

Locally Advanced Esophageal Cancer

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Introduction

I'm Dr Jonathan Salo, a GI Cancer Surgeon in Charlotte, North Carolina.

If you're viewing this video, chances are that you or someone close to you has encountered esophageal cancer and is contemplating treatment.

This video focuses on patients with locally advanced esophageal cancer. This is defined as T3 or Node-positive esophageal cancer.

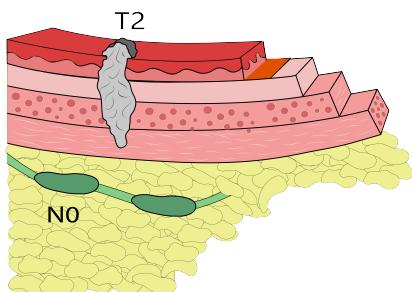
If that terminology is unfamiliar or you haven't seen our video on Esophageal Cancer Treatment Options video, a link is provided in the description.

For a refresher, we have four major categories of esophageal cancers:

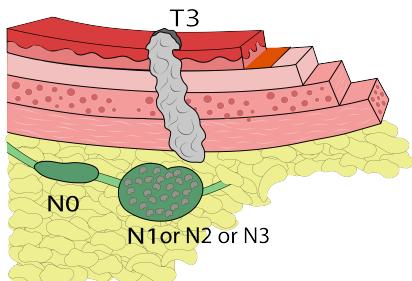
- Superficial -> Treated without surgery
- Localized -> Treated with surgery alone
- Locally Advanced -> Chemotherapy + Radiation -> Surgery
- Metastatic -> Chemotherapy

We're going to focus on two categories: localized and locally advanced

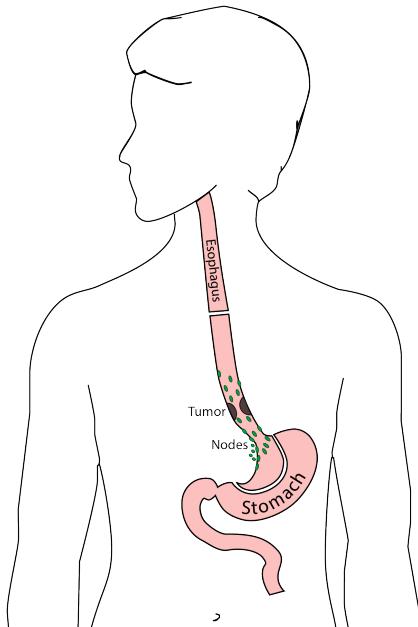
This drawing shows a localized tumor. These tend to be smaller tumors that are less likely to spread to lymph nodes



This shows a locally-advanced tumors which are either T3 or has tumor spread to lymph nodes. These tumors are more likely to spread to lymph nodes.



Esophagectomy removes the tumor and the surrounding lymph nodes. Unfortunately, once tumor cells have spread to the lymph nodes, there is a risk of microscopic disease that can't be seen and can't be removed by surgery alone.



For patients with esophageal cancer that is either T3 or Node-positive, research has shown that *initial* treatment with chemotherapy and radiation therapy makes the surgery more effective by killing microscopic tumor cells that can't be detected at the time of surgery. Based upon this research, the most effective ther-

Research has shown that a combination of chemotherapy and radiation,

Cancers that are T2N0 are considered localized, and surgery alone is usually adequate.

Cancers that are T3 or N1 are considered locally advanced, and treated with chemotherapy and radiation before surgery.

Trimodality Therapy

Over 10 years ago, researchers in the Netherlands took a group of 363 patients with esophageal cancer and divided them into two groups. They treated the two groups with two different treatment strategies.

The first group was treated with surgery alone.

The second group was treated with chemotherapy and radiation together for six weeks, followed by surgery.

The results were quite dramatic: The group that was treated with all three therapies, chemotherapy and radiation and surgery, lived on average twice as long as patients who had surgery alone.

This scientific study was called the CROSS trial. The therapy called tri-modality therapy, because three therapies are administered: chemotherapy, radiation, and surgery.

A typical schedule for trimodality is six weeks of chemotherapy and radiation together. Chemotherapy is given once a week, and radiation five days per week.

Several weeks after the end of radiation therapy, a PET or CT scan is done to look at the response. Surgery is typically done 8 weeks after the end of radiation.

I would love to hear your comments about this video, so please leave a comment below. If you are receiving chemotherapy and radiation, please let us know about your experience.

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