

OESOPHAGEAL CANCER

Neoadjuvant chemoradiotherapy and surgery superior to surgery alone

Long-term results of a randomized controlled trial on effects of surgery plus chemoradiotherapy versus surgery alone in patients with oesophageal cancer have confirmed the initially reported survival benefit of combined therapy.

Patients ($n=368$) with clinically resectable, locally advanced cancer of the oesophagus or oesophagogastric junction were enrolled to receive either neoadjuvant chemoradiotherapy (intravenous carboplatin or paclitaxel) with concurrent radiotherapy followed by surgery, or surgery alone. Surviving patients were followed up for a median of 84.1 months. In the group of patients who were treated with chemoradiotherapy and surgery, the median overall survival was 48.6 months (95% CI 32.1–65.1), whereas patients who only received surgery had a median overall survival of 24.0 months (95% CI 14.2–33.7; $P=0.003$). Differences between cancer subtypes were also reported. Median

overall survival in patients with squamous cell carcinoma was 81.6 months after combined therapy, compared with 21.1 months when receiving only surgery ($P=0.008$). In patients with adenocarcinomas, it was 43.2 months compared with 27.1 months, respectively ($P=0.038$). In addition, improvements in progression-free survival, locoregional and distant disease control were evident.

The authors of the study propose that neoadjuvant chemoradiotherapy followed by surgery should be considered a standard of care for patients with resectable, locally advanced oesophageal or junctional cancer.

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Original article Shapiro, J. *et al.* Neoadjuvant chemoradiotherapy plus surgery versus surgery alone for oesophageal or junctional cancer (CROSS): long-term results of a randomised controlled trial. *Lancet Oncol.* doi:10.1016/S1470-2045(15)00040-6