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[Esophageal Cancer](#)

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Esophageal Cancer: Retrospective Analysis of a Decade-Long Single-Institution Experience

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Background: Medical records of patients with carcinoma of the esophagus who received various forms of therapies at our institution, including radiation treatment and chemotherapy with/without surgery, were retrospectively reviewed to examine the outcomes and effects of concomitant multi-modality treatment as well as survival benefits experienced at a single institution over the past decade.

Study Method: All records of esophageal cancer patients seen and treated at this institution over the past decade were analyzed to assess the predictability of outcomes based on treatment administered. *Radiation Therapy:* Patients received an average dose of 4500 cGy (range, 3000 – 5400 cGy) to the tumor bed using conformal radiation therapy technique with megavoltage radiation therapy machine. *Chemotherapy:* Patients received systemic concurrent chemotherapy with a multi-drug regimen of 5-fluorouracil, cisplatin, and etoposide, along with radiation therapy. *Surgical Therapy:* Patients were re-staged following completion of concurrent chemoradiotherapy to determine feasibility of surgical treatment. Appropriate surgical candidates underwent surgery and received neoadjuvant combined chemoradiotherapy.

Results: The incidence of esophageal cancer at this institution tends to be gradually increasing, at a rate of almost 25% in a decade (7-8 cases vs. 9-10 cases/year in early vs. recent years of the decade). Compared to the early part of the decade, the age of patients now tend to be older (60 – 80 years old). The distribution of histologic types also showed a remarkable shift: squamous type was more prevalent than adenocarcinoma in the early part of the decade, whereas adenocarcinoma histology is more common in recent years. There appears no significant difference in survivals between squamous cell and adenocarcinoma histology. Patient age was not a significant prognostic factor. Data from this study also confirmed higher response rates to combined chemoradiotherapy than to radiation therapy alone.

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However, it is difficult to make definitive conclusions on the role of surgery in this small retrospective study.

Conclusion: This retrospective study revealed interesting findings: esophageal cancers are being seen in more older patients as compared with previous years and the major histologic type is now adenocarcinoma (70-80%). In addition, combined chemoradiotherapy prolongs survival compared with radiotherapy alone in patients with esophageal cancer. However, the positive role of surgery in multi-modality therapy cannot be confirmed in this study. Further details will be discussed.