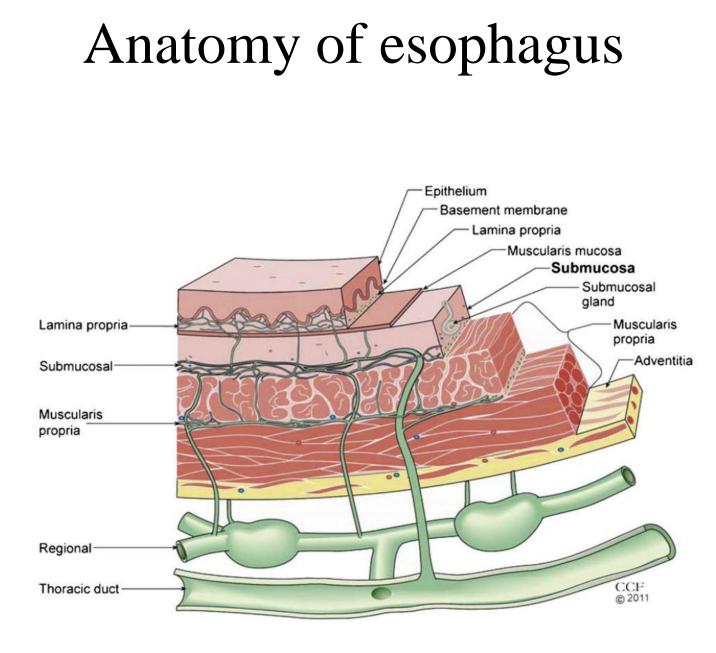
# Pathophysiology of Esophageal cancer

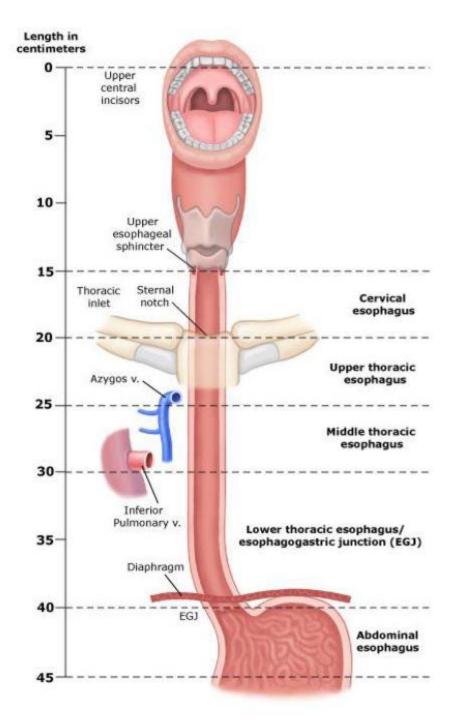
2020/06/04 Joonho Jung, M.D. Assistant professor Ajou University Hospital Department of Thoracic & Cardiovascular surgery

#### Contents

- Anatomy of esophagus
- Patterns of lymph node metastasis
- Staging system of esophageal cancer

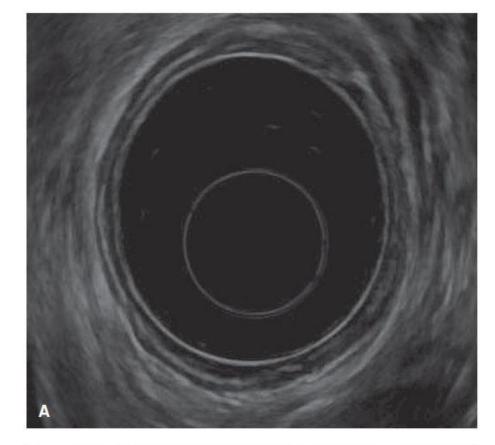
#### Anatomy of Esophagus

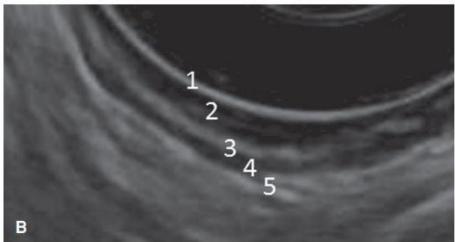




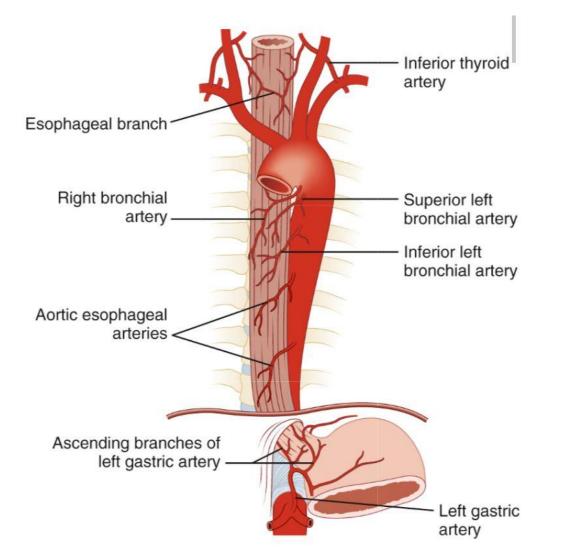
#### EUS anatomy

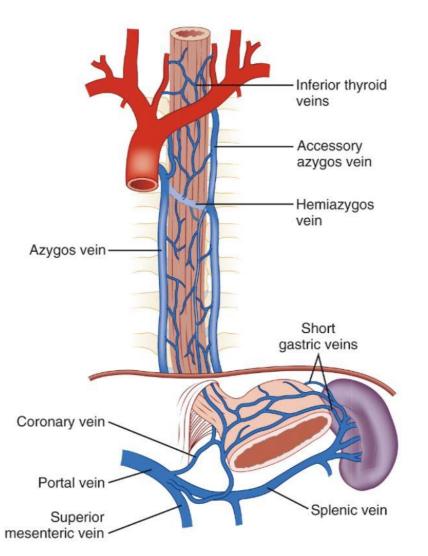
- 1. Interface between intraluminal fluid and the superficial mucosa (hyperechoic, white)
- 2. Deep mucosa including lamina propria and muscularis mucosae (hypoechoic, dark)
- 3. Submucosa (hyperechoic, white)
- 4. Muscularis propria (hypoechoic, dark)
- 5. Adventitia or interface with surrounding mediastinal structures (hyperechoic, white)



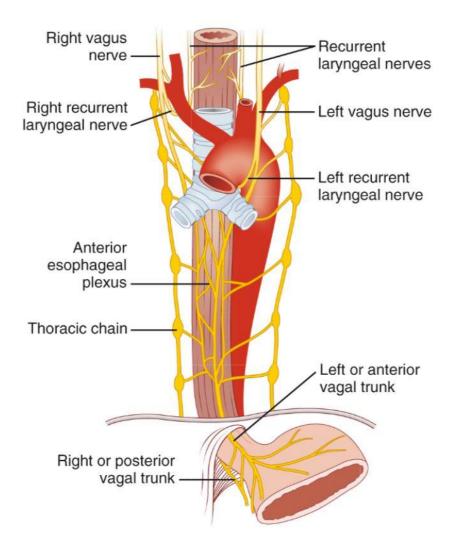


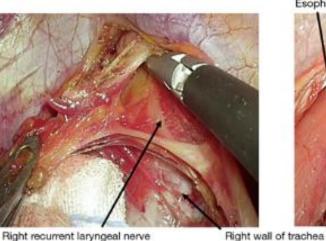
#### Vascular structures





#### Nervous system

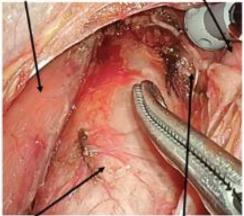




Right recurrent laryngeal nerve

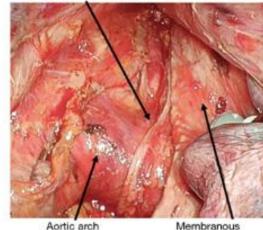
Esophagus

Right subclavian artery

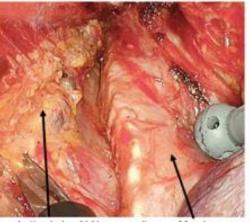


Right recurrent laryngeal nerve

Left recurrent laryngeal nerve



Membranous portion of trachea



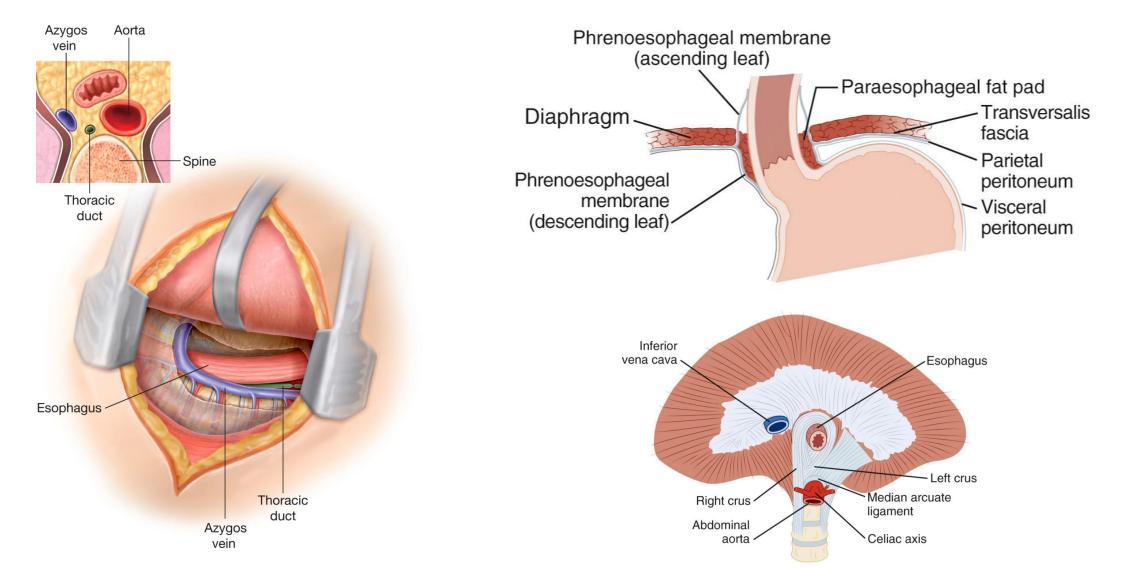
Lymphatic chain of LN surrounding left recurrent laryngealnerve

Membranous portion of trachea

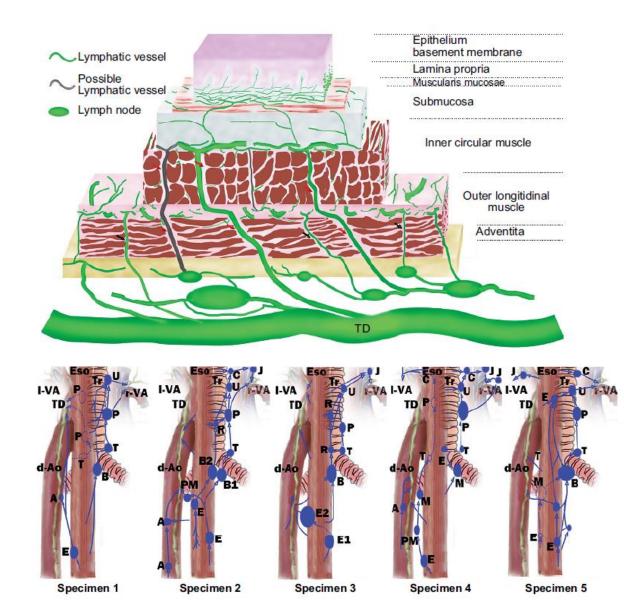


#### Thoracic Duct

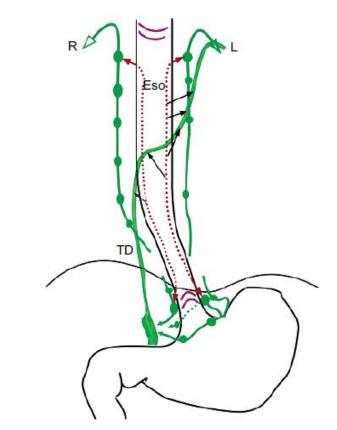
### Diaphragm



# Lymphatic drainage of esophagus

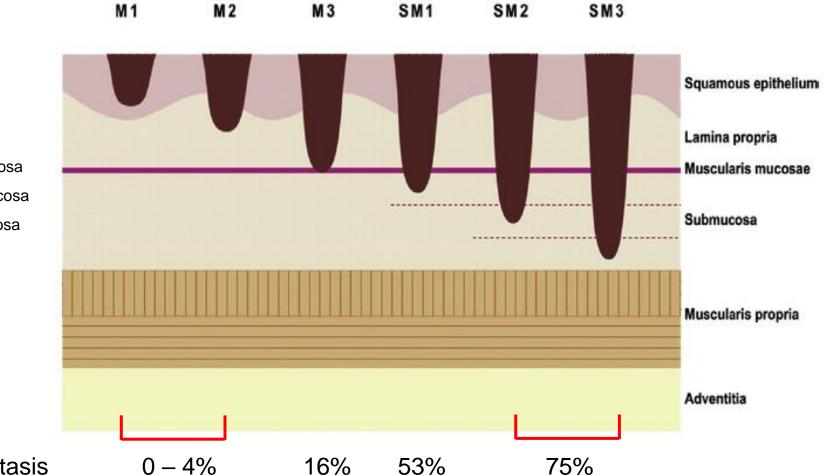


- 2 routes of lymphatic drainage
  - Direct drainage to thoracic duct
  - Lymphatic drainage with nodal relay
- Bidirectional flow



#### Patterns of lymph node metastasis

#### Lymph node metastasis in superficial ESCC



M1: carcinoma in situ

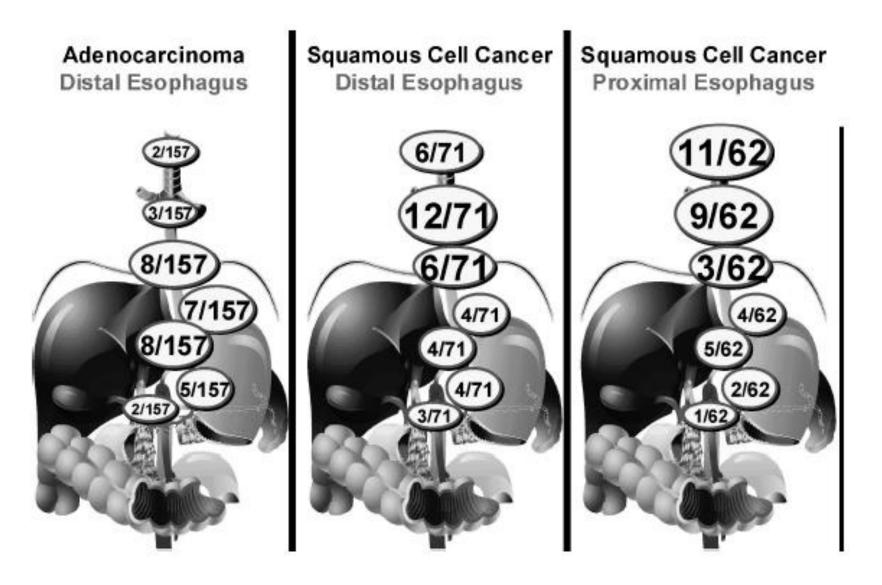
T1a

T1b

- M2: invading lamina propria
- M3: invading muscularis mucosa
- SM1: invading upper 1/3 of submucosa
- SM2: invading middle 1/3 of submucosa
- SM3: invading lower 1/3 of submucosa

Maximal % of LN metastasis

Patterns of lymphatic spread of early esophageal cancer (ADC, Sqcc)



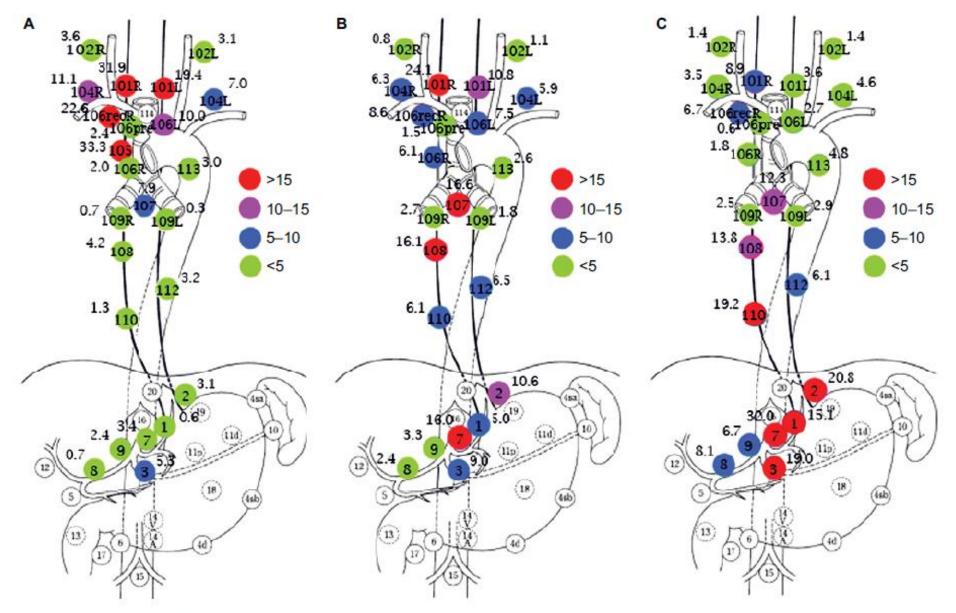


Figure 4 The LNMR of different stations in the upper TEC (A); the middle TEC (B); and the lower TEC (C) (%).

**Notes:** Numbers and naming of main regional LN. 101, cervical paraesophageal LN; 102, deep cervical LN; 104, supraclavicular LN; 105, upper thoracic paraesophageal LN; 106, thoracic paratracheal LN; 106rec, recurrent nerve LN; 106pre, pretracheal LN; 107, subcarinal LN; 108, middle thoracic paraesophageal LN; 109, main bronchus LN; 110, lower thoracic paraesophageal LN; 112, posterior mediastinal LN; 113, ligamentum arteriosum LN; 1, right paracardial LN; 2, left paracardial LN; 3, lesser curvature LN; 4, LN along the greater curvature; 5, suprapyloric LN; 6, infrapyloric LN; 7, LN along the left gastric artery; 8, LN along the common hepatic artery; 9, LN along the celiac artery. **Abbreviations:** L, left; R, right; LN, lymph nodes; LNMR, lymph node metastasis rate; TEC, thoracic esophageal cancer.

#### Staging of Esophageal cancer

#### Staging of esophageal cancer (AJCC 8<sup>th</sup> edition)

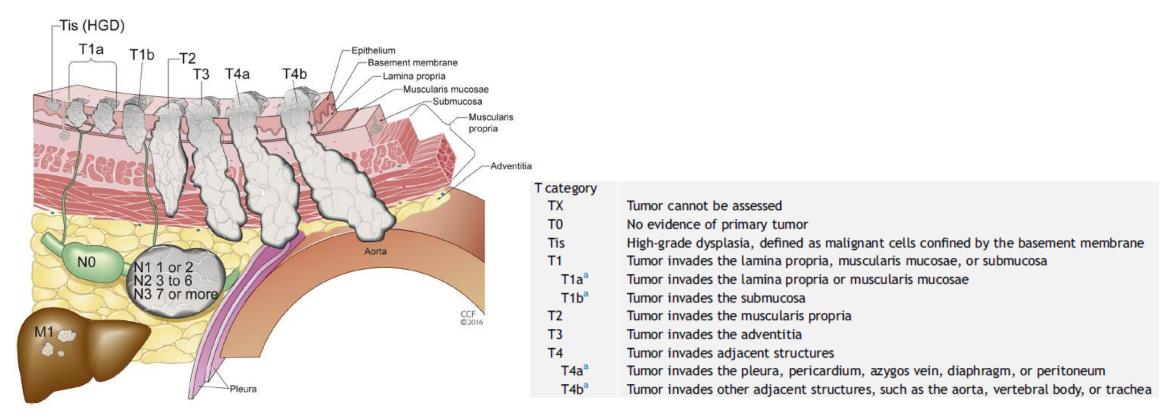
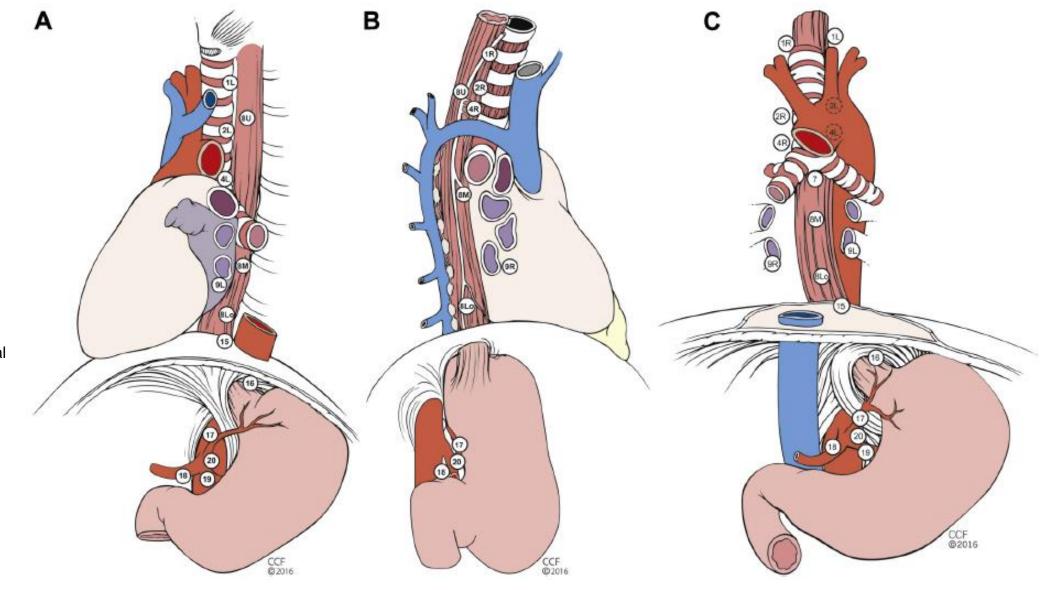


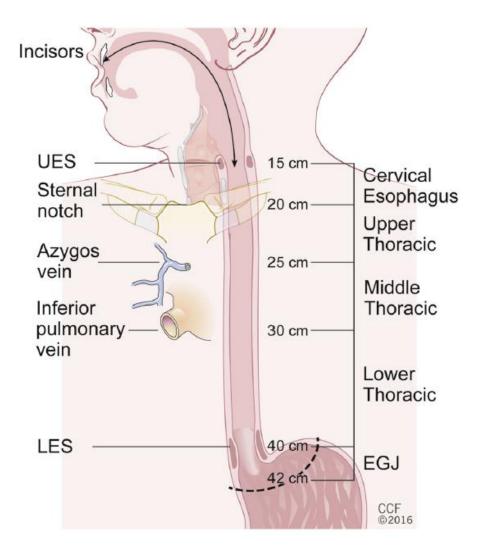
Figure 1. Eighth edition TNM categories. T is categorized as Tis: high-grade dysplasia (HGD). T1 is cancer that invades the lamina propria or muscularis mucosae, or submucosa and is subcategorized into T1a (cancer that invades the lamina propria or muscularis mucosae) and T1b (cancer that invades the submucosa); T2 is cancer that invades the muscularis propria; T3 is cancer that invades the adventitia; T4 is cancer that invades the local structures and is subcategorized as T4a (cancer that invades adjacent structures such as the pleura, pericardium, azygos vein, diaphragm, or peritoneum) and T4b (cancer that invades the major adjacent structures, such as the aorta, vertebral body, or trachea). N is categorized as N0 (no regional lymph node metastases involving one to two nodes), N2 (regional lymph node metastases involving three to six nodes), and N3 (regional lymph node metastases involving seven or more nodes). M is categorized as M0 (no distant metastasis) and M1 (distant metastasis).

#### Regional lymph node stations for esophageal cancer



- 1: lower cervical paratracheal
- 2: upper paratracheal
- 4: lower paratracheal
- 7: subcarinal
- 8: thoracic paraesophageal
- 9: pulmonary ligament
- 15: diaphragmatic
- 16: paracardial
- 17: left gastric
- 18: common hepatic
- 19: splenic
- 20: celiac

#### Cancer location and EG junction cancer



- Assessment of cancer location
  - Upper edge of the cancer (7<sup>th</sup> edition)
  - Epicenter of the cancer (8<sup>th</sup> edition)
- Definition of EGJ cancer
  - Epicenter within the proximal 2cm of the cardia

# Grade of esophageal cancer

Table 1. Cancer Staging Categories for Cancer of the Esophagus and Esophagogastric Junction						
Category	Criteria					
Adenocarcinoma G category						
GX	Differentiation cannot be assessed					
G1	Well differentiated, with $>95\%$ of the tumor composed of well-formed glands					
G2	Moderately differentiated, with 50%-95% of the tumor showing gland formation					
G3 <sup>b</sup>	Poorly differentiated, with tumors composed of nest and sheets of cells with <50% of the tumor demonstrating glandular formation					
Squamous cell carcinoma G cat	tegory					
GX	Differentiation cannot be assessed					
G1	Well-differentiated, with prominent keratinization with pearl formation and a minor component of nonkeratinizing basal-like cells, tumor cells arranged in sheets, and mitotic counts low					
G2	Moderately differentiated, with variable histologic features ranging from parakeratotic to poorly keratinizing lesions and pearl formation generally absent					
G3 <sup>c</sup>	Poorly differentiated, consisting predominantly of basal-like cells forming large and small nests with frequent central necrosis and with the nests consisting of sheets or pavement-like arrangements of tumor cells that are occasionally punctuated by small numbers of parakeratotic or keratinizing cells					

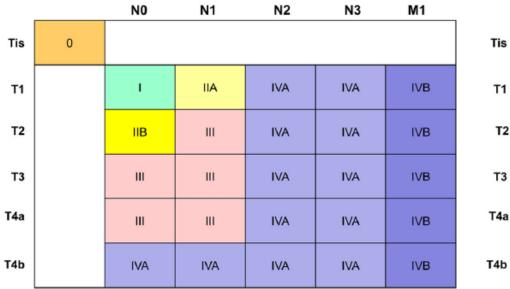
T (tumor) + N (regional lymph node) + M (distant metastasis) + G (grade) + L (location) cTNM (clinical), pTNM (pathologic), ypTNM (postneoadjuvant pathologic)

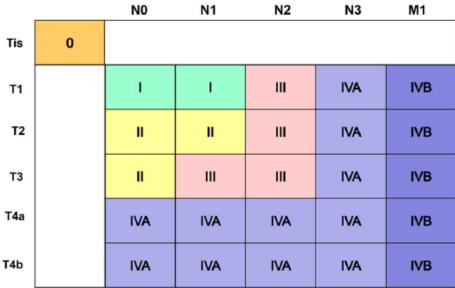
Table 2 Clinical (cTNM) stage groups			Table 3 Pathologic (pTNM) stage groups						Table 3 Pathologic (pTNM) stage groups						
cStage group	сТ	cN	сМ	pStage group	рТ	рN	pМ	pGrade	pLocation	pStage group	рТ	рN	рМ	pGrade	pLocation
Squamous cell carcinoma			Squamous cell of	carcinor	na				Adenocarcinoma						
0	Tis	NO	MO	0	Tis	N0	M0	N/A	Any	0	Tis	N0	M0	N/A	
I. Contraction	T1	N0-1	MO	IA	T1a	N0	M0	G1, X	Any	IA	T1a	N0	M0	G1, X	
Ш	T2	N0-1	MO	IB	T1b	N0	M0	G1, X	Any	IB	T1a	N0	M0	G2	
	ТЗ	NO	MO		T1	N0	M0	G2–3	Any		T1b	N0	M0	G1–2, X	
Ш	ТЗ	N1	MO		T2	N0	M0	G1	Any	IC	T1	N0	M0	G3	
	T1–3	N2	MO	IIA	T2	N0	M0	G2–3, X	Any		T2	N0	M0	G1-2	
IVA	T4	N0-2	MO		Т3	N0	M0	Any	Lower	IIA	T2	N0	M0	G3, X	
	T1–4	N3	MO		Т3	N0	M0	G1	Upper/middle	IIB	T1	N1	M0	Any	
IVB	T1–4	N0-3	M1	IIB	Т3	N0	M0	G2–3	Upper/middle		тз	N0	M0	Any	
Adenocarcinoma					Т3	N0	M0	Х	Any	IIIA	T1	N2	M0	Any	
0	Tis	NO	MO		Т3	N0	M0	Any	x		T2	N1	M0	Any	
I	T1	NO	MO		T1	N1	M0	Any	Any	IIIB	T4a	N0-1	M0	Any	
IIA	T1	N1	MO	IIIA	T1	N2	M0	Any	Any		тз	N1	M0	Any	
IIB	T2	NO	MO		T2	N1	M0	Any	Any		T2-3	N2	M0	Any	
	T2	N1	MO	IIIB	T4a	N0–1	M0	Any	Any	IVA	T4a	N2	M0	Any	
	T3-4a	N0-1	MO		Т3	N1	M0	Any	Any		T4b	N0-2		Any	
IVA	T1-4a	N2	MO		T2-3	N2	M0	Any	Any		T1-4	N3	MO	Any	
	T4b	N0-2	MO	IVA	T4a	N2	M0	Any	Any		T1-4			Any	
	T1-4	N3	MO		T4b	N0-2		Any	Any	N/A, not applica					
IVB					T1–4		M0	Any	Any	tan i not alter	loroy riy i	101 001	lou.		
IVB	T1–4	N0-3	M1	IVB	T1-4	N0–3	M1	Any	Any						

Α

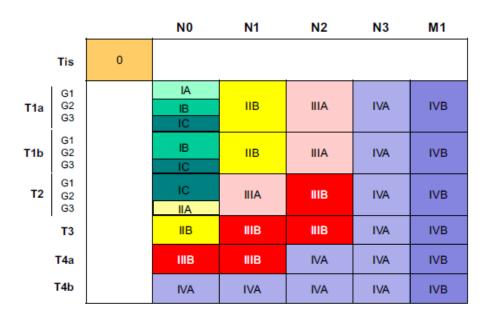
cTNM Adenocarcinoma

B cTNM Squamous Cell Carcinoma

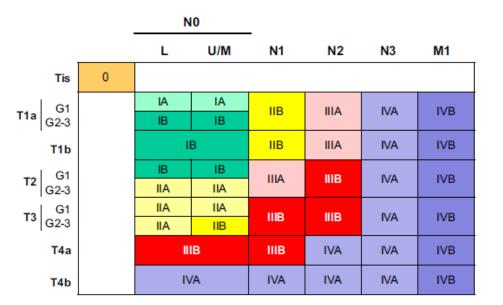




A pTNM Adenocarcinoma



#### **B** pTNM Squamous Cell Carcinoma



#### Postneoadjuvant pathologic stage

Table 4 Postneoadjuvant therapy (ypTNM) stage groups							
ypStage group	урТ	урМ	урМ				
T	T0-2	N0	M0				
П	ТЗ	N0	M0				
IIIA	T0-2	N1	M0				
IIIB	T4a	N0	M0				
	ТЗ	N1-2	M0				
	T0–3	N2	M0				
IVA	T4a	N1–2, X	M0				
	T4b	N0-2	M0				
	T1-4	N3	M0				
IVB	T1-4	N0-3	M1				
X, not defined.							

	N0	N1	N2	N3	M1
то	1	IIIA	IIIB	IVA	IVB
Tis	1	IIIA	IIIB	IVA	IVB
Т1	I.	IIIA	IIIB	IVA	IVB
Т2	I.	IIIA	IIIB	IVA	IVB
тз	II	IIIB	IIIB	IVA	IVB
T4a	IIIB	IVA	IVA	IVA	IVB
T4b	IVA	IVA	IVA	IVA	IVB

ypTNM

**Figure 5.** Postneoadjuvant pathologic stage groups (ypTNM): adenocarcinoma and squamous cell carcinoma.

#### Japanese Classification of Esophageal Cancer, 11<sup>th</sup> Edition

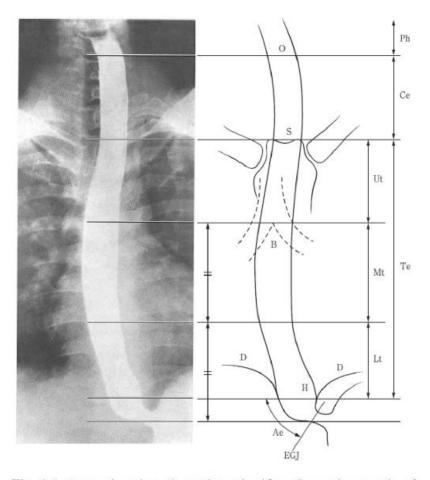


Fig. 1-1 Tumor location. O esophageal orifice, S superior margin of the sternum, B tracheal bifurcation, D diaphragm, EGJ esophagogastric junction, H esophageal hiatus

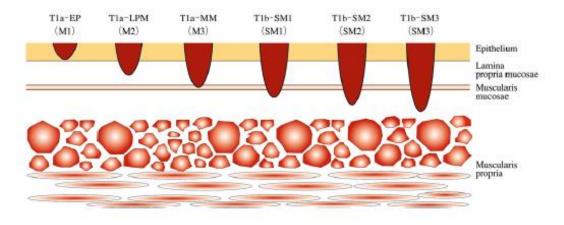


Fig. 1-3 Subclassification for superficial cancer (modified from the guidelines for esophageal cancer treatment)

Metastasis Depth of tumor invasion	N0	Nl	N2	N3	N4	M1
T0, T1a	0	П	Π	Ш	IVa	IVb
T1b	Ι	п	П	ш	IVa	IVb
T2	Π	П	Ш	Ш	IVa	IVb
Т3	Π	Ш	Ш	Ш	IVa	IVb
T4a	Ш	III	Ш	Ш	IVa	IVb
T4b	IVa	IVa	IVa	IVa	IVa	IVb

*T4a* pleura, pericardium, diaphragm, lung, thoracic duct, azygos vein, nerve *T4b* aorta (large vessel), trachea, bronchus, pulmonary vein, pulmonary artery, vertebra

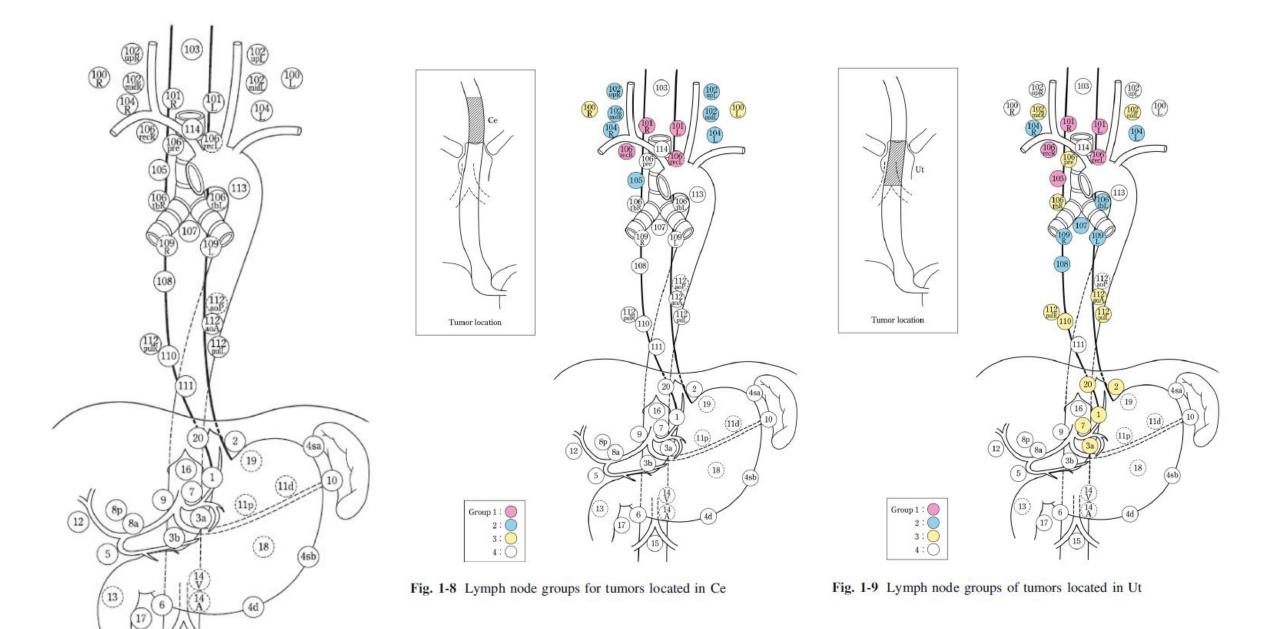


Fig. 1-4 Station numbers of regional lymph nodes

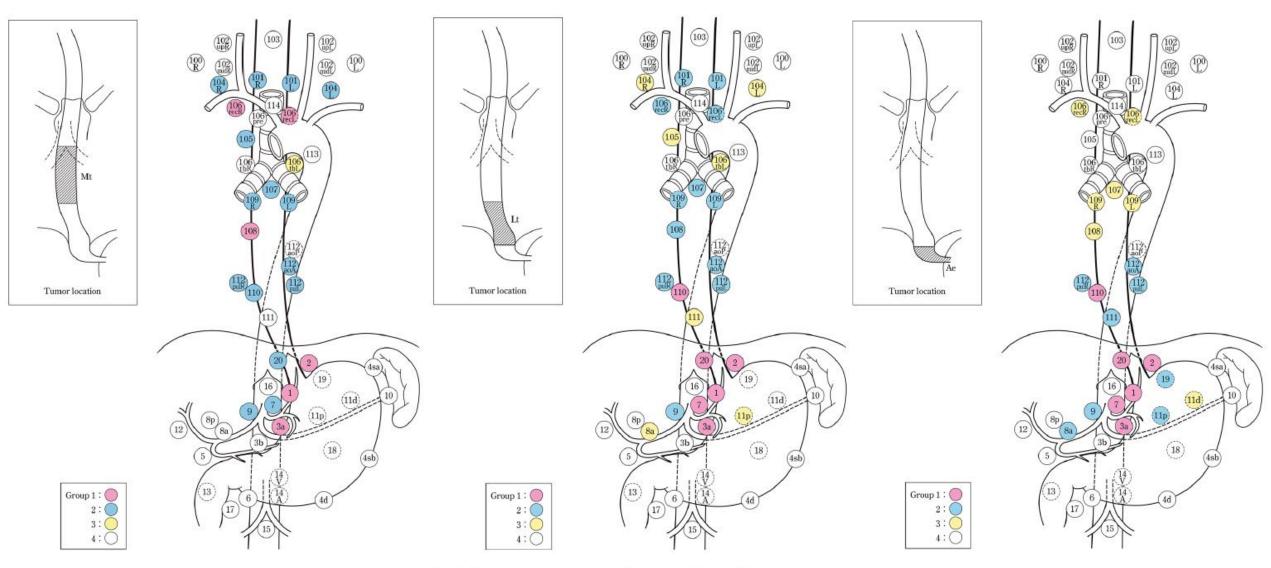


Fig. 1-10 Lymph node groups for tumors located in Mt

Fig. 1-11 Lymph node groups for tumors located in Lt

ig. 1-12 Lymph node groups for tumors located in Ae (EG)

#### Thanks for Attention