

Decreased survival when surgery refused for esophageal cancer

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(HealthDay)—Refusing surgery for esophageal cancer (EC) is associated

with worse survival, according to a study presented at the annual meeting of The Society of Thoracic Surgeons, held from Jan. 27 to 31 in Fort Lauderdale, Fla.

Brendon M. Stiles, M.D., of Weill Cornell Medicine in New York City, and colleagues queried the National Cancer Database (2004 to 2014) for patients with EC excluding those with \leq T1 cancer, stage IV disease, multiple primary tumors, and cervical tumors (18,459 patients), and identified those who were recommended but refused [surgery](#) (708 patients [3.8 percent]). A propensity score-matched analysis was conducted to compare overall survival for patients refusing surgery and those treated with surgery and neoadjuvant therapy.

In multivariate analysis, the researchers found that predictors of refusing surgery included older age, female gender, non-white race, and clinical stage I/II (hazard ratios, 1.06, 1.37, 2.13, and 1.57, respectively). Compared to those undergoing surgery \pm adjuvant therapy or those treated with neoadjuvant therapy and surgery, patients refusing surgery had worse median survival. Significantly better median survival was seen for patients in the neoadjuvant group versus those refusing surgery (32 versus 21 months; P

"Although it may be tempting for patients to opt for nonsurgical treatment for cardiothoracic diseases in order to avoid the perceived pain and complications of surgery, this choice may come with a price," Stiles said in a statement.

Two authors disclosed financial ties to the biopharmaceutical industry.

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