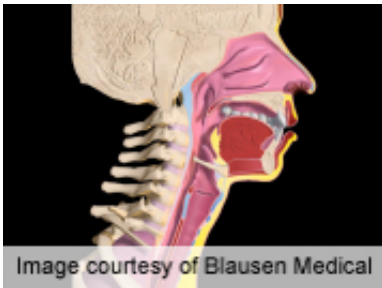


Pre-op treatments boost survival for esophageal cancer patients: study

May 30 2012, By Steven Reinberg, HealthDay Reporter



Experts say adding chemo, radiation before surgery is now standard treatment for most with the disease.

(HealthDay) -- Patients with esophageal cancer who receive chemotherapy and radiation before surgery have better outcomes, Dutch researchers report.

"We think that patients with [esophageal cancer](#) have the best chance to survive this cancer when they are treated with preoperative chemo-radiotherapy followed by [surgery](#)," said lead researcher Dr. Ate van der Gaast, from the medical oncology department at Erasmus University Hospital in Rotterdam. "By giving preoperative chemo-radiotherapy, more patients are cured than with surgery alone."

In the United States, more than 17,000 people will be diagnosed with esophageal cancer and more than 15,000 will die from it this year,

according to the [American Cancer Society](#).

For the study, published in the May 31 issue of the [New England Journal of Medicine](#), the Dutch team randomly assigned nearly 400 people with esophageal cancer either to surgery alone or [chemotherapy](#) and radiation before surgery.

The researchers found patients who received chemotherapy before surgery lived an average of four years, while those who went straight to surgery lived an average of two years. More patients in the chemotherapy group had a complete response to treatment and had more of the cancer removed during surgery than those who had surgery alone, the team also noted.

Complications after surgery were similar in both groups, and 4 percent of patients in each group died in the hospital after the procedure, the researchers added.

Dr. Raja Flores, chief of thoracic surgery at Mount Sinai Hospital in New York City, said "these findings were what everyone expected, but not to the degree it came out."

With esophageal cancer, removing the cancer from the area around the tumor is key to treatment. Chemotherapy and radiation is performed before surgery to help contain the cancer so more of it can be removed during the operation, Flores explained.

This approach is becoming standard therapy, he said, "but this study gives the proof positive that that's the way it should go."

Flores said although the treatment adds initial cost, it can save money. "If it leads to more cures, it's going to save money," he said.

[Patients](#) need to make sure this approach is discussed with them "so they just don't run straight to surgery," Flores said.

Dr. Harvey Mamon is clinical director of the department of [radiation oncology](#) at Brigham and Women's Hospital and Dana Farber Cancer Institute in Boston. He said: "This is an important and well-done study that will influence practice patterns. For all intents and purposes, the standard of care for locally advanced esophageal cancer was already preoperative chemo-radiation followed by surgery."

The significant improvement in the chemo-radiation portion in this trial confirms this current standard of care, he said. "I don't think we're likely to see further trials of surgery alone versus surgery following chemo-radiation."

More information: For more information on esophageal cancer, visit the [U.S. National Cancer Institute](#).

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