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Editorial

Christmas is around the corner and so let me begin by wishing all of you a “Merry Christmas”. It is time of joy and of celebration.

Yet in the midst of this merry making we should not forget to bring a birthday gift. The greatest gift you can give baby Jesus, is a gift that every one of us can give, whether we are rich or poor, healthy or sick. The gift of our self! Let us this Christmas surrender ourselves to Him. Let us crab us with a big red bow and gifting our lives to Him, sing “Happy Birthday! Merry Christmas”!

All our well-wishers will be happy to know that Jeevodaya has been honored by the confederation of Tamil Nadu Malayalee Association for our service to the suffering cancer patients. We hope with your help to continue serving the sick to the utmost limit of our capacity.

– Sr. Lalitha Teresa FCC
Chief Editor

A word of sympathy is comforting but nothing more

A word of sympathy is comforting but when it is turned into action, it becomes caring and other centered then self-centered life. Jeevodaya is an example of this. By their action, the ailing and sick are not only comforted, but getting love and care, they start grow in faith and there it is amazing.

If we trace the theme of caring to its source, we will find it begins in the heart of the Father Almighty himself. God loved the world so much that he sent his one and only son into the world that we might live through him. Our God is a caring God. He has by an act of amazing love entered into our world, worn our flesh, measured its frailty and knows exactly how we feel. So if God is love then we should be sensitive to the needs of everyone, even our enemies, to become more caring, more other-centered than self-centered.

In Bible its Timothy Chapter 6 words 17 to 21 says those who are rich in this present world should not be arrogant or put their hope in wealth, which is so uncertain, but put their hope in God, who richly provides us with everything for our enjoyment. God commands us to do good to be rich in good deeds, and to be generous and willing to share. In this way we will lay up treasure for ourselves.

Good demonstrates His love for us by dying for the ungodly, while we are still sinners. Christ loved us and gave himself up for us a fragrant offering and sacrifice to God. We are God’s workmanship, created to do good works, to live a life worthy of the calling. We must be completely humble, gentle and patient, bearing with one another in love; we must live a life of love.

Although there is a great amount of caring in the world, much of it is care for one’s own family, own religion or one’s own circle of friends but what we need is unlimited caring. We should care not only our own but care for everyone irrespective of their class, creed or religion.

The most challenging word of our Lord is to love your enemies. If we are able to, then we have God’s love.

God is generous towards everyone, whether they are rich or poor, saints or sinners. When we begin to see everything through his generous eyes, then we will be able to be generous in loving and caring for others. When our eye is generous then our whole personality is illuminated. It is clear that when we are generous with others, we ourselves are blessed. We must not be generous in order that we might gain a blessing but, because it is the right thing to do.

As Christmas is nearing everyone are in festive mood but let us celebrate Christmas with meaning. God sent his only son to the world to save us and gave a new life though Him. His birth in this world, we celebrate as Christmas. So let us also be generous, loving and caring for our society.

Wishing everybody a Happy & Merry Christmas.

Blessed is the name of our Lord.

– Lueiza Balaram

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Cancer of the Oesophagus

The esophagus is the first part of our digestive system. The esophagus extends from the throat to the abdomen and is situated in the chest behind the sternum. It is a hollow tube that carries food and liquids from the throat to the stomach. When a person swallows, the muscular walls of the esophagus contract to push food down into the stomach. It thus acts as a conduit for the passage of food from the throat to the stomach. Glands in the lining of the esophagus produce mucus, which keeps the passageway moist and makes swallowing easier. The esophagus is located just behind the trachea (windpipe) and is close to the heart and the aorta. In an adult, the esophagus is about 10 inches long.

Cancer can occur in any part of the length of the tube. Cancer of the upper and middle parts of the esophagus are of a different variety *Squamous cell carcinoma* and the cancer of the lower part is *Adeno carcinoma*.

What are the risk factors?

The exact causes of cancer of the esophagus are not known. However, studies show that any of the following factors can increase the risk of developing esophageal cancer:

Age : Esophageal cancer is more likely to occur, as people get older; most people who develop esophageal cancer are over age 60.

Sex : Cancer of the esophagus is more common in men than in women.

Tobacco Use : Smoking cigarettes or chewing tobacco is one of the major risk factors for esophageal cancer.

Alcohol Use : Chronic and /or heavy use of alcohol is another major risk factor for esophageal cancer. People who use both alcohol and tobacco have an especially high risk of esophageal cancer. Scientists believe that these substances increase each other's harmful effects.

Dietary carcinogens : Zinc, nitrates and nitrosamines when present in food in high quantities, increase the risk of cancer. Food contaminated with the fungi *Gotrichum*, *Fusarium* and use of utensils, which concentrate the chemical named above, may also contribute to the development of cancer of the esophagus.

Barrett's Esophagus : Long-term irritation can increase the risk of esophageal cancer. Tissues at the lower end of the esophagus can become irritated if stomach acid frequently "backup" into the esophagus – a problem called gastric reflux. Over time, cells in the irritated part of the esophagus may change and begin to resemble the cells that line the stomach. This condition, known as Barrett's *esophagus*, is a premalignant condition that may develop into adenocarcinoma of the esophagus.

Other Types of Irritation : Other causes of significant irritation or damage to the lining of the esophagus, such as swallowing lye or other caustic substances, can increase the risk of developing esophageal cancer.

Medial History : Patients who have had other head and neck cancers have an increase chance of developing second cancer in the head and neck area, including esophageal cancer.

Predisposing Conditions of the esophagus like achlasia cardia, webs, can lead to esophageal cancer.

Though all people with risk factors do not develop cancer and all those who develop do not have risk factors, identifying factors that increase a person's chances of developing esophageal cancer is the first step toward preventing the disease. We already know that

the best ways to prevent this type of cancer are to quit (or never start) smoking cigarettes or using smokeless tobacco and to drink alcohol only in moderation. Increasing one's intake of fruits and vegetables, especially raw ones, and cancer protective vitamins A and C may reduce the risk of this disease.

Early esophageal cancer does not cause symptoms. However, as the cancer grows symptoms may include:

- **Difficulty in swallowing**—which is the major symptoms. This is called dysphagia. Initially one has difficulty for solid food which then gradually progresses for liquids also
- **Vomiting**—usually regurgitation of swallowed food which accumulates in the blocked esophagus.
- **Severe weight loss.**
- **Pain** in the throat or back, behind the breastbone or between the shoulder blades may occur when the cancer infiltrates the adjacent nerves
- **Hoarseness or chronic cough** due to aspiration and nerve involvement
- **Coughing up blood**

These symptoms may be caused by esophageal cancer or by other conditions. It is important to check with a doctor.

Investigation for Esophageal cancer

When cancer is suspected, investigations are carried out with the aim of

- 1) To confirm the presence of the disease
- 2) To assess the extent of spread of cancer and
- 3) To assess the fitness of the patient for treatment—surgery, radiotherapy or chemotherapy.

Smoking cigarettes or chewing tobacco is one of the major risk factors for esophageal cancer.

To confirm the presence of the disease, 2 main tests are done.

***Esophagoscopy** (also called Upper GI *endoscopy*) is an examination of the inside of the esophagus using a thin lighted tube called an *endoscope*. It helps in finding out whether there is growth arising from the lining of the esophagus and if so how much it is obstructing the lumen. The major advantage of endoscopy is that if an abnormal area is found, the doctor can collect cells and tissue through the endoscope for examination under a microscope. This is called a *biopsy*. A Biopsy can show cancer, tissue changes that may lead to cancer, or other conditions. Biopsy with confirmation of malignant cells under the microscope in the tissue sampled is the most definitive way of confirming the malignancy.

A **barium swallow** (also called an esophagram) is a series of x-rays of the esophagus. The patient drinks a liquid containing barium, which coats the inside of the esophagus. The barium makes any changes in the shape of the esophagus show up on the x-rays. It helps to confirm the presence of a lesion, its exact site in the esophagus and the length of the esophagus involved by the lesion. As one cannot get a biopsy by this method, once a lesion is detected by this method, it is followed up with an endoscopy for biopsy.

Once the presence of a malignancy is confirmed, tests are done to assess the extent of the disease- both locally in the area to assess infiltration, and in the rest of the body to detect metastasis. This helps one determine the STAGE of the disease in the patient (written as stage 1 to 4 or as T, N and M for the extent of the tumor, nodal spread and distant metastasis.) The stage helps one to determine the modality of treatment possible and also the prognosis and survival.

Some tests used to determine whether the cancer has spread include.

- CAT (or CT scan) Computed topography). This helps one to assess the extent of tumour spread locally and to the adjacent nodes. One can find out whether the disease is localized only to the esophagus or has spread to the adjacent organs like the trachea, heart and lung, which might make the cancer not amenable to surgical intervention.
- Ultrasound. Helps to detect the spread to the lungs.
- X-ray chest. Helps to assess spread to the lungs
- Bone Scan. This technique, which creates images of bones on a computer screen or on film, can show whether cancer has spread to the bones.

Once the stage of the disease has been accurately established, investigations are done to assess the fitness of the patient for treatment. These tests include routine

- Blood investigations Hemoglobin, blood sugar, blood sugar, blood urea and creatinine for renal function, liver function tests),
- Pulmonary function tests to assess lung function
- ECG and echocardiogram to assess heart function and
- Serum proteins to assess the nutritional status of the patient

As surgical intervention involves a major operation carrying an inherent morbidity and mortality, is advisable to assess the condition of the patient and his ability to withstand a major surgical procedure.

Treatment

The main modalities of treatment available for esophageal cancer are surgery, radiotherapy and chemotherapy. The treatment of cancer

is now often multimodal, i.e., involving a combination of more than one mode of treatment. Many different treatments and combination of treatments may be used to control the cancer and/or to improve the patient's quality of life by reducing symptoms. Treatment for esophageal cancer depends on a number of factors, including the size, location, and extent of the tumor, and the general health of the patient. Taking the above factors into consideration, a decision is made as to whether the treatment is going to be

Curative—i.e. the treatment modalities adopted are likely to cure the patient of the

disease. Curatives treatment is possible for early stage cancers, which have not spread to the adjacent organs and have only a limited spread to the lymph nodes. Presence of spread to other parts of the body (metastasis) or advanced local disease with infiltration of the adjacent organs rules out the possibility of curative treatment.

Palliative—When cure is not possible due to the advanced nature of the disease, one attempt to keep the patient comfortable by treating the symptoms, which are troubling. Though an attempt may be made to control the growth of the disease this is unlikely to result in a cure. Such treatment undertaken to control the disease and symptoms so that the patient can be comfortable is called palliative treatment.

- Surgery is the most common treatment for esophageal cancer. Usually, the surgeon removes the tumor along with all or a portion of the esophagus, nearby lymph nodes, and other tissue in the area. An operation to remove the esophagus is called an esophagectomy. The surgeon connects the remaining healthy part of the esophagus to the stomach so the patient is still able to swallow. Sometimes surgery is done after other treatment (radiotherapy or chemotherapy) is finished. Surgery is usually attempted only when a curative treatment is possible. It can be done

Surgery is the most common treatment for esophageal cancer

either through the abdomen alone or through the abdomen and chest. Surgery is usually done for tumors in the lower third of the esophagus

The prognosis of incurable or untreated Oesophageal cancer is poor

- **Radiation therapy**, also called radiotherapy, involves the use of high—energy rays to kill cancer cells. Radiation therapy affects cancer cells in the treated area only. The radiation may come from a machine outside the body (external radiation) or from radioactive materials placed in or near the tumor (internal radiation). Radiation therapy may be used alone or combined with chemotherapy as primary treatment instead of surgery, especially if the size or location of the tumor would make an operation difficult. Doctors may combine radiation therapy with chemotherapy to shrink the tumor before surgery (preoperative radiotherapy) or give it after surgery to kill any cancer cells that may have been left behind (postoperative radiotherapy) Even if the tumor cannot be removed by surgery or destroyed entirely by radiation therapy, radiation therapy can be used as a palliative treatment to help relieve pain and make swallowing easier. Radiation can be given for tumors at any site but is the preferred modality for tumors in the upper third and the middle third of the esophagus.
- **Chemotherapy** is the use of anticancer drugs to kill cancer cells. The anticancer drugs used to treat esophageal cancer travel through out the body. Anticancer drugs used to treat esophageal cancer are usually given by injection into a vein (IV). Chemotherapy may be combined with radiation therapy as primary treatment (instead of surgery) or to shrink the tumor before surgery. As the drug is carried by the blood all over the body, it helps in killing cells not only at the site of the cancer, but also cancer cells that may have metastasized.
- **Laser therapy** is the use of high-intensity light to destroy tumor cells. Laser therapy affects the cells only in the treated area. The doctor may use laser therapy to destroy cancerous tissue and relieve a blockage in the esophagus when the cancer cannot be removed by surgery. The relief of a blockage can help to reduce symptoms, especially swallowing problems and hence is a useful palliative treatment. The tumour cells may however grow back to occlude the lumen again. This is prevented by the placement of the stent on the obstruction that has been relieved
- **Photodynamic therapy (PDT)**, a type of laser therapy, involves the use of drugs that are absorbed by cancer cells; when exposed to a special light, the drugs become active and destroy the cancer cells. The doctor may use PDT to relieve symptoms of esophageal cancer such as difficulty swallowing.
- **Stenting**, in this a plastic or a metal tube is placed across the tumour at the site of the obstruction to enable the free passage of food across the tumour site. This is usually combined with laser

therapy. Both laser and stenting can be done through an endoscope's without the need for a surgery. They are however forms of palliative treatment as the tumour will continue to grow.

The prognosis of incurable or untreated Oesophageal cancer is poor. In very early stages, 5 year survival of 30 – 40 % have been obtained but this drops dramatically once the disease is more advanced.

Since a definitive causative factor is not known for both diseases, preventive measures are difficult to enforce. Mainstay of improving outcome in both these diseases therefore remains one of early detection and treatment.

– **Dr. Sandeep Murali** M.S. DNB FRCS (EDIN)



*Wish you
Happy Christmas
&
Prosperous New Year*

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