CLINICAL CASE PRESENTATION OF A LOCALLY ADVANCED ADENOCARCINOMA OF THE LOWER THIRD OF THE ESOPHAGUS

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SYMPTOMS

- 62 year old lady
- Performance Status 1
- Progressive dysphagia for 4 months
- Only able to eat soft meals
- Weight loss 20 kg
- No previous diseases
- No smoking
- No previous alcohol consumption

DIAGNOSIS

- **GASTROSCOPY:**
  - Esophageal lump located at 33 cm, above the gastroesophageal junction. The lump, that could be surpassed by the esophagoscope, starts at 33 cm and goes to 39 cm. The stomach is not presenting any lesions.
- **BIOPSY:**
  - Poorly differentiated adenocarcinoma (intestinal type) of the esophagus.
  - HER2 negative

STAGING

- **TOTAL BODY CT-SCAN:**
  - **Thickening of esophageal wall of about 2 cm located in the distal third of 8 cm length. No aortic invasion. Close contact with the diaphragm at the esophageal hiatus.**
  - **Multiple abdominal lymph nodes at the gastrohepatic epiploic level and splenic hilum.**
  - **No hematogenous spread in liver, lung or peritoneum**

- **18F-DEOXYGLUCOSE PET-CT:**
  - No further evidence of metastatic disease

What would be your best option for initial therapy?

1. Surgical resection
2. Definitive Chemoradiation
3. Preoperative Chemoradiation
4. Preoperative Chemotherapy
5. Palliative Chemotherapy

STAGING

- **This patient was assessed as cT4a cN+ M0 stage IIIC**

Oesophageal cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

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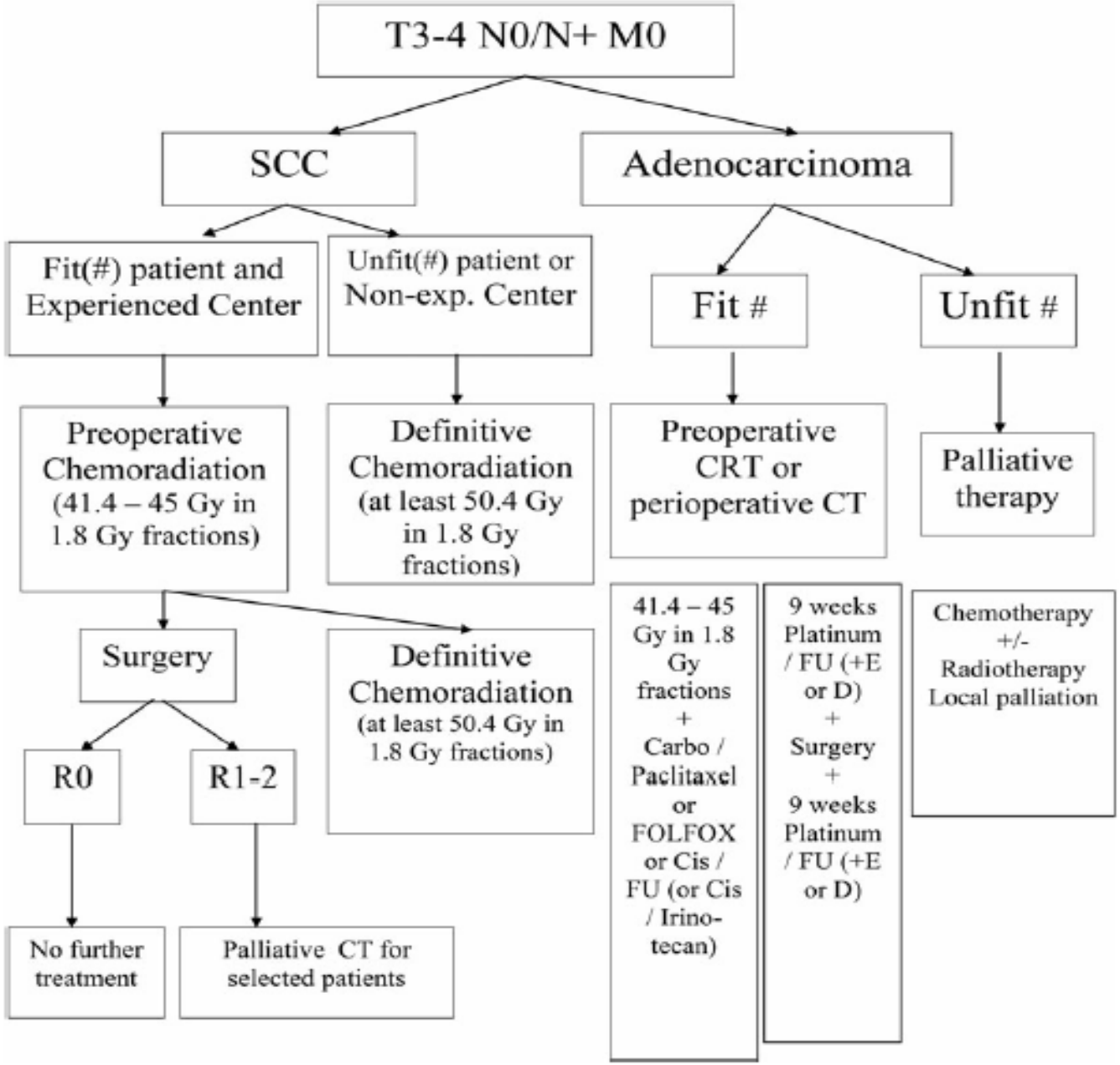
These Clinical Practice Guidelines are endorsed by the Japanese Society of Medical Oncology (JSMO)

Ann Oncol 2013; 24 (Suppl 6) 51-56.



Sthal et al. Ann Oncol 2013; 24 (Suppl 6) 51-56.

MDT discussion

- She was considered as a fit patient
- Stage IIIC
- Preoperative Chemoradiation with weekly paclitaxel and carboplatin was given with a total dose of 45 Gy according to the CROSS trial (1)
- A surgical resection was planned six weeks thereafter

1. Van Hagen P et al. N Engl J Med 2012; 366:2074-2084.

Treatment results

- **A very important improvement of dysphagia was observed at the second week of ChRT**
- **No grade 3-4 toxicities were observed**
- **Only mild Grade 2 hematological toxicity and esophagitis were detected.**
- **An esophago-gastrectomy was performed.**
- **Pathological staging showed some moderate tumor necrosis and ypT2 (invading till muscularis propria) ypN3 (8/18) M0.**

1. Van Hagen P et al. N Engl J Med 2012; 366:2074-2084.

What would be your best option for therapy after surgery?

1. No further treatment
2. Postoperative chemotherapy
3. Palliative chemotherapy
4. Postoperative radiation to complete 60 Gy
5. Postoperative treatment with Lapatinib

Follow up

- **No postoperative chemotherapy was recommended.**
- **In a follow up visit, one year after surgery, a left supraclavicular lymph node was palpated.**
- **A CT-scan also revealed multiple lymph nodes of small size (non measurable) located in the preaortic and paracaval abdominal areas.**
- **The patient is asymptomatic.**
- **Chemotherapy to be given only when clinical progression**


THANK YOU