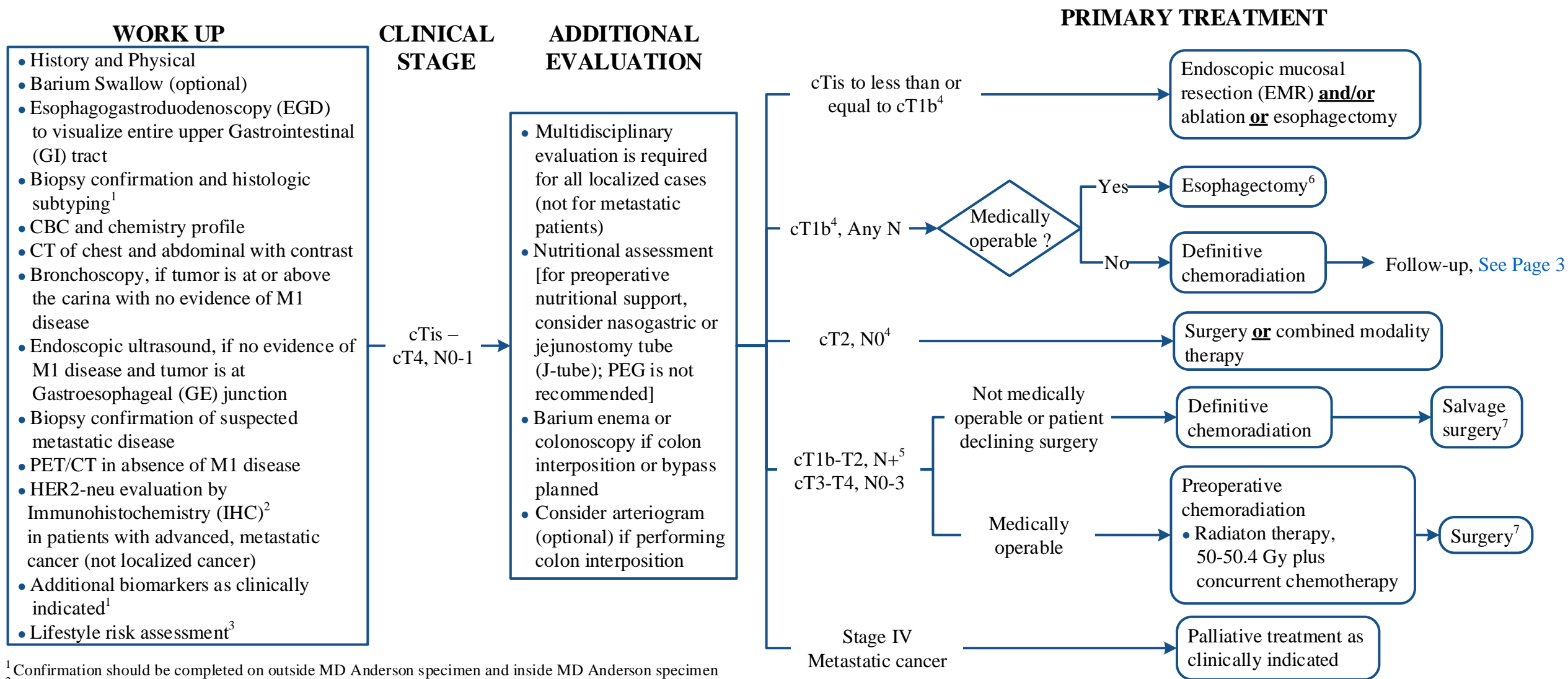


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.



¹ Confirmation should be completed on outside MD Anderson specimen and inside MD Anderson specimen

² Consider HER2-neu evaluation initially by IHC and if IHC score 2+, follow-up with FISH test

See MDA Approved Biomarkers for additional information – [click here](#)

³ See [Physical Activity, Nutrition, and Tobacco Cessation algorithms](#); ongoing reassessment of lifestyle risks should be a part of routine clinical practice

⁴ Consider diagnostic EMR for all cT1b patients and T2N0 patients who have tumors less than 2 cm in size with low standardized uptake values (SUV) (less than or equal to 3)

⁵ Whenever possible, N+ status in patients with limited depth of invasion should be confirmed histologically

⁶ Preferred for non-cervical cT1b disease

⁷ Patients who receive preoperative chemoradiation should be followed after surgery

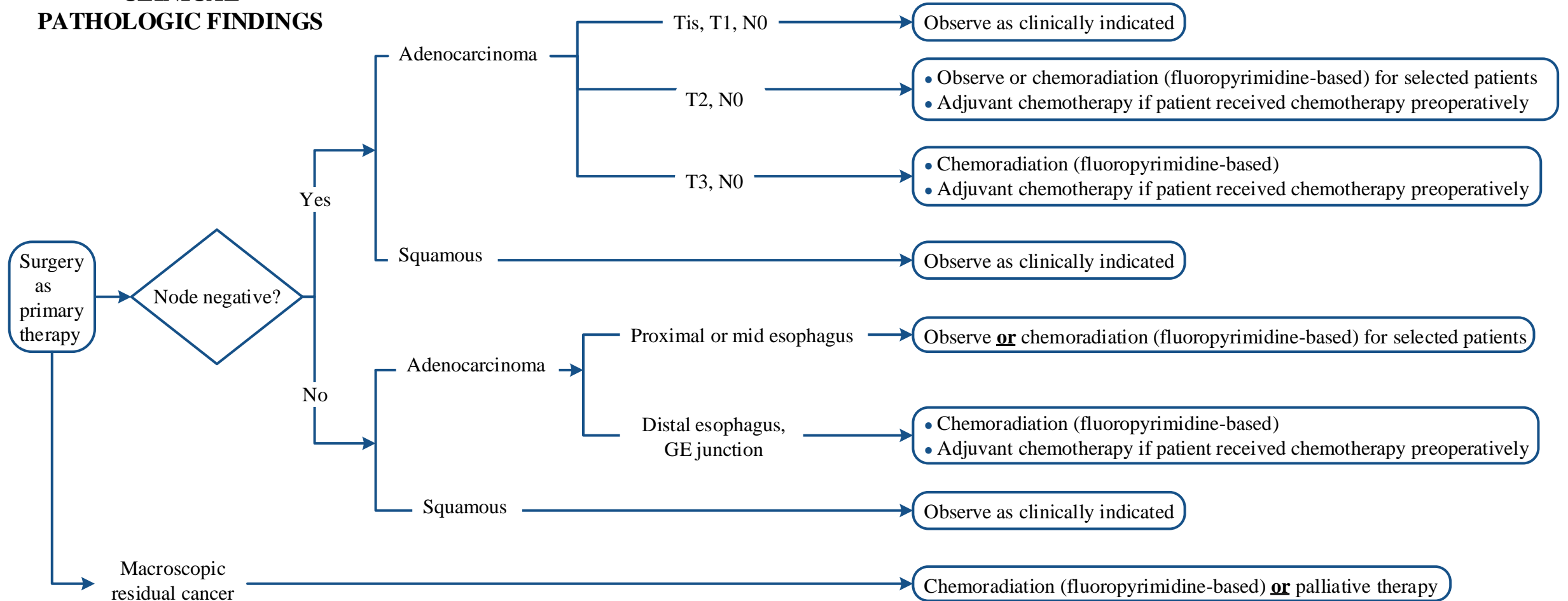
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Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.

SURGICAL OUTCOMES AFTER ESOPHAGECTOMY

CLINICAL PATHOLOGIC FINDINGS

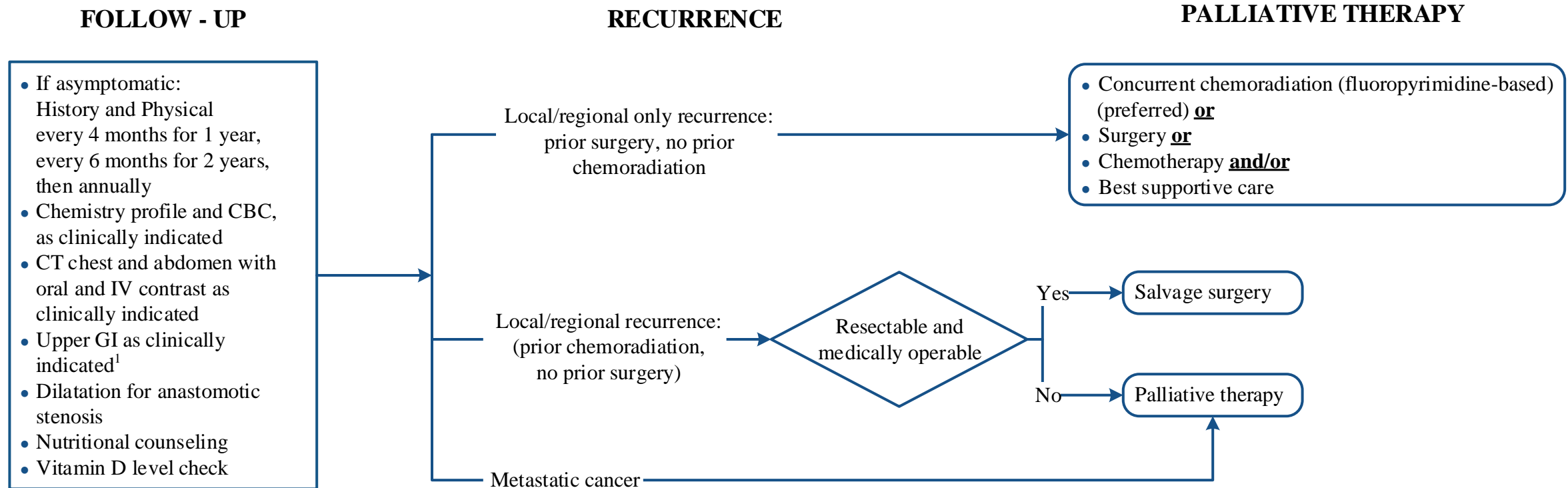
POST-OPERATIVE TREATMENT



¹Consider diagnostic EMR for all cT1b patients and T2N0 patients who have tumors less than 2 cm in size with low standardized uptake values (SUV) (less than or equal to 3)

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Note: Consider Clinical Trials as treatment options for eligible patients. Consider referral to a Comprehensive Cancer Center.



¹Patient with Tis or T1a who undergo EMR should have endoscopic surveillance every 3 months for one year, then annually.

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SUGGESTED READINGS

PRINCIPLES OF MULTIDISCIPLINARY TEAM APPROACH FOR GASTROESOPHAGEAL CANCERS

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SUGGESTED READINGS - continued

PRINCIPLES OF SYSTEMIC THERAPY FOR ESOPHAGEAL OR GASTROESOPHAGEAL JUNCTION CANCER

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OTHER SUPPORTIVE READINGS

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DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Gastrointestinal Center Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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