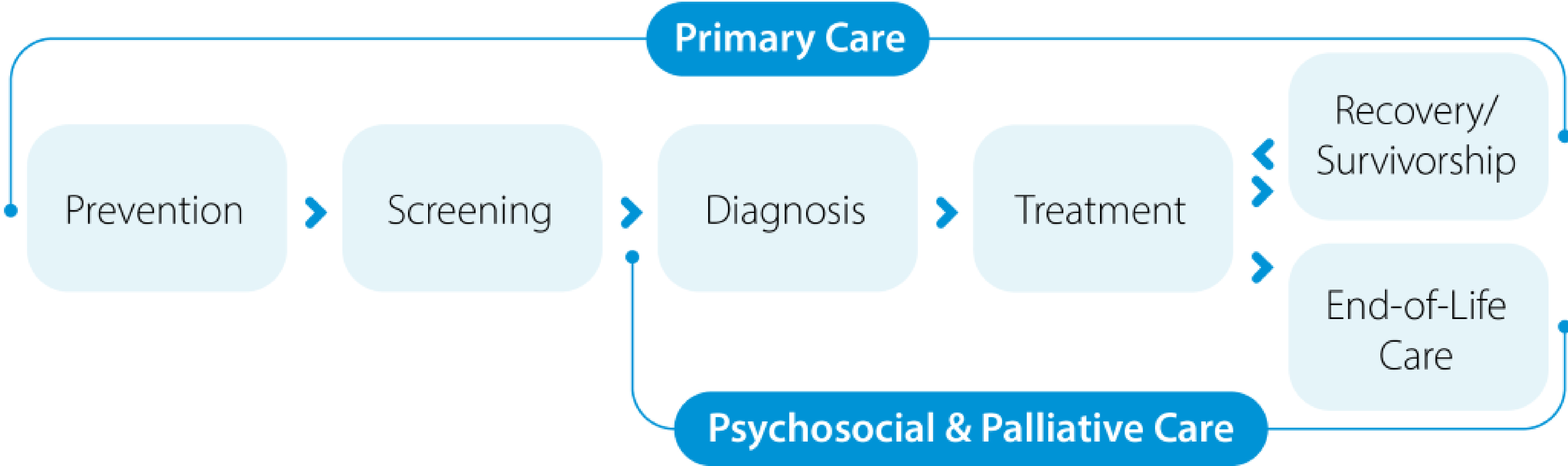
Esophageal Cancer Prevention and Early Detection Pathway Map

Version 2023.01



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Ontario Health
Cancer Care Ontario

Target Population

Patients who present with signs or symptoms suspicious of Barrett's esophagus.

Pathway Map Considerations

- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care provider throughout the pathway as necessary **Smoking Cessation Information for Healthcare Providers**.
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, **Health Care Connect** is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see **Person-Centred Care Guideline** and **EBS #19-2 Provider-Patient Communication**.*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit **MCC Tools**.
- For more information on wait time prioritization, visit **Surgery**.
- Clinical trials should be considered for all phases of the pathway map.
- Sexual health should be considered throughout the care continuum. Healthcare providers should discuss sexual health with patients before, during and after treatment as part of informed decision-making and symptom management. See **Psychosocial Oncology Guidelines Resources**.
- Before initiating gonadotoxic therapy (e.g. surgery, systemic, radiation), healthcare providers should discuss potential effects on fertility with patients and arrange referral to a fertility specialist if appropriate. See **Ontario Fertility Program**.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit **EBS #19-3**.*

* **Note. EBS #19-2 and EBS #19-3** are older than 3 years and are currently listed as 'For Education and Information Purposes'. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Pathway Map Legend

Colour Guide

- Primary Care
- Palliative Care
- Pathology
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)
- Psychosocial Oncology (PSO)
- Endoscopy/Gastroenterology

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- or Off page reference
- R Referral

Line Guide

- Required
- Possible

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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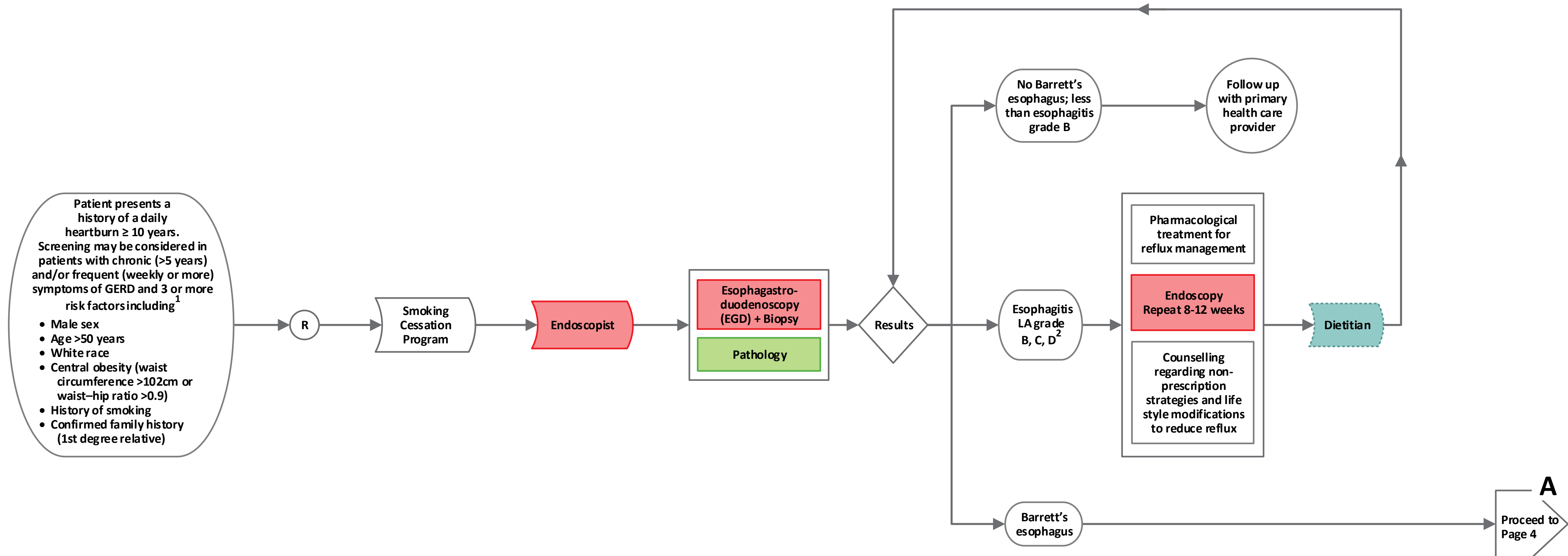
Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools

Consider the introduction of palliative care, early and across the cancer journey. Click here for more information about palliative care



[1]ACG: Diagnosis and Management of Barrett's Esophagus: An Updated ACG Guideline. The American Journal of Gastroenterology: April 2022; doi: 10.14309/ajg.0000000000001680

[2]Los Angeles classification (Endoscopic Assessment of Oesophagitis: Clinical and Functional Correlates and Further Validation of the Los Angeles Classification. Gut 1999)

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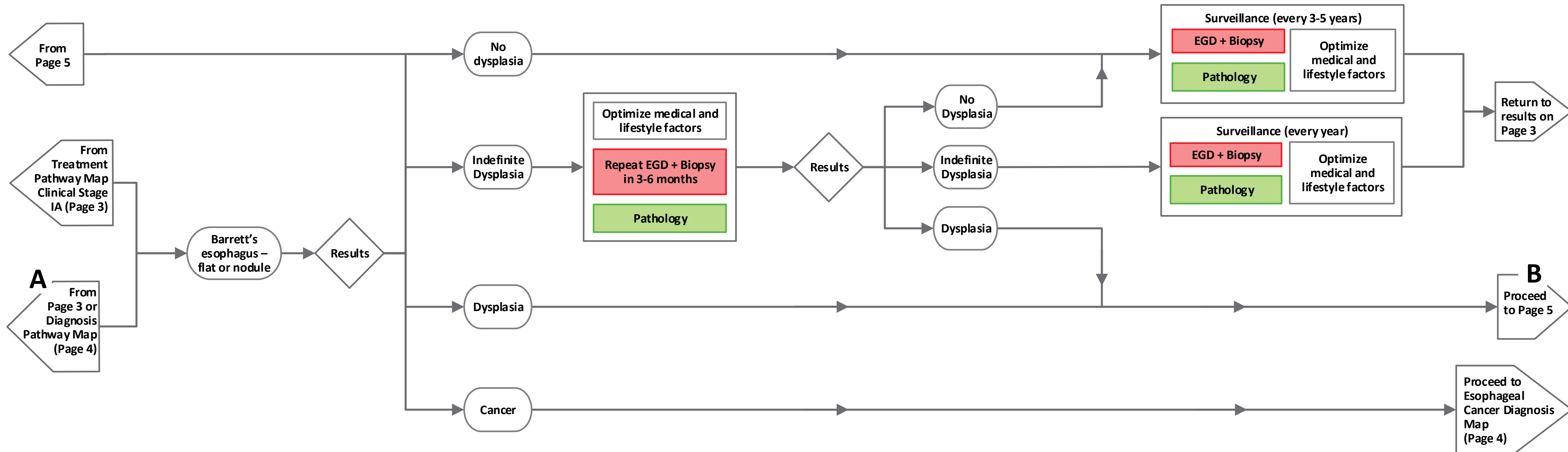

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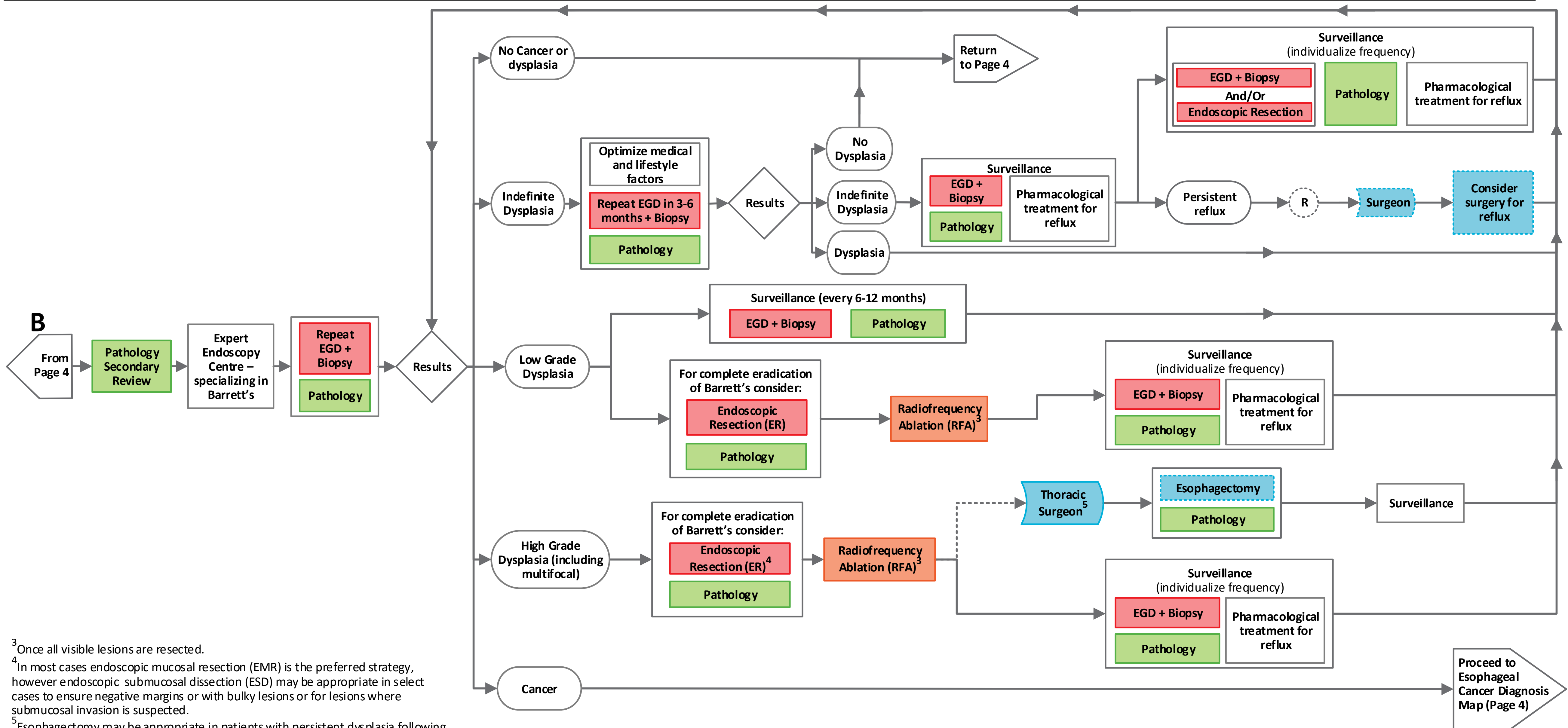

[3] Once all visible lesions are resected.

[4] In most cases endoscopic mucosal resection (EMR) is the preferred strategy, however endoscopic submucosal dissection (ESD) may be appropriate in select cases to ensure negative margins or with bulky lesions or for lesions where submucosal invasion is suspected.

[5] Esophagectomy may be appropriate in patients with persistent dysplasia following curative intent endoscopic resection and ablation.