Impact of Neoadjuvant Chemoradiation in Early Stage Esophageal and Gastroesophageal Junction Adenocarcinoma

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Background

Esophageal carcinoma presents a therapeutic challenge due to persistent late-stage presentation, requiring multimodal management. Current standard of care includes neoadjuvant chemoradiation on patients with T2, or T3 disease in order to improve survival outomes. Data has challenged that notion presented associated with R0 resection, yet no long term improvement in mortality and increased association with perioperative complications. Therefore, we hypothesize that the use of neoadjuvant radiotherapy will not provide survival benefits nor significant difference in general outcomes of esophageal cancer patients.

Materials and Methods

A retrospective cohort study based on the use of neoadjuvant radiotherapy in patients with esophageal carcinoma at Puerto Rico's major surgical oncology referral center. for EAC. Baseline characteristics and outcomes to be compared using Chi Square and survival analysis.

Results

Patients who received radiation were statistically older (mean 69 y/o) when compared to patients who did not receive it (mean 63.77). Mean length of stay was 13 days for neoadkivant chemotherapy days and 11 days for the group who did not receive it. Early mortality did not display major differences. Rates of perioperative complications also had a p value of 0.67 hence no statistically significant difference could be concluded. Further results to be presented at the meeting, including long term mortality and preoperative and postoperative tumor staging to be discussed at the meeting.

Conclusions

We have no significant difference in terms or perioperative complications, hospital length of stay, surgical complications and early complications when comparing the use of neoadjuvant radiotherapy in esophageal carcinoma patients. We recommend further prospective trials to further characterize outcomes and update current standards of care.