

Scope of lymphadenectomy not tied to esophageal CA survival

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(HealthDay)—For patients undergoing esophageal cancer surgery, the extent of lymphadenectomy seems not to influence all-cause or disease-specific survival, according to a study published online Sept. 2 in *JAMA Surgery*.

Jesper Lagergren, M.D., Ph.D., from the Guy's and St. Thomas' NHS Foundation Trust in London, and colleagues examined data from a cohort of patients who underwent esophagectomy for [cancer](#) in 2000 to 2012 at a high-volume hospital, with follow-up until 2014.

The researchers found that 83.5 percent of the 606 included patients had adenocarcinoma of the esophagus. Fifty-three percent of participants died within five years of [surgery](#) and 39 percent died of tumor

recurrence. There was no significant association between the extent of lymphadenectomy and all-cause or disease-specific mortality, irrespective of the categorization of lymphadenectomy or stratification for T category, calendar period, or chemotherapy. There was no significant reduction in all-cause five-year mortality for [patients](#) in the fourth versus the lowest quartile of the number of removed nodes (21 to 52 versus 0 to 10 nodes; hazard ratio, 0.86; 95 percent confidence interval, 0.63 to 1.17), particularly not in the most recent calendar period (hazard ratio, 0.98; 95 percent confidence interval, 0.57 to 1.66) for years 2007 to 2012.

"This study indicated that the extent of lymphadenectomy during surgery for esophageal cancer might not influence five-year all-cause or disease-specific survival," the authors write. "These results challenge current clinical guidelines."

More information: [Abstract](#)

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