Beyond the endoscope: Role of surgery and systemic treatment

Minoa Karin Jung

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Surgery | Oesophagus | Endoscopy | Digestive Oncology

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The presentation reviews staging, surgical approaches, and multimodal therapy for oesophageal cancer, emphasizing that neoadjuvant chemo-radiotherapy with adjuvant nivolumab is the new gold standard for squamous cell carcinoma based on the CROSS and CheckMate 577 trials.

KEY POINTS

- The speaker stated that the CROSS trial showed doubling of median overall survival with neoadjuvant chemo-radiotherapy versus surgery alone, with survival above 80% for squamous cell carcinoma in the chemo-radiation group.
- The CheckMate 577 trial demonstrated that adding adjuvant immunotherapy in patients with residual tumour cells after neoadjuvant therapy doubled disease-free survival, leading to guideline updates establishing neoadjuvant chemo-radiotherapy with adjuvant nivolumab as the new gold standard for oesophageal squamous cell cancer.
- Early squamous cell carcinoma has lymph node metastasis risk above 25% starting at SM1 submucosal level per Japanese and German guidelines, which is the threshold for recommending surgery over endoscopic treatment.
- Middle thoracic, lower thoracic, and EGJ junction cancers are treated by Ivor-Lewis transthoracic subtotal esophagectomy in the speaker's institution, while upper thoracic cancers may require McKeown three-field resection with cervical anastomosis.
- Staging workup includes gastroscopy with biopsies, CT scan, endoscopic ultrasound for T and N staging, abdominal ultrasound for liver metastasis, and review by an interdisciplinary tumour board.
- The speaker uses a 28 stapler and two PDS stitches to secure the anastomosis in Ivor-Lewis procedures to minimize leak rate, and notes that cervical anastomosis leaks are less morbid than intrathoracic leaks despite potentially higher leak rates.

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