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Summary

When squamous cell carcinoma crosses the line

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Surgery | Oesophagus | Endoscopy | Digestive Oncology

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The speaker presented a case-based approach to managing locally advanced gastroesophageal junction squamous cell carcinoma, illustrating neoadjuvant chemoradiotherapy followed by Ivor-Lewis esophagectomy and adjuvant immunotherapy based on current evidence.

KEY POINTS

- For a 49-year-old woman with T3 N+ Siewert type 2 squamous cell carcinoma, the speaker followed European guidelines recommending neoadjuvant chemoradiotherapy based on the CROSS trial, which showed improved survival with squamous cell carcinoma benefiting most from this approach.
- The speaker's institution uses a 6-week interval between completion of neoadjuvant treatment and surgery, with restaging PET and endoscopy to assess response; the patient showed good response on imaging.
- The surgical approach was an Ivor-Lewis procedure with two-field lymphadenectomy performed as a hybrid laparoscopic-thoracotomy technique, with discharge typically on postoperative day 10.
- Despite good imaging response, final pathology showed T3 N0 disease with a large residual tumor but no lymph node involvement.
- Based on the CheckMate 577 trial showing improved disease-free survival, the patient received one year of adjuvant nivolumab.
- The speaker's surveillance protocol includes CT scans every 6 months for two years then annually, noting that most recurrences occur in the first two years and that optimal surveillance protocols remain unclear with an ongoing UK trial addressing this question.

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