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ABSTRACTS

Esophageal Cancer

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Safety of Minimally Invasive Esophagectomy (MIE) After Neoadjuvant Chemoradiotherapy and as Primary Resection at a Non-University Tertiary Care Center (NUTCC)

Amit Khithani, MBBS; Naresh Ahuja, MD; Joshua Barton, MD; John Jay, MD; D. Rohan Jeyarajah, MD
Methodist Dallas Medical Center, Dallas, TX

Introduction: Minimally invasive techniques for esophagectomy have improved patient outcomes while maintaining oncologic principles. Neoadjuvant therapy can provide sufficient tumor downstaging such that more patients are able to undergo R0 resection. The aim of this study was to assess the role of MIE in patients who undergo neoadjuvant therapy at a non-university tertiary care center (NUTCC).

Methods: MIE by combined thoracoscopic and laparoscopic approaches performed cooperatively by two surgeons between September 2005 and August 2008 were reviewed. The patients were studied as two groups, one group that received neoadjuvant chemoradiotherapy (group A) and the other receiving no neoadjuvant therapy (group B). Preoperative, intraoperative, postoperative, and histopathologic data were evaluated.

Results: Thirty one (31) patients underwent minimally invasive esophagectomy for esophageal malignancies. Of these, 58% (18 patients) received neoadjuvant therapy; in the neoadjuvant therapy group, 61% of patients were preoperative stage IIA, 11% were stage IIB, and 28% were stage III. The median operating time was 286 minutes in the neoadjuvant group and 266 minutes in the non-neoadjuvant group. Median estimated blood loss (EBL) in the two groups was 300 mL (range, 100-700 mL) and 263 mL (range, 150-600 mL), respectively. Six (6) patients from the neoadjuvant group and only 2 from the non-neoadjuvant group received intraoperative transfusions. Extension to a mini-celiotomy was required in 2 of the neoadjuvant patients and none of the non-neoadjuvant patients. The median length of hospital stay (LOS) was 12 days (range, 8-22 d) and 11 days (range, 8-54 d) in the two groups, respectively. There was no mortality reported in the series and no evidence of anastomotic leak in either group. The rate of major morbidity was 67% vs. 54% in the neoadjuvant vs. non-neoadjuvant groups. Complete pathologic response

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(CR) on final histopathology was achieved in 6/18 patients (33%) receiving neoadjuvant therapy. Three patients had positive margins, all from the neoadjuvant group.

	Group A	Group B
No. of pts	18 (58%)	13 (42%)
OR time	286	266
EBL (mL)	300	263
Blood Transfusions	6 (33%)	2 (15%)
LOS	12	11
Morbidity	67%	54%
Leak	0	0
Mortality	0	0
CR	6 (33%)	n/a

Conclusions: MIE can be safely performed after neoadjuvant chemoradiotherapy. Pathologic CR can be achieved with a preoperative approach in 33% of patients with esophageal cancer. MIE should be considered as safe as open resection after preoperative treatment.