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[Esophageal Cancer](#)

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In Patients with Clinical T2N0M0 Esophageal Cancer, Surgery First or Preoperative Chemoradiotherapy?

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Background: Esophageal cancer (EC) is an aggressive neoplasm and a major cause of cancer-related deaths worldwide. Whether the optimal treatment strategy for patients with cT2N0M0 cancer is surgery alone or preoperative chemoradiotherapy (pre-op CRT) with surgery has yet to be determined. We retrospectively reviewed our experience to analyze the differences with the two approaches.

Methods: We reviewed the records of 272 consecutive cT2N0M0-EC patients. Of these, 186 patients (68.4%) underwent surgery first and 86 (31.6%) received pre-op CRT. Kaplan-Meier and log-rank survival analyses were performed in these groups for overall survival (OS) and time to recurrence (TTR); furthermore, traditional clinical-pathologic parameters were correlated. Estimation of clinical staging inaccuracies was also performed in the group of patients that received surgery alone.

Results: Patients receiving pre-op CRT had superior OS and TTR compared with the group that had surgery alone (Table 1). In univariate Cox regression analysis for OS, pre-op CRT ($P = .006$, $HR = 0.620: 0.441-0.872$), body mass index (BMI) ≥ 25 ($P = .003$; $HR = 0.434: 0.248-0.757$), lower tumor location ($P = .002$; $HR = 0.624: 0.46-0.845$), and smoking history ($P = .013$; $HR = 0.681: 0.504-0.922$) were favorable prognostic factors. Older age ($P = .012$; $HR = 1.020: 1.004-1.036$), number of involved nodes ($P = 0$; $HR=1.158: 1.111-1.208$), squamous histology ($P = .004$; $HR=1.547: 1.146-2.089$), tumor size > 3 cm ($P = 0$; $HR=3.991: 2.842-5.603$), and poor and undifferentiated grade ($P = .03$; $HR = 1.433: 1.035-1.984$) were negative prognostic factors. Of inaccurately staged cT2N0M0 cancers in the surgery-alone group, regarding T [79% (147/186)]: 25.2% (47/186) were over-staged and 53.8% (100/186) were under-staged; regarding N: 54.3% (101/186) were under-staged; regarding M: 13.4% (25/186) were under-

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staged. Postoperative complications were more frequently associated with pre-op CRT treatment but there was no correlation with increased mortality.

Conclusions: Our data suggest that stage migration is frequent in patients who have cT2N0M0 esophageal cancer and undergo surgery first. The outcome (OS and TTR) is better for patients who receive preoperative chemoradiotherapy.

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Table 1. Median OS and TTR

Median	95% CI	P
OS		
OS _{pre-op CRT} =65.27mo	33.35- 97.18 mo	0.006
OS _{no pre-op} =25.9mo	18.26- 33.53 mo	
TTR		
TTR _{pre-op CRT} =52.87mo	14.34- 91.39 mo	0.006
TTR _{no pre-op} =18.67mo	12.44- 24.89 mo	