

Multimodal palliative approach OK for advanced esophageal CA

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(HealthDay) -- For patients with advanced esophageal cancer, use of an individualized, multimodal approach with palliative intention achieves an acceptable mean survival time, with initial use of photodynamic therapy (PDT) offering significantly longer median survival compared to other modalities, according to the results of a single medical center study published online Feb. 14 in *Lasers in Surgery and Medicine*.

To investigate the effect of an individualized multimodal palliative treatment, Joerg Lindenmann, M.D., and colleagues from the Medical University Graz in Austria, conducted a [retrospective study](#) of 250 patients with esophageal carcinoma referred for palliative care. The individualized multimodal concept included the following palliative

treatments: endoscopic dilatation, PDT, endoluminal brachytherapy, radiation, chemotherapy, stenting, feeding tube, and palliative resection.

The researchers found that PDT was included in the treatment of 171 cases, and was the first measure in 118 cases; stenting was included in 124 cases (38 as first measure); endoluminal [brachytherapy](#) in 92 (20); dilatation in 83 (24); [external radiation](#) in 67 (23); chemotherapy in 57 (29); feeding enterostomy in 40 (14); and palliative resection in three patients. The overall mean survival time was 34 months, with a mean of 2.6 palliative treatments per patient. Median survival was 50.9 months when PDT was used in the first place, compared to 17.3 months when other treatments were used as the initial modality (P = 0.012).

"By using an individualized multimodal approach, an acceptable mean survival time can be achieved in advanced [esophageal cancer](#) treated with palliative intention," the authors write.

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