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Summary

CLINICAL OUTCOMES OF PRIMARY OPERATION AND DELAYED OPERATION AFTER ENDOSCOPIC SUBMUCOSAL DISSECTION FOR SUPERFICIAL CIRCUMFERENTIAL ESOPHAGEAL CANCER; A PROPENSITY-MATCHED ANALYSIS

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Oesophagus

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In propensity-matched cohorts of superficial esophageal cancer patients, delayed esophagectomy after endoscopic submucosal dissection showed lower early complication rates compared to primary esophagectomy, with comparable long-term survival outcomes.

KEY POINTS

- Between 2003 and 2019, 191 patients underwent primary esophagectomy and 65 underwent ESD followed by delayed esophagectomy, with 65 propensity-matched pairs analyzed for outcomes.
- Early complications were significantly lower in the delayed surgery group compared to primary esophagectomy (15.4% versus 47.7%, $p<0.001$), with no 60-day mortality in either group.
- Six-year overall survival was 80% for delayed esophagectomy versus 70% for primary esophagectomy ($p=0.041$), though disease-specific survival (12.5% versus 25%, $p=0.21$) and recurrence-free survival (98% versus 80%, $p=0.06$) showed no statistically significant differences.
- Tumor differentiation and size were independent factors associated with recurrence-free survival in the matched cohort.
- This retrospective comparative study may inform treatment sequencing decisions for patients with superficial esophageal squamous cell carcinoma.

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