



**AAVBC**

AMERICAN ACADEMY OF VALUE BASED CARE

# **Esophageal Cancer**

## **Quick Reference Guide**

2026

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# 1 CLINICAL SNAPSHOT

**Definition:** Esophageal cancer is an epithelial malignancy of the esophagus comprising **two distinct histologic entities** — **esophageal squamous cell carcinoma (ESCC)** and **esophageal adenocarcinoma (EAC)** — that share an anatomic site but differ in risk factors, location, staging criteria, and treatment.<sup>1</sup> EAC predominates in the United States and arises in the **distal esophagus and gastroesophageal junction (GEJ)** from Barrett's esophagus driven by chronic GERD, obesity, male sex, and age >50.<sup>1</sup> ESCC arises in the **upper and middle esophagus** and is driven by tobacco, alcohol (synergistic), and prior head/neck squamous cell carcinoma.<sup>1</sup> The AJCC 8th Edition uses separate stage groupings for ESCC and EAC because survival patterns diverge by histology.<sup>2</sup>

## ICD-10 Codes:

Primary tumor: **C15.3** (upper third, ESCC predominates), **C15.4** (middle third, ESCC predominates; airway invasion risk), **C15.5** (lower third, EAC predominates; biomarker testing drives treatment), **C15.8** (overlapping subsites — assign when the tumor spans two thirds), **C15.9** (unspecified — avoid when endoscopy specifies location). Precursor lesions: **K22.70** (Barrett's esophagus without dysplasia), **K22.710** (Barrett's with low-grade dysplasia), **K22.711** (Barrett's with high-grade dysplasia). Metastatic sites are coded separately: **C78.7** (liver), **C78.89** (other digestive), **C78.00** (lung), **C79.51** (bone), **C79.31** (brain).<sup>3</sup>

**Prevalence and Burden:** An estimated **22,530 new cases and 16,290 deaths** are projected in the United States in 2026, with a mean age at diagnosis of 69 years and a **5-year relative survival** of approximately **22%**.<sup>4,5</sup> The **late-stage diagnostic pattern** — driven by attribution of dysphagia, heartburn, hoarseness, and mild odynophagia to benign GERD or vocal cord dysfunction— explains the survival gap.<sup>1</sup> Up to **40%** of patients with EAC lack classic GERD symptoms, making dysphagia the dominant alarm symptom that must trigger EGD rather than PPI escalation.<sup>6</sup>

## HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
<b>C15.3-C15.5 (subsite specified)</b>	HCC 20 — Lung and Other Severe Cancers	1.136	Specify anatomic subsite from endoscopy or imaging — location relative to incisors and GEJ should always support C15.3 (upper), C15.4 (middle), or C15.5 (lower)
<b>C15.8 (overlapping sites)</b>	HCC 20 — Lung and Other Severe Cancers	1.136	Tumor spans two or more subsites — assign when documented from imaging; do not default to the subsite with tumor bulk
<b>C15.9 (unspecified — avoid)</b>	HCC 20 — Lung and Other Severe Cancers	1.136	TRAP: Endoscopy reports almost always specify location relative to incisors and GEJ — use C15.3/C15.4/C15.5 whenever location is documented

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