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 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.
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