

FAQS: ESOPHAGUS CARCINOMA (WITH OR WITHOUT BARRETT'S ESOPHAGUS)

UNDERSTANDING YOUR PATHOLOGY REPORT: A FAQ SHEET

When your doctor examined your esophagus with the endoscope, he or she took biopsies. These biopsies were sent to a specialized doctor with many years of training called a pathologist, who examined them under the microscope. The pathology report tells your physician the diagnosis in each of your samples, and helps to manage your care. This FAQ sheet is designed to help you understand the medical language used in the pathology report.

1. What if my report says “adenocarcinoma”?

Adenocarcinoma of the esophagus is a type of cancer (tumor) arising from Barrett's Esophagus) (see FAQ #3).

2. What if my report says “squamous carcinoma” (“squamous cell carcinoma”)?

Squamous carcinoma of the esophagus is a type of cancer (tumor) arising from the normal lining of the esophagus (see FAQ#3).

3. What does it mean if in addition to cancer, my report also mentions “Barrett's”, “goblet cells”, “intestinal metaplasia”, or “squamous”?

The lining of the esophagus is known as the “mucosa.” Most of the esophagus is lined by a tough, multilayered covering called “squamous mucosa,” which is similar to skin, but on the inside of the body. Goblet cells are the normal lining in the intestines, but not in the esophagus. When goblet cells develop in a place where they are not supposed to be, this is called “intestinal metaplasia.” Barrett's esophagus is when the lining of the esophagus changes from its normal lining (squamous) to a type that is usually found in the intestines (goblet cells). Adenocarcinomas arise from Barrett's Esophagus. Squamous carcinomas arise from the normal squamous lining of the esophagus.

4. What is the significance of Barrett's Esophagus if there is already cancer present.

There is no significance.

5. What does “invasive” or “infiltrating” mean?

Invasive or infiltrating means the cancer has spread beyond the inner lining of the esophagus.

6. Does this mean that the tumor has invaded deeply and is associated with a poor prognosis?

On a biopsy, the pathologist usually cannot determine how deeply the tumor is invading and consequently cannot determine the prognosis. Determination of depth of invasion is typically done subsequently when the entire tumor is removed.

7. What does “differentiation” refer to?

Differentiation is the grade of the cancer. The grade of a cancer is determined by how the cancer looks under the microscope and is an indication of how aggressive the cancer is. Esophageal cancer is usually divided into three grades (well differentiated, moderately differentiated, and poorly differentiated) or sometimes two grades (well-moderately differentiated and poorly differentiated).

8. What is the significance of the grade of the cancer?

Grade is one of the many factors that helps determine how aggressive a given cancer is. Poorly differentiated cancers tend to be more aggressive. However, other factors in addition to grade, such as how far the cancer has spread (which cannot be determined on the biopsy) also affect the prognosis.

9. What does it mean if there is vascular, lymphatic, or lymphovascular invasion?

These terms mean that cancer is present in the vessels (arteries, veins, and/or lymphatics) of the esophagus and that there is an increased chance that cancer could spread out of the esophagus. However, your cancer could still be curable, depending on other factors.