The management of esophageal cancer patients with dysphagia presents many unique problems. Patients may already have malnutrition secondary to their catabolic state from malignancy and then patients with esophageal cancer also have further weight loss caused by malignant dysphagia from their obstructing tumor.

Locally advanced cancer is extremely common at the time of presentation (Figure 2-1). The decision of which patients receive preoperative (neoadjuvant) therapy is somewhat dependent on the institution at which they receive treatment; however, most patients with locally advanced disease will receive neoadjuvant chemotherapy and radiation. The timeframe of neoadjuvant therapy typically lasts 2 to 3 months, creating a significant amount of time in which patients with malignant dysphagia will need supplemental nutritional support in an attempt to arrest or reverse weight loss. Options for nutrition include nasoenteric feeding tubes, percutaneous gastrostomy or jejunostomy tubes, total parenteral nutrition (TPN), or oral feeding assisted by placement of an esophageal stent.

The use of nutritional support during the neoadjuvant timeframe is important in improving postsurgical outcomes. Numerous studies have demonstrated that malnourished patients are more likely to have perioperative complications and poor outcomes.\textsuperscript{1-3} Nutritional support is particularly important during the neoadjuvant period since patients may develop radiation-induced dysphagia, which can further worsen their difficulty with swallowing and further impede oral intake.

This chapter will provide an overall review of treatments for patients with malignant dysphagia in the preoperative setting with an emphasis on the role of self-expanding stents.