ESOPHAGEAL CANCER BY THE NUMBERS

ESOPHAGEAL CANCER IS THE 7TH MOST COMMON CANCER TYPE AND THE 6TH MOST COMMON CAUSE OF CANCER-RELATED DEATHS AROUND THE WORLD, DISPROPORTIONATELY IMPACTING ASIA.

WHAT IS ESOPHAGEAL CANCER?

ESOPHAGEAL CANCER OCCURS WHEN TUMORS FORM IN THE TISSUES OF THE ESOPHAGUS, WHICH IS A MUSCULAR TUBE THAT MOVES FOOD AND LIQUIDS FROM THE THROAT TO THE STOMACH FOR DIGESTION.

MEN ARE MORE THAN TWICE AS LIKELY AS WOMEN TO BE DIAGNOSED WITH ESOPHAGEAL CANCER

MEDIAN AGE

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<th>At Diagnosis</th>
<th>At Death</th>
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COMMON ESOPHAGEAL CANCER RISK FACTORS

RISK FACTORS FOR ESOPHAGEAL CANCER MAY BE BEHAVIORAL, RELATED TO PRE-EXISTING CONDITIONS OR GENETIC. COMMON RISK FACTORS INCLUDE:

- OBESITY
- ALCOHOL
- TOBACCO USE
- DIET
- BARRETT’S ESOPHAGUS
- GASTROESOPHAGEAL REFLUX DISEASE
- GENETICS

SIGNS & SYMPTOMS

MANY ESOPHAGEAL CANCERS MAY NOT CAUSE SYMPTOMS UNTIL THEY HAVE REACHED AN ADVANCED STAGE. SYMPTOMS MAY ALSO BE MISTAKEN FOR CONDITIONS UNRELATED TO CANCER.

- UNINTENDED WEIGHT LOSS
- WEAKNESS DUE TO ANEMIA (FROM BLOOD LOSS)
- CHEST PAIN IN THE ABSENCE OF HEART DISEASE
- DIFFICULTY SWALLOWING SOLID FOODS
- HEARTBURN OR INDIGESTION
- COUGHING OR HOARSENESS

TREATMENT OPTIONS

THE MAIN OPTIONS FOR TREATMENT OF ESOPHAGEAL CANCER INCLUDE:

- SURGERY
- RADIATION THERAPY
- CHEMOTHERAPY
- TARGETED THERAPY
- ENDOSCOPIC TREATMENTS

CANCER TYPES & INCIDENCE

THE TWO MOST COMMON TYPES OF ESOPHAGEAL CANCERS ARE SQUAMOUS CELL CARCINOMA (ESCC) AND ADENOCARCINOMA (EAC).

EAC: EAC BEGINS IN THE CELLS OF THE MUCUS-SECRETING GLANDS IN THE ESOPHAGUS, TYPICALLY NEAR THE STOMACH.

ESCC: ESCC TUMORS GENERALLY FORM IN THE FLAT SQUAMOUS CELLS TYPICALLY LINING THE UPPER AND MIDDLE PARTS OF THE ESOPHAGUS.

APPROXIMATELY 90% OF ESOPHAGEAL CANCER PATIENTS HAVE ESCC. APPROXIMATELY 10% HAVE EAC.

ASIA ACCOUNTS FOR ABOUT 80% OF ALL ESOPHAGEAL CANCER PATIENTS WITH CHINA ACCOUNTING FOR OVER 50% OF THE GLOBAL PATIENT POPULATION.

ESOPHAGEAL CANCER CAUSES AN ESTIMATED 509,000 DEATHS ANNUALLY. THE 5-YEAR SURVIVAL RATES FOR ESOPHAGEAL CANCER VARY GREATLY DEPENDING ON THE STAGE AND TYPE:

- ~45% LOCALIZED (CONFINED TO PRIMARY SITE)
- ~24% REGIONAL (SPREAD TO REGIONAL LYMPH NODES)
- ~5% DISTANT (CANCER HAS METASTASIZED)

*U.S. survival rates

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