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ABSTRACTS

Esophageal Cancer

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Esophageal Cancer: Changing Epidemiology and the Role of Combined Modality Therapy

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Esophageal adenocarcinoma is the most rapidly increasing solid tumor malignancy in the U.S. and Western Europe. The decline in *Helicobacter pylori* infection is one proposed reason for the decline in more distal gastric cancers and increase in GE junction adenocarcinomas. Barrett's esophagus is a premalignant precursor of esophageal cancer in two thirds of patients and is associated with chronic esophageal reflux. A large cancer prevention trial in Barrett's esophagus is ongoing using aspirin and proton pump inhibitors. Because of the poor survival achieved with surgery alone, preoperative chemotherapy and combined chemoradiotherapy have been studied to potentially improve survival. The results with preoperative chemotherapy alone have been inconsistent. Combined preoperative chemotherapy and radiotherapy achieves pathologic complete responses in up to 20% to 40% of patients, and a recent randomized trial comparing preoperative chemotherapy to combined chemoradiotherapy suggested local control and survival improvements for the addition of radiation therapy to chemotherapy. Trials are now evaluating the addition of bevacizumab and cetuximab to combined modality therapy in esophagogastric cancer. Because trastuzumab improves outcome in HER2-positive advanced esophagogastric cancer patients receiving chemotherapy, adjuvant therapy trials adding trastuzumab to preoperative chemotherapy and radiation therapy are in development.