

Postoperative treatment of T3N1 GEJ Cancer after Carboplatin/Paclitaxel/RT: More is Not Better, Observation is Standard

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Preoperative chemotherapy or chemoradiotherapy for adenocarcinoma of the esophagus and GEJ junction is standard therapy. The survival benefits of such therapy, however, are modest and patients who are T3 or node positive after therapy have a poor outcome. Does added chemotherapy, or changing to a different chemotherapy after surgery, improve outcome? Perioperative chemotherapy trials have achieved limited to no survival improvement in esophageal cancer, including the U.S. INT 113 trial, which showed no benefit for adding 5 cycles of cisplatin and 5-FU to surgery. The recent OEO-5 trial from the U.K. failed to show improved survival for extending chemotherapy from 2 to 4 cycles, and there was no benefit for the addition of epirubicin. Trials of adjuvant chemotherapy in gastric cancer also show no benefit for either extending the duration of chemotherapy beyond 3 months, or adding a platinum agent or sequencing a taxane with fluorinated pyrimidine based therapy. The survival benefit and apparent systemic effect of the 5 weeks of carboplatin and paclitaxel combined with radiotherapy on the recent CROSS trial, are strikingly similar to the survival and reduction in distant recurrence achieved by administering more protracted chemotherapy. It appears that the benefit of chemotherapy is limited to a brief exposure, and that more is not better. Novel targeted agents and validated biomarkers to guide systemic therapy are required to move the field forward. Observation alone without additional chemotherapy after preoperative chemoradiotherapy and surgery remains the standard of care.

References

Cunningham D et al. Neoadjuvant chemotherapy for resectable esophageal and junctional adenocarcinoma: results from the U.K. MRC OEO5 trial. *J Clin Oncol* 33: 2015; abs 4002.

Shapiro J et al. Neoadjuvant chemotherapy versus chemoradiotherapy alone for esophageal or junctional cancer (CROSS): long term results of a randomized controlled trial. *Lancet Oncol* 16: 1090; 2015.

Ilson D. Adjuvant treatment for gastric cancer: too much is not enough. *Lancet Oncol* 15: 788; 2014.