

# Is Neoadjuvant Therapy Beneficial in Clinically Staged T2N0 Esophageal Cancer?

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## Background

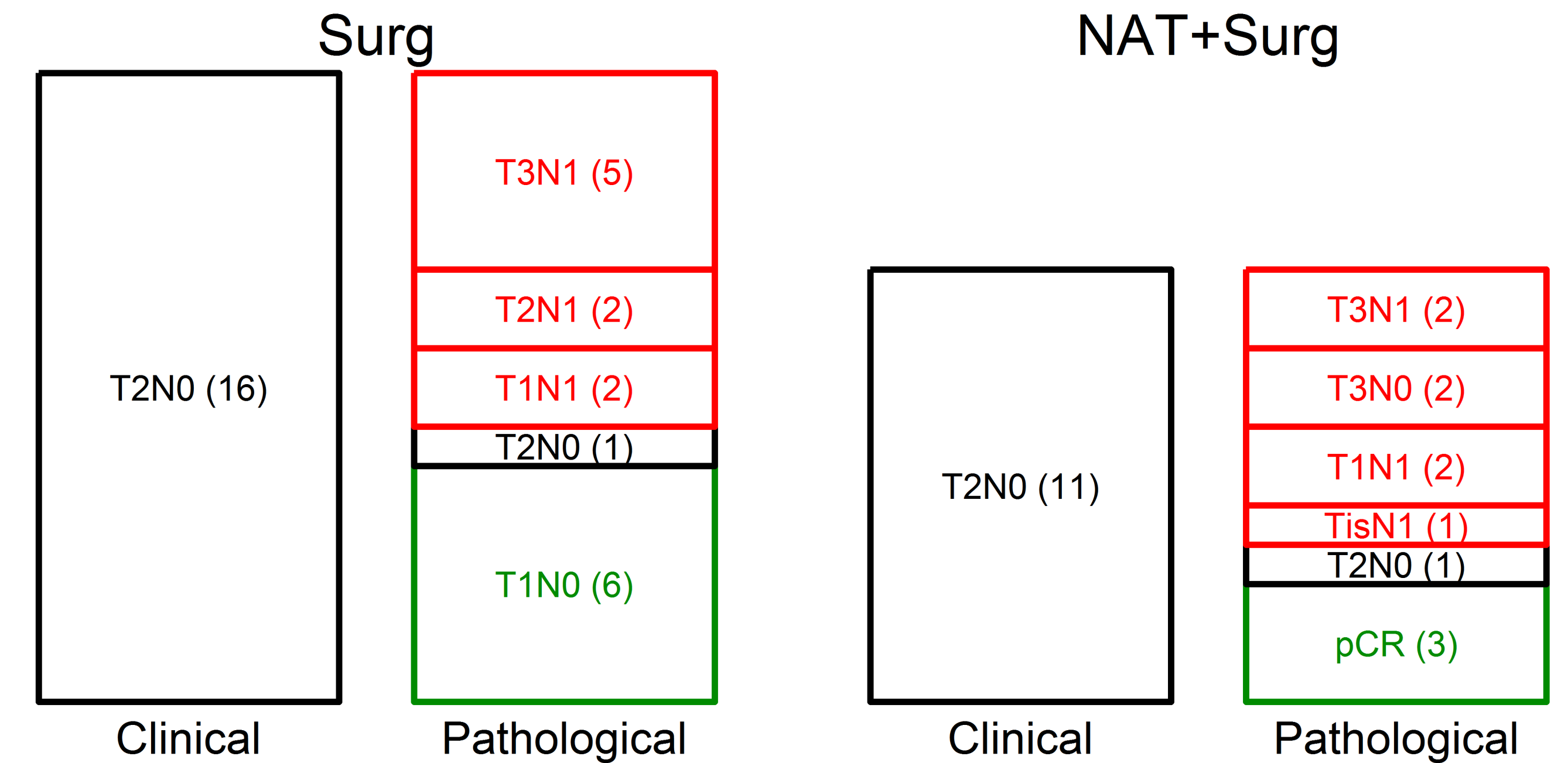
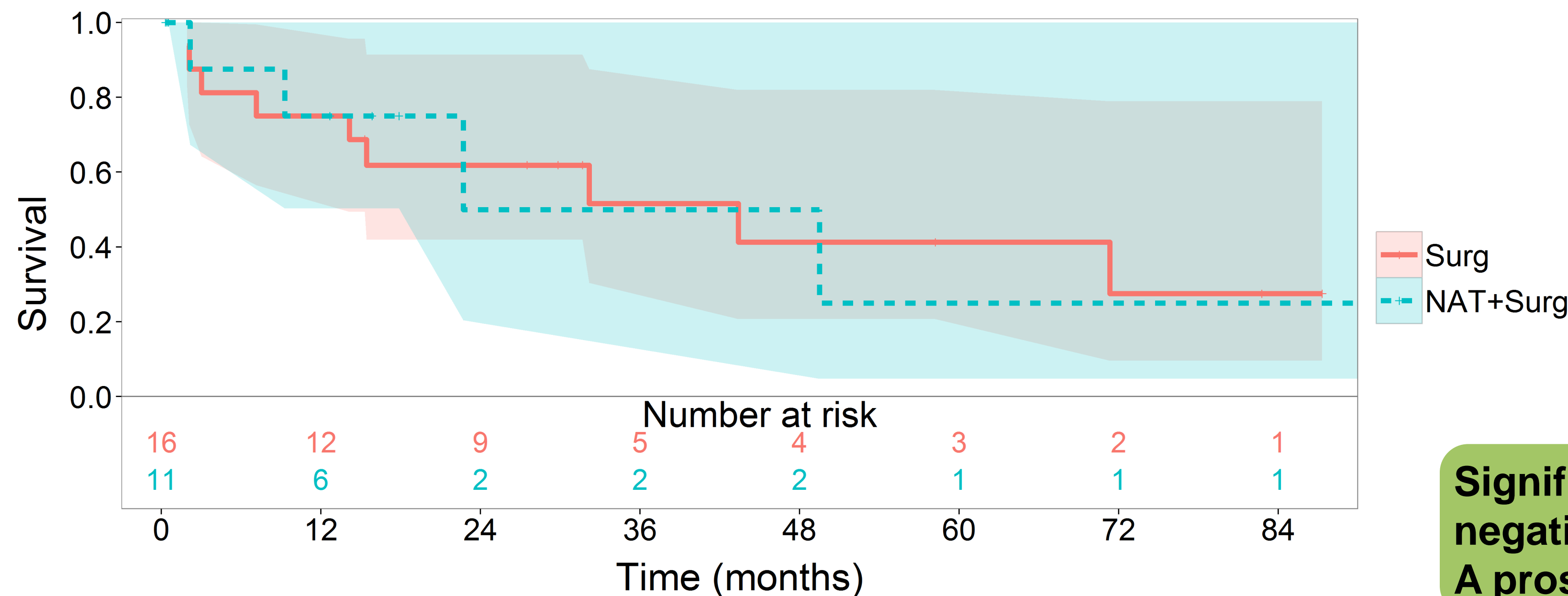
- The optimal treatment strategy for clinical stage T2N0 (cT2N0) esophageal cancer is poorly defined
- Treatment on the extreme ends (T1N0, T3/N0/N1 & T4/N0/N1) of the esophageal cancer are well defined
- In this study we determine the impact of neoadjuvant therapy (NAT) in cT2N0 esophageal cancer patients on overall survival, nodal metastasis, staging, and pathological complete responders (pCR)

## Methods

- Retrospective study from prospective database
- All patients with cT2N0 Esophageal Cancer at OHSU from 1999-2011 were included (N=27)
- The study population were divided into 2 groups
  - Neoadjuvant therapy and surgery (NAT+Surg) (n=11)
  - Surgery alone (Surg) (n=16)
- Patients were staged pre-operatively using Endoscopic Ultrasound (EUS), CT, and +/- FDG-PET
- Comparison of overall survival between the cohorts was done by using Kaplan-Meier analysis

## Results

- The difference in overall survival rate was not statistically significant between the groups ( $p = 0.96$ )
- 3 of 11 patients (27%) had a pCR and 8 (73%) were partial or non responders after NAT
- 14/27 (52%) had node positive disease despite being clinically node negative with 5/11 (45%) in NAT group and 9/16 (56%) in surgery only group
- In the surgery only group, 9 of 16 patients (56%) were understaged, 6 (38%) were overstaged and 1 (6%) was correctly staged



Comparison of clinical and pathological staging showing under- and over-staging in the Surg group and understaging and pCR in NAT+Surg

## Conclusion

Significant clinical understaging and frequent positive nodes in clinically node negative patients suggest a clinical benefit to NAT for cT2N0 patients before surgery. A prospective, controlled clinical trial is warranted.