

AB106. SOH21AS186. Definitive chemoradiotherapy in esophageal squamous cell carcinoma: surveillance and oncological outcomes

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Background: Multimodal treatment with neoadjuvant chemoradiotherapy followed by surgery remains the gold standard treatment of care in locally advanced or node positive esophageal squamous cell carcinoma (SCC). In those unsuitable for, or decline surgery, definitive chemoradiotherapy (DCRT) represents a viable approach to treatment. The European Society of Medical Oncology (ESMO) describes an intensive 3 monthly endoscopic and radiological follow up post treatment for the first 2 years. Comprehensive surveillance aids identifying those potentially eligible for salvage esophagectomy.

Methods: We analysed our prospectively maintained cancer database from 2014–2019. On identifying the specific cohort of SCC patients who received DCRT, we established data on demographics, surveillance modalities, time to restaging, recurrence and those who proceeded to salvage surgery.

Results: Of the 57 eligible SCC patients, 53% were male with a median age of 69.07 years (range, 35–85 years). Seventy-two percent (n=41) were clinically staged T3 or above with 42.6% (n=24) being node positive. The mean time to full restaging oesophagogastroduodenoscopy (OGD) & Computer tomography of the Thorax, Abdomen and Pelvis (CT TAP) was 4.42 months (standard deviation SD \pm 4.05). Of those who were biopsy negative there was a mean of 1.85 (range, 0–4) endoscopic surveillance procedures in

the subsequent 24 months and 2.4 radiologic surveillance scans (range, 0–5). Median survival between positive and negative restaging biopsies was 15.5 and 29 months respectively. Five patients subsequently underwent salvage esophagectomy during this period.

Conclusions: DCRT remains a useful treatment modality in selective cases of esophageal SCC. The most appropriate surveillance intervals post DCRT in our opinion are yet to be established however the current intensive ESMO guidelines offer us some direction.

Keywords: Chemoradiotherapy; esophageal cancer; oncological outcomes; surveillance; salvage surgery

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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