# Optimising perioperative treatments: Oncology and surgery

Violaine Randrian

UEG Week Barcelona 2026 | Presentation

October 20, 2026

**The speaker reviewed evolving management strategies for gastroesophageal junction adenocarcinoma, reporting that perioperative durvalumab plus FLOT chemotherapy is the new standard of care based on the Matterhorn trial, while surgical approach and organ-preservation strategies remain areas of active investigation.**

KEY POINTS

- The speaker stated that the Matterhorn trial showed three-year overall survival was significantly higher with durvalumab plus FLOT versus chemotherapy alone, with pathological complete response rates of nearly 20% versus 7%, establishing this regimen as the new standard for perioperative treatment of gastric and gastroesophageal junction cancers.
- The speaker reported that a prior trial comparing FLOT chemotherapy to chemoradiotherapy demonstrated median overall survival of 66 months with FLOT versus 37 months with chemoradiotherapy, with five-year overall survival of 50% versus 38%, establishing perioperative chemotherapy as standard of care.
- The speaker stated that the SANO trial in patients with clinical complete response after chemoradiotherapy showed non-inferior two-year overall survival with active surveillance (74%) versus surgery (71%), suggesting organ preservation may be feasible in selected patients.
- The speaker noted that choice between esophagectomy and extended total gastrectomy for junctional tumors remains surgeon preference, with a European randomized trial comparing these approaches nearing completion of recruitment and results expected within one to two years.
- The speaker emphasized that defining the gastroesophageal junction remains challenging endoscopically when tumors are bulky, though consensus recommends using the distal palisade vessels or proximal gastric folds to define a one-centimeter junctional zone.

– The speaker expressed the opinion that cross chemoradiotherapy may still have a role for patients who cannot tolerate the higher toxicity of intensive chemotherapy regimens.

**VIEW THIS CONTENT ON GUTFLIX**

https://gutflix.eu/search/d/5881adc2-d150-11f1-881e-daaa6dbee0a2

**AI-generated summary**

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.