THERAPY

ESOPHAGEAL CANCER SURGERY

Surgical resection offers the best prognosis in patients with oesophageal cancer who have achieved a complete clinical response after chemoradiation, report researchers in the *Annals of Surgery*.

Previous work indicates that patients with oesophageal cancer who respond well to chemoradiation can be monitored rather than undergo surgery. Patients who have achieved a complete clinical response seem to have a particularly good prognosis with this strategy. However, the methods to assess clinical response are limited by poor reliability and the risk of false negative findings.

As surgery has historically been the primary treatment for oesophageal cancer, whether these patients should undergo a systemic planned resection or intensive surveillance is debated. “The aim of our work was consequently to compare the oncological outcomes of either surveillance or systemic surgery in patients with complete clinical response after chemoradiation through an intention-to-treat case–control study,” explains author Christophe Mariette (University Hospital Claude Huriez, France).

The study included 222 patients with oesophageal cancer who were fit for surgery and had achieved a complete clinical response following chemoradiation. Response was systematically assessed by endoscopy with biopsies and CT scans, and PET scans were used for some patients. 59 patients then went on to receive surveillance and were matched with 118 patients who underwent surgery.

Patients who just received surveillance were found to have a lower median survival and more frequent disease recurrence that was more likely to be locoregional and occur earlier than in patients who underwent surgery. Surgical resection was independently associated with improved survival and with less recurrence. “In patients of low operative risk and operable disease, surgery should be considered in order to improve control of locoregional disease and to overcome inherent limitations of clinical response assessment,” says Mariette.

The authors conclude that a complete clinical response after chemoradiation is not synonymous with cure in patients with oesophageal cancer. A randomized trial to confirm these results is currently ongoing.

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Original article Piessen, G. *et al.* Is there a role for surgery for patients with a complete clinical response after chemoradiation for esophageal cancer? An intention-to-treat case–control study. *Ann. Surg.* 258, 793–800 (2013)