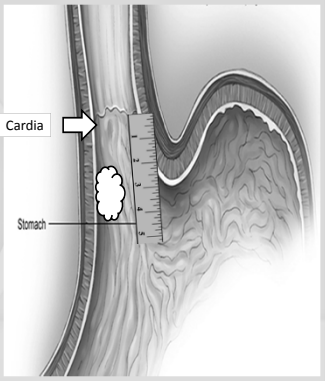
CS Schema EsophagusGEJunction

- If the epicenter of tumor is in the EGJ or in the proximal 5cm of the stomach **and** the cardia is involved use the *EsophagusGEJunction* Schema



Pop Quiz

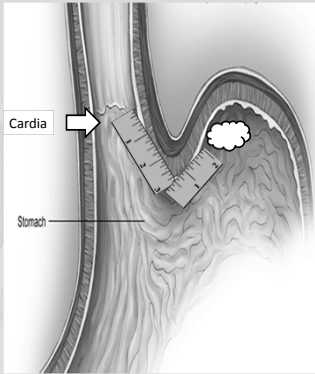
- Tumor is within 5cm of the cardia, but the cardia is not involved.
- What is the primary site?
 - C16.2 Body of Stomach
- What CS schema would be used to stage this case?
 - EsophagusGEJunction



Pop Quiz

Tumor located in the fundus of the stomach more than 5cm from the cardia.

- What is the primary site?
 - C16.2 Body of Stomach
- What CS schema would be used to stage this case?
 - EsophagusGEJunction



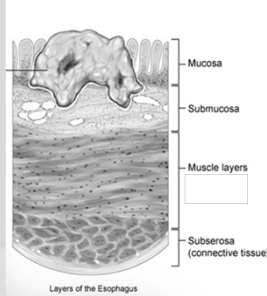
Cardia

Stomach

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Layers of the Esophageal Wall

- Mucosa
 - Surface epithelium, lamina propria, and muscularis mucosa
- Submucosa
 - Connective tissue, blood vessels, and glands
- Muscularis (middle layer)
 - Striated and Smooth muscle
- Adventitia
 - Connective tissue that merges with connective tissue of surrounding structures
- *No Serosa*



Mucosa

Submucosa

Muscle layers

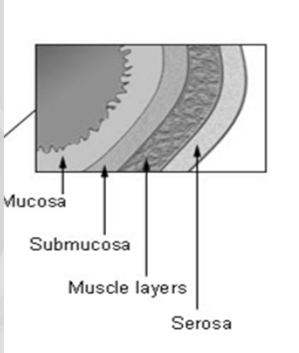
Subserosa (connective tissue)

Layers of the Esophagus

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Stomach

- Mucosa
 - Surface epithelium, lamina propria, and muscularis mucosa
- Submucosa
 - Connective tissue, blood vessels, and glands
- Muscularis (middle layer)
 - Oblique, circular, and longitudinal muscle
- Adventitia
 - Connective tissue that merges with connective tissue of surrounding structures
- Serosa



Mucosa

Submucosa

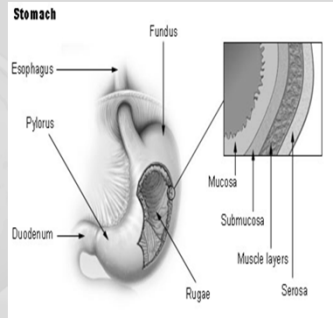
Muscle layers

Serosa

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Rugae

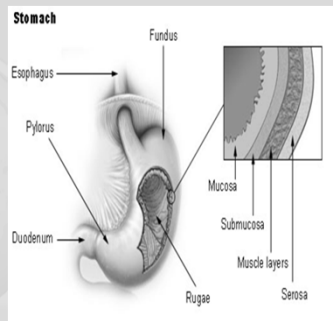
- Rugae a series of ridges produced by folding of the wall of an organ.
- Allows the stomach expand when needed.



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Linitis Plastica

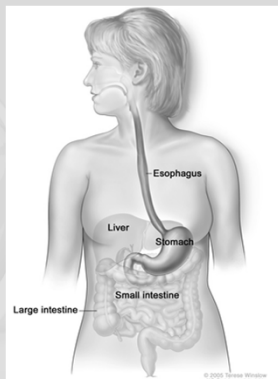
- Spreads to the muscles of the stomach wall and makes it thicker and more rigid.



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Lymphatics of the Esophagus

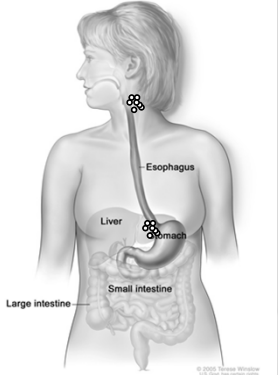
- Drainage is intramural and longitudinal
 - Concentration of lymphatic channels in the submucosa and lamina propria
 - The anatomic site of the cancer and the nodes to which the site drains may not be the same.



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Lymphatics of the Esophagus

- Regional nodes extend from the paraesophageal cervical nodes to the celiac nodes
- Staging of lymph nodes is different in the AJCC 6th edition and the AJCC 7th edition

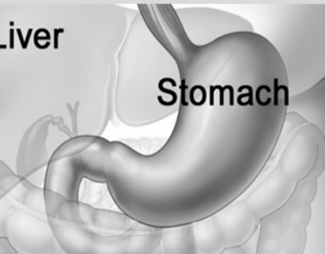


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Lymphatics of the Stomach

- Greater curvature
 - Greater omental
 - Pyloric
 - Pancreaticoduodenal
- Pancreatic and Splenic Area
 - Peripancreatic
 - Splenic
- Lesser curvature
 - Lesser omental
 - Left gastric
 - Celiac

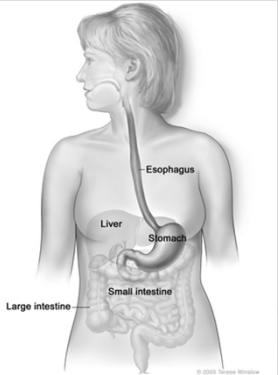


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Distant Metastasis: Esophagus

- The most common sites are:
 - Liver
 - Lungs
 - Pleura
- In the AJCC 6th edition the cervical lymph nodes were distant for primaries of the thoracic esophagus.
 - This is not true for AJCC 7th edition



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Grade

- For Esophagus and EGJ, grade is required to derive AJCC TNM stages 0-IIA for both squamous cell carcinoma and adenocarcinoma
- Grade is not required to derive AJCC TNM stage for Stomach
- Standard four grade grading system
 - Well differentiated
 - Moderately differentiated
 - Poorly differentiated
 - Undifferentiated

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Grade

- C T1a N0 M0 G1 Stage IA
 - Treatment options include
 - Esophagectomy
 - Endoscopic mucosal resection
 - Other ablative technique
- C T1a N0 M0 G2-3 Stage IB
 - Esophagectomy


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QUIZ


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CS Schemas: V02.04

- Esophagus: C15.0-C15.5, C15.8-C15.9
- Esophagus GE Junction: C16.0, C16.1, C16.2
- Stomach: C16.1-C16.6, C16.8-C16.9




ESOPHAGUS CS SCHEMA



CS Tumor Size: Esophagus

- Code 998: Circumferential
 - Takes precedence over statement of tumor size



CS Extension: Esophagus

- Code 000: In situ; high grade dysplasia
- Codes 100-170; 300: Invades lamina propria, muscularis mucosae, or submucosa
- Codes 200-210: Invades muscularis propria
- Codes 400-450: Invades adventitia
- Codes 615-820: Invades adjacent structures

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Pop Quiz

- Esophagogastroduodenoscopy (EGD) & biopsy: Circumferential 6 cm lesion in middle third of esophagus with squamous cell carcinoma invading submucosa.
- CT scan: Extensive wall thickening from lesion of the mid esophagus extending into the aorta compatible with known malignancy.

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Pop Quiz

- What is the code for CS Tumor Size?
 - 060: 6 cm
 - 998: Circumferential
- What is the code for CS Extension?
 - 160: Invades submucosa
 - 730: Intrathoracic, upper or mid-portion, esophagus: aorta
- What is the code for CS TS/EXT Eval?
 - 0: Noninvasive clinical evidence
 - 1: Endoscopy or biopsy
 - 3: Pathologic exam of surgical resection of primary site

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CS Lymph Nodes: Esophagus

- Code involvement of regional lymph nodes
 - Regional nodes extend from periesophageal cervical nodes to celiac nodes
 - Per AJCC 7th Edition esophagus chapter authors celiac nodes are regional for all esophagus subsites
 - Involvement of cervical nodes with cervical esophagus primary
 - Assign code 100
 - Involvement of cervical nodes with upper thoracic esophagus primary
 - Assign code 250

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CS Lymph Nodes: Esophagus

- Code involvement of regional lymph nodes
 - CS Lymph Nodes code = 100-255, 265-280, or 305-500
 - CS Lymph Nodes Eval = 0, 1, 5, or 9
 - N category is assigned using Regional Nodes Positive and SSF1
 - CS Lymph Nodes Eval = 2, 3, 6, 8, or not coded
 - N category is assigned using Regional Nodes Positive

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CS Mets at DX: Esophagus

- Code distant metastasis at diagnosis
 - Code 10: Distant lymph nodes NOS
 - Code 15: Common hepatic; splenic
 - Code 40: Distant metastasis except distant lymph nodes; carcinomatosis
- Code involvement of lymph nodes from supraclavicular region to celiac region in CS Lymph Nodes

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Pop Quiz

- Esophagogastroduodenoscopy (EGD) & biopsy: 4 cm lesion in distal esophagus with squamous cell carcinoma.
- CT scan: Mass in the distal esophagus compatible with known malignancy. Adenopathy in common hepatic and celiac nodes consistent with metastasis.

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Pop Quiz

- What is the code for CS Lymph Nodes?
 - 000: No regional node involvement
 - 250: Lower thoracic (abdominal) esophagus only: celiac nodes
 - 500: Regional lymph nodes NOS
- What is the code for CS Mets at DX?
 - 00: No distant metastasis
 - 10: Distant lymph nodes NOS
 - 15: Common hepatic

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SSF1: Clinical Assessment of Regional Lymph Nodes

- Assign code 000 (nodes not clinically evident)
 - No mention of regional nodes clinically; regional nodes stated to be uninvolved; statement of no adenopathy of regional nodes
- Assign codes 100-300
 - Clinical N category OR number of nodes clinically involved documented
- Assign code 400
 - Nodes clinically involved but clinical N category or number clinically involved not stated
- Assign code 999
 - No diagnostic work-up to assess regional nodes

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SSF2: Specific Location of Tumor

- Code the location of upper (proximal) edge of esophageal tumor with as much specificity as possible
 - Location is an AJCC 7th Ed. staging element
- Codes 010-060 (cervical, thoracic, or abdominal esophagus) take precedence over 070-090 (upper, middle, lower third)
- Code 999 includes esophagus, NOS

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SSF3: Number of Regional Nodes with Extracapsular Extension

- Code number of nodes stated by pathologist to have extracapsular extension
 - Tumor involvement beyond the wall of the node into surrounding fat
- Assign code 000
 - All nodes examined negative
 - Nodes positive but no extracapsular extension
- Assign code 998
 - No pathologic exam of regional nodes

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SSF4 and SSF5

- In SSF4
 - Record distance from incisors (front teeth) to proximal (upper) edge of esophageal tumor to nearest cm
 - Calculate distance to proximal edge if distance to distal edge and tumor length is known
- In SSF5
 - Record distance from incisors (front teeth) to distal (lower) edge of esophageal tumor to nearest cm
 - Calculate distance to distal edge if distance to proximal edge and tumor length is known

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Question

- Q: If a patient has multiple tumors of the esophagus determined to be a single primary, is the largest tumor used to code tumor location information in SSF2, SSF4, and SSF5?
- A: In that situation, code SSF2, SSF4, and SSF5 from the most invasive tumor.

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Pop Quiz

- EGD & biopsy: 1 cm tumor of cervical esophagus; well differentiated squamous cell carcinoma.
- Endoscopic ultrasound (EUS): Tumor confined to upper esophagus; cervical node adenopathy.
- Esophagectomy and lymph node dissection: 1 cm mass of cervical esophagus, squamous cell carcinoma, invading submucosa; 3 of 6 cervical nodes with metastasis but no extracapsular extension.
- Staging form: Clinical T1 N1; Pathologic T1b N2

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Pop Quiz

- What is the code for SSF1 (Clinical Assessment of Regional Lymph Nodes)?
 - Code 100: Metastasis in 1-2 regional nodes clinically; stated as N1
 - Code 200: Metastasis in 3-6 regional nodes clinically; stated as N2
 - Code 999: Regional nodes involved pathologically, clinical assessment not stated

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Pop Quiz

- What is the code for SSF3 (Number of Regional Nodes with Extracapsular Extension)?
 - 000: All nodes examined negative for cancer involvement; all nodes examined negative for extracapsular tumor
 - 003
 - 990: Positive nodes, not stated if extracapsular tumor present

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Pop Quiz


- EGD & biopsy: Tumor in lower thoracic esophagus 3 cm in length; upper part of tumor 36 cm from incisors.
 - Pathologic diagnosis: Squamous cell carcinoma, lower third of esophagus.

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Pop Quiz

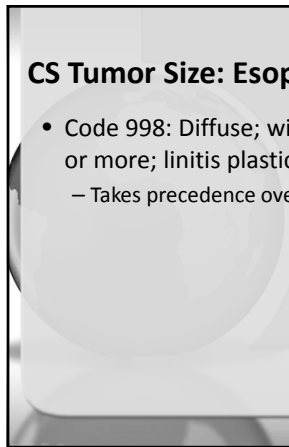
- What is the code for SSF2 (Specific Location of Tumor)?
 - Code 050: Stated as lower thoracic esophagus
 - Code 090: Stated as lower third
- What is the code for SSF4 (Distance to Proximal Edge of Tumor)?
 - 036
 - 039
- What is the code for SSF5 (Distance to Distal Edge of Tumor)?
 - 036
 - 039

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**ESOPHAGUS GE JUNCTION CS
SCHEMA**

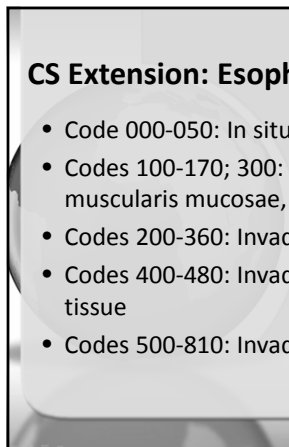
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CS Tumor Size: Esophagus GE Junction

- Code 998: Diffuse; widespread; three-fourths or more; linitis plastica
 - Takes precedence over statement of tumor size

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CS Extension: Esophagus GE Junction

- Code 000-050: In situ; high grade dysplasia
- Codes 100-170; 300: Invades lamina propria, muscularis mucosae, or submucosa
- Codes 200-360: Invades muscularis propria
- Codes 400-480: Invades adventitia or soft tissue
- Codes 500-810: Invades adjacent structures

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CS Lymph Nodes: Esophagus GE Junction

- Code involvement of regional lymph nodes
 - Information about named regional nodes takes precedence over stated as N_ codes
 - CS Lymph Nodes code = 100-400, 450, or 500
 - CS Lymph Nodes Eval = 0, 1, 5, or 9
 - N category is assigned using Regional Nodes Positive and SSF1
 - CS Lymph Nodes Eval = 2, 3, 6, 8, or not coded
 - N category is assigned using Regional Nodes Positive

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CS Mets at DX: Esophagus GE Junction

- Code distant metastasis at diagnosis
 - Code 10: Distant lymph nodes
 - Hepatoduodenal; mesenteric, NOS; superior mesenteric; para-aortic; porta hepatis; retropancreatic; retroperitoneal
 - Distant lymph nodes NOS
 - Code 40: Distant metastasis except distant lymph nodes; carcinomatosis

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Pop Quiz

- EGD with biopsy: Mixed squamous cell and adenocarcinoma of EGJ extending through the wall
- EUS: 3 cm tumor of EGJ; gastrohepatic and hepatoduodenal nodes compatible with malignancy

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Pop Quiz

- What is the code for CS Lymph Nodes?
 - Code 000: No regional node involvement
 - Code 100: Gastrohepatic
 - Code 400: Hepatic
 - Code 500: Regional nodes NOS
- What is the code for CS Mets at DX?
 - Code 00: No distant metastasis
 - Code 10: Distant lymph nodes including hepatoduodenal

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Site-Specific Factors

Esophagus GE Junction

- SSF1: Clinical Assessment of Regional Lymph Nodes
- SSF3: Number of Regional Lymph Nodes with Extracapsular Tumor
- SSF4: Distance to Proximal Edge of Tumor from Incisors
- SSF5: Distance to Distal Edge of Tumor from Incisors

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CS SSF25: Schema Discriminator

Esophagus GE Junction & Stomach Schemas

Code	Description	Schema
000	No involvement of esophagus or EGJ	Stomach
020	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5 cm or less	EsophagusGEJunction
030	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm	Stomach
040	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown	EsophagusGEJunction

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CS SSF25: Schema Discriminator
Esophagus GE Junction & Stomach Schemas

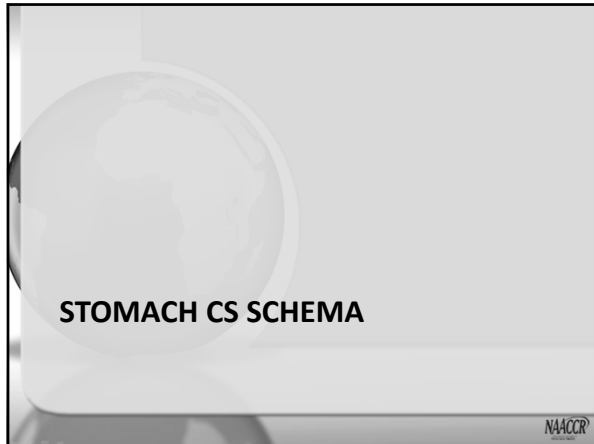
Code	Description	Schema
060	Esophagus/EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm from EGJ AND physician stages case using esophagus definitions OR Esophagus/EGJ involvement unknown AND distance of tumor midpoint from EGJ more than 5 cm or unknown AND physician stages case using esophagus definition	EsophagusGEJunction

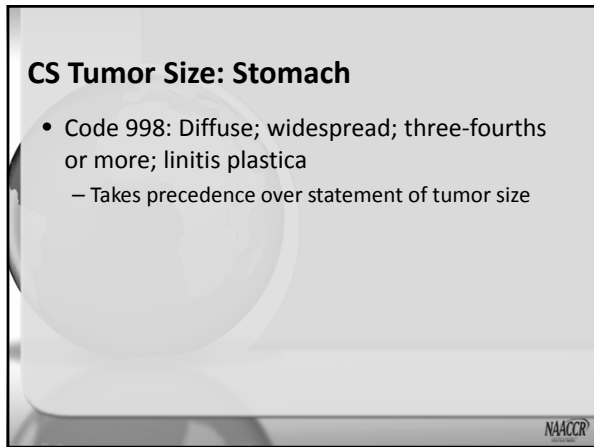
CS SSF25: Schema Discriminator
Esophagus GE Junction & Stomach Schemas

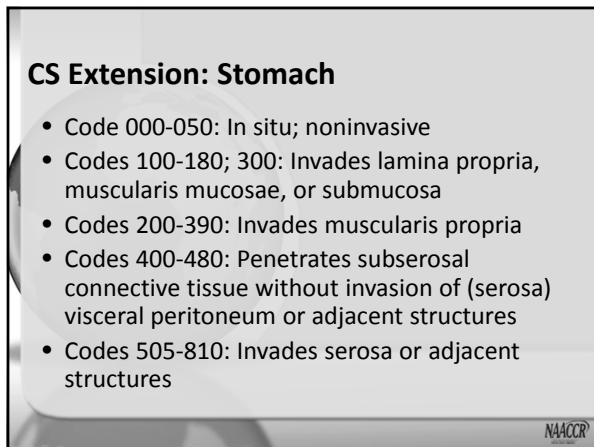
Code	Description	Schema
981	Primary site coded to C16.3 - C16.9	Stomach
982	Primary site coded to C16.0	EsophagusGEJunction
999	Involvement of esophagus/EGJ unknown, or no information Not documented in patient record	Stomach

Pop Quiz

- Upper gastrectomy: Adenocarcinoma of EGJ, 3 cm, involves stomach body intraluminally and invades muscularis mucosa.
- What is the code for SSF25?
 - Code 020: Esophagus or EGJ involved & distance of tumor midpoint from EGJ 5 cm or less
 - Code 982: Primary site coded to C16.0
- What is the code for CS Extension
 - Code 120: Invades muscularis mucosae
 - Code 800: Further contiguous extension







CS Lymph Nodes: Stomach

- Code involvement of regional lymph nodes
 - Code metastatic nodules in fat adjacent to gastric carcinoma without evidence of residual lymph node tissue in CS Lymph Nodes
 - CS Lymph Nodes code = 110-500 or 800
 - CS Lymph Nodes Eval = 0, 1, 5, or 9
 - N category is assigned using Regional Nodes Positive and SSF1
 - CS Lymph Nodes Eval = 2, 3, 6, 8, or not coded
 - N category is assigned using Regional Nodes Positive

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CS Mets at DX: Stomach

- Code distant metastasis at diagnosis
 - Code 10: Distant lymph nodes
 - Mesenteric, NOS; inferior mesenteric; superior mesenteric; para-aortic; porta hepatis; retropancreatic; retroperitoneal
 - For all subsites EXCEPT lessercurvature: hepatoduodenal
 - Distant lymph nodes NOS
 - Code 40: Distant metastasis except distant lymph nodes; carcinomatosis; Krukenberg tumor; malignant peritoneal cytology

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Site-Specific Factors Stomach

- SSF1: Clinical Assessment of Regional Lymph Nodes
 - Assign codes 100-320
 - Clinical N category OR number of nodes clinically involved documented
- SSF2: Specific Location of Tumor
 - Documents site specificity for tumors of fundus, body, & antrum of stomach
- SSF25: Schema Discriminator

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Pop Quiz

- Partial gastrectomy: 3 cm mass anterior wall of corpus of stomach with linitis plastica extends through the wall; no metastasis in 6 perigastric nodes.

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Pop Quiz

- What is the code for SSF25?
 - Code 000: No involvement of esophagus or EGJ
 - Code 999: Unknown
- What is the code for CS Extension?
 - Code 350: Linitis plastica and no other information regarding extension available
 - Code 400: Extension through wall NOS
- What is the code for SSF2?
 - Code 040: Body – anterior wall
 - Code 999: Unknown

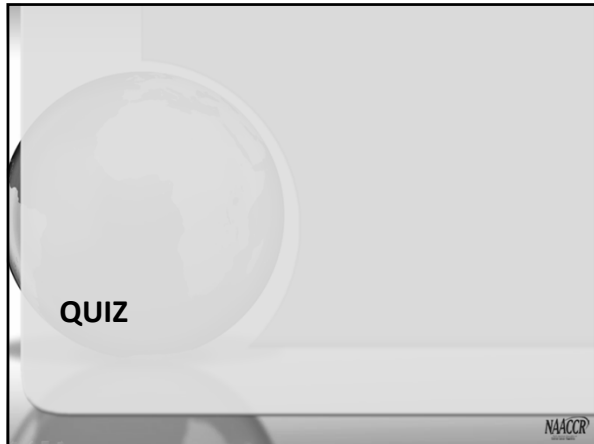
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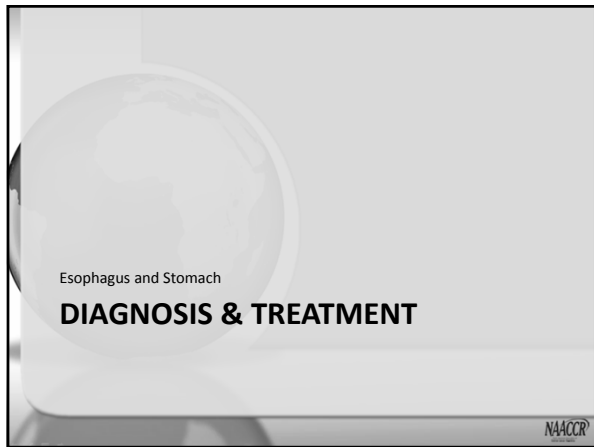
Site-Specific Factors

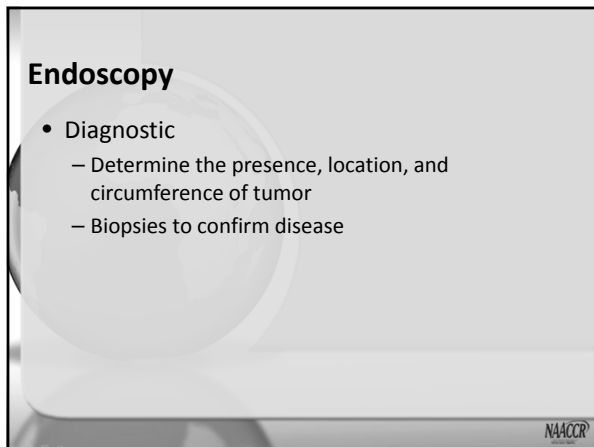
Stomach

- SSF13: Carcinoembryonic Antigen (CEA)
 - Record clinician's interpretation of highest CEA test result prior to treatment
 - Elevated, normal, borderline
 - Use same test coded in SSF14
- SSF14: CEA Lab Value
 - Record lab value in ng/ml of highest CEA test result prior to treatment
 - Use same test coded in SSF14
- SSF15: Carbohydrate Antigen 19-9 (CA 19-9) Lab Value
 - Record lab value in U/ml of highest CA 19-9 test result prior to treatment

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Endoscopy

- Staging-Endoscopic Ultrasound (EUS)
 - Determine the depth of tumor invasion (T)
 - Hypochoic (dark) expansion can be done to better visualize the depth of invasion into the layers of the esophagus or stomach
 - Mediastinal and perigastric lymph nodes are readily seen and biopsied by EUS (N)
 - Signs of distant spread may be identified (M)

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Endoscopy

- Treatment
 - Endoscopic Mucosal Resection (EMR)
 - Ablation
 - Barrett's
 - High-grade dysplasia
 - Invasive tumors confined to the lamina propria or muscularis mucosa

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Endoscopic Mucosal Resection

- A cap on the end of the scope pulls the mucosal layer is pulled into the cap
- A snare is put around the polyp that is created.
- Using current and the snare the polyp/lining is removed.
- The tissue is sent to pathology.
- Codes as 27-Excisional biopsy NOS
<http://www.youtube.com/watch?v=Sv7eARxui7s>

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Endoscopic Ablation

- Radiofrequency Ablation
 - High frequency alternating current is used to create heat that destroys the tissue
 - Code as 10-local tumor destruction, NOS
- Cryosurgery
 - Liquid nitrogen is applied to the area to be treated
 - May take several treatments
 - Code as 13-Cryosurger7
- Photodynamic Therapy
 - Photosensitizing agent is injected into the patient
 - Photosensitizer is activated when light of a specific wave length.
 - Codes as 11 Photodynamic therapy (PDT)

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Unresectable Disease

<p>Esophagus</p> <ul style="list-style-type: none">• T4 tumors with involvement of the heart, great vessels, trachea or adjacent organs• Multi station or bulky lymphadenopathy• EGJ primary and supraclavicular node involvement• Distant metastasis	<p>Stomach</p> <ul style="list-style-type: none">• Peritoneal involvement• Distant metastasis• Invasion or encasement of major blood vessels
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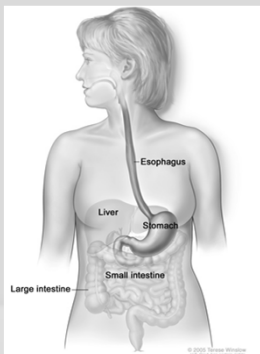
Surgery-Esophagus

- Partial Esophagectomy
 - Removal of a section of the esophagus.
 - Esophagus is reconstructed using another organ such as the stomach or large intestine.
 - Code 30
- Esophagogastrectomy
 - Removal of a section of the esophagus and the fundus of the stomach.
 - Stomach is surgically attached to the remaining esophagus.
 - Code 53
- At least 15 lymph nodes should be removed for adequate nodal staging

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Surgery-Esophagus

- Ivor-Lewis esophagogastrectomy (laparotomy & right thoracotomy)
- McKeown esophagogastrectomy (right thoracotomy & laparotomy & cervical anastomosis)



Surgery-Stomach

- Distal subtotal gastrectomy (32) is the preferred approach for distal gastric cancers
- Proximal gastrectomy (33) and total gastrectomy (40) are both indicated for proximal gastric cancers
- Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS
 - SEER Note: Codes 50-55 include partial esophagectomy, total esophagectomy, or esophagectomy, NOS.

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Treatment by Stage-Esophagus

- Tis-EMR or Ablation
- T1a
 - EMR or Ablation
 - Esophagectomy
- T1b N0-Esophagectomy

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Treatment by Stage-Esophagus

- T2-T4a any N
 - Preoperative chemoradiation
 - Definitive chemoradiation
 - Preferred for cervical esophagus
 - Preoperative chemotherapy
 - Only for adenocarcinoma of distal esophagus or EGJ
 - Esophagectomy
 - Low risk lesions less than 2cm and well differentiated
- T4b-Definitive chemoradiation

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Treatment by Stage-Stomach

- Tis or T1a-EMR or Surgery
- T1b N0-Surgery
- T2 or higher and any N
 - Surgery or
 - Preoperative chemotherapy
 - Preoperative chemoradiation
- M1-Palliative therapy

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