

# Surgery For Metastatic Esophageal Cancer: Is Long-Term Survival Feasible?



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## Introduction

- Patients presenting with metastatic esophageal cancer have a poor prognosis.
- Generally, surgery is not considered to provide a survival benefit for stage IV esophageal cancer, therefore patients are managed with palliative chemoradiotherapy.
- The role of esophageal resection in select patients with favorable response to definitive chemotherapy has not been defined.
- Our study explores the role of esophagectomy in patients with stage IV disease who have shown marked response to chemotherapy.

## Methods

- Retrospective review of a prospectively-collected database of esophagectomies at a single academic institution (1999-2012)
- Patients identified with metastatic esophageal cancer who underwent esophagectomy following clinical downstaging in response to palliative chemotherapy
- Preoperative evaluation and staging included assessment with a combination of modalities including CT scan, PET/CT scan and/or endoscopic ultrasonography.
- All patients had stage IV disease and radiographic evidence of resolution of their metastatic sites in response to chemotherapy.
- Demographic, clinicopathologic, and perioperative characteristics, along with long-term outcomes were recorded.
- This study was approved by the Institutional Review Board (IRB) at the University of Miami.

## Results

**Table 1. Demographic characteristics**

Median age (range)	62 years (55-66)
Sex	
Male	5 (100%)
Female	0 (0%)
Histology	
Adenocarcinoma	4 (80%)
Squamous cell carcinoma	1 (20%)
Small cell carcinoma	0 (0%)
Grade	
Well differentiated (G1)	0 (0%)
Moderately differentiated (G2)	1 (20%)
Poorly differentiated (G3)	4 (80%)
Site of Metastasis	
Liver	3 (60%)
Stomach	1 (20%)
Lung	0 (0%)
Brain	0 (0%)
Bone	1 (20%)

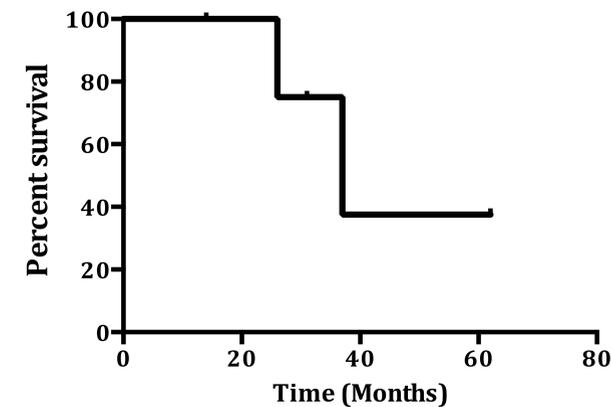
**Table 2. Perioperative details**

Site	
Upper	0 (0%)
Middle	1 (20%)
Distal	1 (20%)
GEJ	3 (60%)
Gastric	0 (0%)
Median time: diagnosis to surgery (range)	11 months (2-14 mo.)
Operation	
Transhiatal	5 (100%)
Transthoracic	0 (0%)
Resection	
R0	5 (100%)
R1	0 (0%)
Final Stage	
0	1 (20%)
I	0 (0%)
II	2 (40%)
III	2 (40%)
IV	0 (0%)

## Results

**Table 3. Post-operative outcomes**

Anastomotic leak	1 (20%)
Atrial fibrillation	1 (20%)
Myocardial infarction	0 (0%)
Venous thromboembolism	0 (0%)
30-day mortality	0 (0%)
Pneumonia	0 (0%)
Median length of stay (range)	9 days (7-26 days)
Median follow-up	31 months
Median survival from surgery (range)	37 months (14-62 months)
Median survival from diagnosis (range)	48 months (24-73 months)
Survival	
1 year	5 (100%)
3 year	2 (40%)
5 year	1 (20%)
Recurrence	2 (40%)
Site of recurrence	
Lungs	2 (100%)



Kaplan-Meier curve showing overall survival after esophagectomy. Patients initially presented with stage IV esophageal cancer with solitary metastasis and underwent chemotherapy with radiographic evidence of favorable response. All patients underwent esophagectomy with complete (R0) resection.

## Conclusion

- Advanced esophageal cancer requires individualized and multidisciplinary management.
- In appropriately selected patients with limited metastatic disease and with favorable response to palliative chemotherapy, esophagectomy may result in increased long-term survival.
- Impact of surgery in these cases of stage IV esophageal cancer should be further explored.

## References:

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