Locally Advanced Esophageal Adenocarcinoma – Example Clinical Scenarios

In a patient with a large bulky tumor that extends more proximally, one would consider preoperative chemoradiotherapy in order to increase the likelihood of a complete surgical resection. For example, a patient who has been staged using CT and EUS and diagnosed with a large T3, node-positive esophageal adenocarcinoma located in the distal esophagus from 32 cm to 42 cm from the incisors (Siewert Type 1; tumor center located 1 cm to 5 cm above the gastroesophageal junction), for whom a transthoracic (i.e. incisions via abdomen and chest with or without neck incision) esophagectomy is planned might have an increased risk of positive surgical margins because of the larger size and location of the tumor. In this scenario, preoperative chemoradiation would be preferred.

By contrast, in a patient with a relatively smaller tumor located at the gastroesophageal junction without significant proximal extension, where complete surgical resection is more feasible, the addition of radiotherapy may offer less benefit to complete surgical resection; perioperative chemotherapy (without radiation) is more likely to be the preferred option.

Notes:

1. In a meta-analysis comparing differing surgical approaches among patients with distal esophagus and gastroesophageal junction tumors (Siewert 1-2) in the setting of surgery alone, the number of retrieved lymph nodes was found to be significantly lower with a transhiatal approach compared to transthoracic. In the CROSS RCT of preoperative chemoradiotherapy compared to surgery alone, in which 45% underwent a transhiatal resection, the total number of resected lymph nodes was positively associated with overall survival in the surgery alone group but not in the preoperative chemoradiotherapy group. While this topic is controversial—with a transhiatal approach, which implies a less extensive lymphadenectomy—chemoradiotherapy is preferred over perioperative chemotherapy.

2. This recommendation may be altered in future based on the results of the ongoing trials, including the ESOPEC study of perioperative chemotherapy (FLOT regimen) compared to preoperative chemoradiotherapy (CROSS regimen) and the NeoAEGIS trial of chemotherapy (FLOT or MAGIC regimen) and surgery compared to chemoradiation and surgery (CROSS regimen).

Locally Advanced Esophageal Squamous Cell Carcinoma – Example Clinical Scenarios

For a patient with SCC who is surgically fit and willing to have surgery, and where the tumor is not in close proximity to the larynx, the Expert Panel would consider chemoradiotherapy followed by surgery to be the preferred option with high likelihood of recovering well after surgery. By contrast, for a patient with a higher burden of comorbidities who is less likely to tolerate surgery and/or has a less favorable tumor location, definitive chemoradiotherapy without surgery immediately following neoadjuvant therapy may be preferred; where there is persistent or recurrent disease after chemoradiotherapy, the option of surgery should be considered.
References


