

[11, 12, 13]. The latest metaanalysis of Sjoquist from 2011 about 2062 patients from these 10 studies showed a significant improvement of the 2 year overall survival of 5.1% after neoadjuvant CTX compared to surgery alone [14]. For patients with AC the difference was significant (Hazard ratio (HR) 0.83) whereas for those with SCC it was not (HR 0.95). As for neoadjuvant RTX/CTX the metaanalysis of Sjoquist is based on 1932 patients with AC or SCC from 13 randomized trials [14–19]. The 2-year overall survival benefit was 8.7% according to a reduction of overall mortality of 0.78 in favour of induction therapy compared to surgery alone. The improvement of survival was about the same for AC or SCC.

Summary: In summary the current data show that after neoadjuvant therapy of oesophageal cancer compared to surgery alone (1) the R0-resection is higher, (2) the perioperative mortality is slightly higher, (3) the overall 2 year survival rate is improved by 5%–8% with slight advantage for RTX/CTX compared to CTX, (4) The real benefit is achieved in the group of responders. The best multimodal therapy for advanced squamous cell carcinoma or adenocarcinoma of the oesophagus is neoadjuvant radiochemotherapy followed by transthoracic esophagectomy and radical lymphadenectomy. For adenocarcinoma neoadjuvant chemotherapy followed by radical surgery and adjuvant chemotherapy is a good alternative.

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PG 6.04

SPEAKER ABSTRACT

Biomarkers in the management of oesophageal cancer

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Abstract not available.

Friday, 23 March, 10:30–12:00

Session VI. Multimodal Therapy of GEJ Cancer

PG 7.01

SPEAKER ABSTRACT

When is definite radiochemotherapy the treatment of choice?

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The main goal for investigating multimodal therapy in GEJ cancer was to improve the prognosis, in particular the cure rate of the patients. With this respect it appears most useful to combine all treatment options available, e.g. chemotherapy, radiotherapy, and surgery to optimize treatment results. So, why should we discuss the role of definitive radiochemotherapy (RCT) without surgery? First of all because some of our patients have severe comorbidities which will unacceptably increase postoperative mortality. This risk will increase with the need for transthoracic instead of transhiatal esophagectomy and therefore is more likely in patients with tumors clearly invading the esophagus (type I cancer according to Sievert). However, it is easily spoken and hardly done to properly define inoperability of a patient and the scarce data we have from treatment centers worldwide are somewhat different in their numbers of patients to be excluded from surgery. Second there are always patients who deny surgery because they want to keep their esophagus and stomach preserved. No doubt this will be the most appropriate way to safe life quality, but is RCT a treatment that may also safe life? There are sufficient data from randomized trials to assume this in patients with esophageal squamous cell carcinomas (SCC), whose tumors have regressed after RCT [1,2]. However, randomized studies investigating definitive RCT in adenocarcinomas of the esophagus or EGJ are lacking. From an US Surveillance Epidemiology and End Results analysis [3] including more than 4700 patients treated between 1973 and 2004 we know that the results of definitive or preoperative radio(chemo)therapy are equal or even improved for adenocarcinoma compared to SCC of the esophagus with a 3-year survival rate after definitive radiotherapy of 20% in both histologies. Moreover, a French matched-pair analysis [4] showed that despite clinical complete response to definitive RCT was observed significantly more often in squamous cell carcinomas (70% vs. 46%, $p=0.01$), local recurrence in responders to RCT was significantly less frequent in AC and median overall survival was not different between both histologies. Definitive radiochemotherapy cannot be regarded as a treatment standard in GEJ cancer. However, it is an option for patients who are not operable or who deny surgery. Since randomized data is lacking the curative potency of this treatment is unclear.

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