

IS-8-6

Challenges in esophageal cancer

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Although there has been significant improvement in survival over the past 3 decades, esophageal cancer remains a highly lethal disease.

Squamous cell carcinoma continues to predominate worldwide, whereas adenocarcinoma has increased profoundly in western countries. In the past, they have often been managed as a single entity, it would seem to be appropriate to individualize treatment of these tumors.

Company initiated clinical trials on esophageal cancer are rare in Asia when they are compared to those of western prevalent cancers such as lung, breast, and colon cancer and asian prevalent cancers such as gastric and hepatocellular carcinoma

The paucity of appropriately designed studies to scientifically determine the most effective therapeutic strategy in esophageal cancer fuels an ongoing debate and undermines the potential for achieving consensus.

Surgery has always been considered the most effective way of ensuring both locoregional control and long-term survival for resectable esophageal cancer patients. This potential benefit may be realized only if perioperative mortality is minimized.

Surgery alone or any other single modality fails in most patients, which has led to many oncologists to embrace multimodality approach. Although preoperative chemoradiotherapy remains an attractive approach, superiority of preoperative chemoradiation over surgery alone should continue to be examined in well-designed clinical trials.

While in conducting modality approach to localized advanced esophageal cancer, the problem lies in identifying the patients who are responding to treatment. Biomarker driven clinical researches are necessary to identify responders and nonresponders

Future trials will test different chemotherapy regimens and novel biologic agents to look for more effective regimens. And the assessment of a tumor's molecular biology and the patients's genetics could allow us to develop a model to select optimal therapy. This approach may help pave the way to providing individualized therapy to patients with operable esophageal cancer to reduce morbidity and avoid unnecessary treatment.

Advances in esophageal cancer therapy requires increased additional coordination and collaboration.

IS-8-7

Early salvage surgery after failure of chemoradiation in locally advanced thoracic esophageal cancer. Analysis of the non randomized patients in the phase III trial FFCD 9102: chemoradiation followed by surgery compared with chemoradiation alone

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The FFCD 9102 trial suggested that survival after chemoradiation alone or followed by surgery was similar for patients responding to initial chemoradiation. In the present study, the outcome in non-randomized patients was considered, in order to determine if salvage surgery after real or apparent failure of chemoradiation was beneficial.

Background

For a long time, surgery has been considered the gold standard in the curative treatment of patients with thoracic esophageal cancer. Recent meta-analyse concluded that preoperative chemoradiation was efficient. Concurrently, two randomized trials concluded that for patients with locally advanced squamous cell carcinoma, chemoradiation alone could lead to the same overall survival as surgery preceded by chemoradiation. One of the two studies, the FFCD 9102 trial randomized only patients considered responders to initial chemoradiation, and no data was yet published about clinical non responders.

Methods