

Distant Oncologic Outcome of Patients with Locally Advanced Unresectable and Metastatic Esophageal Cancer after Multimodality Treatment

Rodica Anghel^{1,2}, Silviu Constantinoiu^{2,3}, Xenia Bacinschi^{1,2}, Laurentia Gales^{1,2}, Radu-Valeriu Toma^{1,2}, Oana Trifanescu^{1,2}

¹Prof. Dr. Al. Trestioreanu Institute of Oncology Bucharest, Romania

²Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

³General and Esophageal Surgery Clinic, Center of Excellence in Esophageal Surgery, Sf. Maria Clinical Hospital, Bucharest, Romania

Abstract

Background: Combined modality therapy has been employed for the treatment of choice for locally advanced esophageal and eso-gastric junction cancers all around the globe but a unanimous consensus is missing.

Methods: Medical files of 132 patients with confirmed locally advanced un-resectable, and metastatic esophageal cancer who presented to our center between 2010-2015 were retrospectively reviewed. Multimodality treatment consisting of chemo-radiotherapy or chemotherapy or radiotherapy alone and surgery in patients who convert to operability was planned according to tumor extend and performance status of the patient.

Results: Seventy seven percent of the patient presented with squamous carcinoma and 23 % were adenocarcinoma. At the diagnosis 22 patients (16.6%) were stage IV. Concurrent chemo-radiotherapy was administered in 26 patients (19.7%), chemotherapy in 91 patients (68.9%), radiotherapy in 83 patients (62.9%). After combined treatment, surgery with radical intent was possible in 21 patients (15.9%). After a follow up of 17.3 months, overall survival (OS) was 12 months, with one and two-year survival rate of 49.2% and 17.4%. In metastatic patients OS was 10 months. Patients who were converted to operability had a OS of 20 months vs. 10 months in patients who doesn't undergo surgery (p=0.002). Chemo-radiotherapy was superior in terms of OS compare with chemotherapy or radiotherapy administered sequential (17 vs. 10 months, p=0.013).

Conclusions: Multimodality treatment in locally advanced esophageal cancers (concurrent radio-chemotherapy followed by surgery) can be considered superior to each method as single therapy and radiotherapy and chemotherapy can make certain locally advanced esophageal tumors resectable.

Key words: esophageal cancer, radiotherapy, chemotherapy, surgery, multimodal treatment