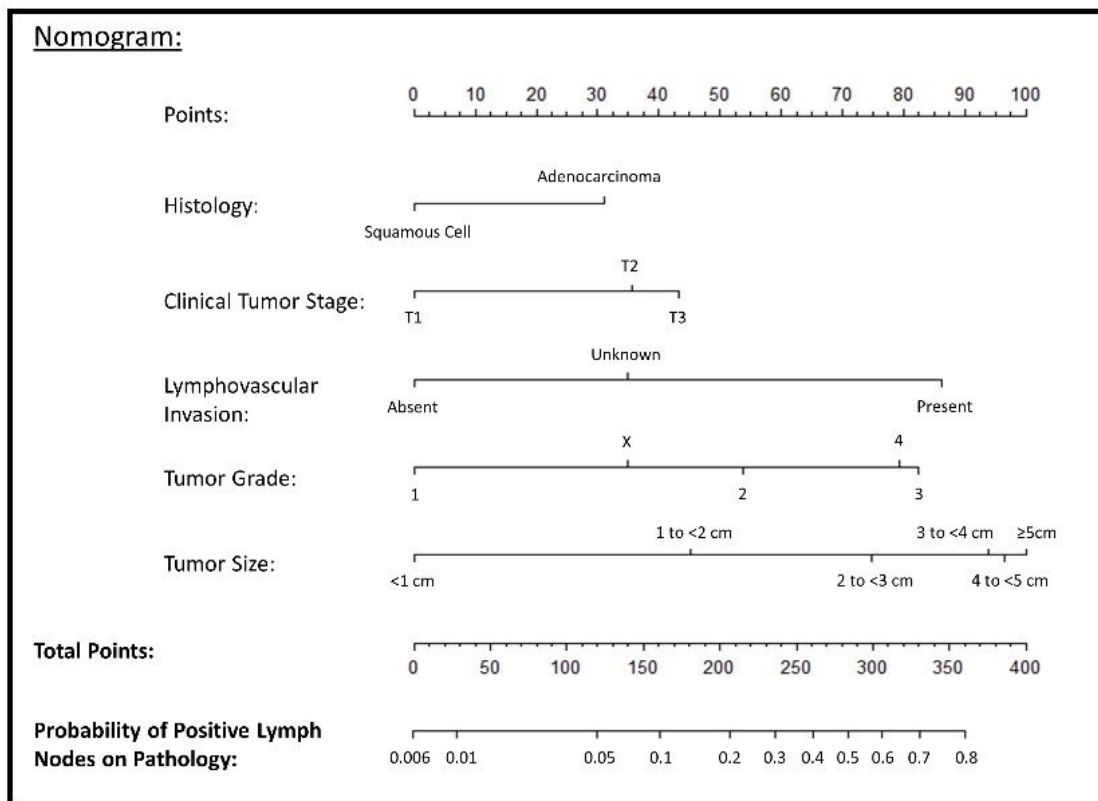# New model improves staging and risk predictions for esophageal cancer patients

May 6 2019

Clinical nomogram for predicting node positive disease in esophageal cancer. Credit: AATS

Esophageal cancer patients with positive lymph nodes benefit from neoadjuvant therapy prior to surgical resection, but limitations in current clinical staging techniques mean lymph node metastases often go undetected preoperatively. A new nomogram for assessing metastatic risk, unveiled today at the American Association for Thoracic Surgery's 99th Annual Meeting, shows promise for more accurate risk-stratification, which is particularly relevant for stage T2 patients.

Prior institutional studies have shown rates of occult nodal metastases can be higher than 20% even for presumed early stage disease, indicating that current staging practices alone may not be adequate for appropriately risk-stratifying patients preoperatively. With new methods for identifying risk, clinicians can undertake more informed treatment discussions with patients.

The research team used the National Cancer Database, analyzing more than 3000 patients. Using readily available clinical variables, the nomogram is able to predict the likelihood of occult lymph node metastases in surgically resectable esophageal cancers.

Lead author, Tara Semenkovich, MD MPHS of the Division of Cardiothoracic Surgery at Washington University in St. Louis, explained, "Because of the inaccuracies in clinical staging, our goal was to provide an additional resource to help identify patients who would be most likely to benefit from neoadjuvant therapy. The hope is that providers can improve the delivery of appropriate care to patients based on their risk of nodal disease."

 More information: A Clinical Nomogram for Predicting Node Positive Disease in Esophageal Cancer

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Presented by Tara Semenkovich, MD, Monday May 6, 2019 at the AATS 99th Annual Meeting.

Provided by American Association for Thoracic Surgery