CLINICAL OUTCOMES OF CHEMOTHERAPY IN HIGH-RISK OESOPHAGEAL CANCER PATIENTS FOLLOWING ENDOSCOPIC SUBMUCOSAL DISSECTION: A COMPARATIVE STUDY WITH CHEMORADIOTHERAPY

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In high-risk oesophageal cancer following non-curative endoscopic submucosal dissection, chemotherapy alone showed superior five-year overall survival (100.0% versus 77.7%), fewer grade 3+ adverse events, and shorter hospital stay compared to chemoradiotherapy in a retrospective comparison of 31 patients.

KEY POINTS

- Among 49 high-risk cases (pT1a-MM with lymphovascular invasion or pT1b-SM), 16 patients received chemotherapy with 5-FU with or without cisplatin and 15 received chemoradiotherapy with 5-FU, cisplatin, and radiotherapy.
- Five-year overall survival was 100.0% in the chemotherapy group versus 77.7% in the chemoradiotherapy group ($p<0.001$), and five-year relapse-free survival was 92.3% versus 84.8% ($p=0.008$).
- Grade 3 or higher adverse events occurred in 4 of 16 chemotherapy patients versus 11 of 15 chemoradiotherapy patients ($p=0.012$), with median hospital stay of 34 versus 48 days ($p<0.001$).
- The groups had no significant differences in baseline patient demographics, tumour characteristics, or pathological factors, though median follow-up differed (6.79 years versus 2.79 years).
- This retrospective study may inform treatment decisions for clinicians managing patients with high-risk superficial oesophageal cancer after non-curative endoscopic resection.

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