

## **Adjuvant Chemotherapy Treatment for Patients with Resected Esophageal and GEJ Cancers After Preoperative Concurrent Chemotherapy and Radiation Therapy**

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Data from long-term follow-up of prospective studies confirm the overall survival benefits of neoadjuvant chemoradiotherapy in patients who undergo surgical resection for esophageal or gastroesophageal junction (GEJ) cancers. This approach is now considered standard practice for the treatment of these cancers. However, though high-quality data confirm that neoadjuvant chemoradiotherapy prior to resection constitutes optimal care in this setting, overall survival remains poor—over 50% of these patients succumb to their disease by 5 years.

In the treatment of other cancers, adjuvant therapy—including cases when neoadjuvant induction therapy was administered—has an established role; the goal being to improve disease-free and overall survival by eradicating potential residual micrometastatic disease. Unfortunately, esophageal cancer patients status post neoadjuvant chemoradiotherapy/resection are often of questionable fitness as it pertains to tolerating further therapy, which complicates the feasibility of administering adjuvant treatment. Retrospective studies have successfully identified factors that place esophageal cancer patients at the greatest risk of tumor recurrence and poor survival after a successful esophagectomy. These factors include an incomplete response to neoadjuvant therapy as well as the presence of involved lymph nodes on surgical pathology. Extended results reported from preoperative- and perioperative-therapy studies in patients with esophageal and GEJ cancers, as well as data drawn from retrospective studies, provide compelling evidence that adjuvant therapy should be considered in high-risk patients who are considered clinically fit candidates.

Prospective studies are needed to confirm the benefits of adjuvant therapy after resection in these patients and to change current standard practice. Studies evaluating optimal perioperative and postoperative therapy in esophageal cancer patients are ongoing.

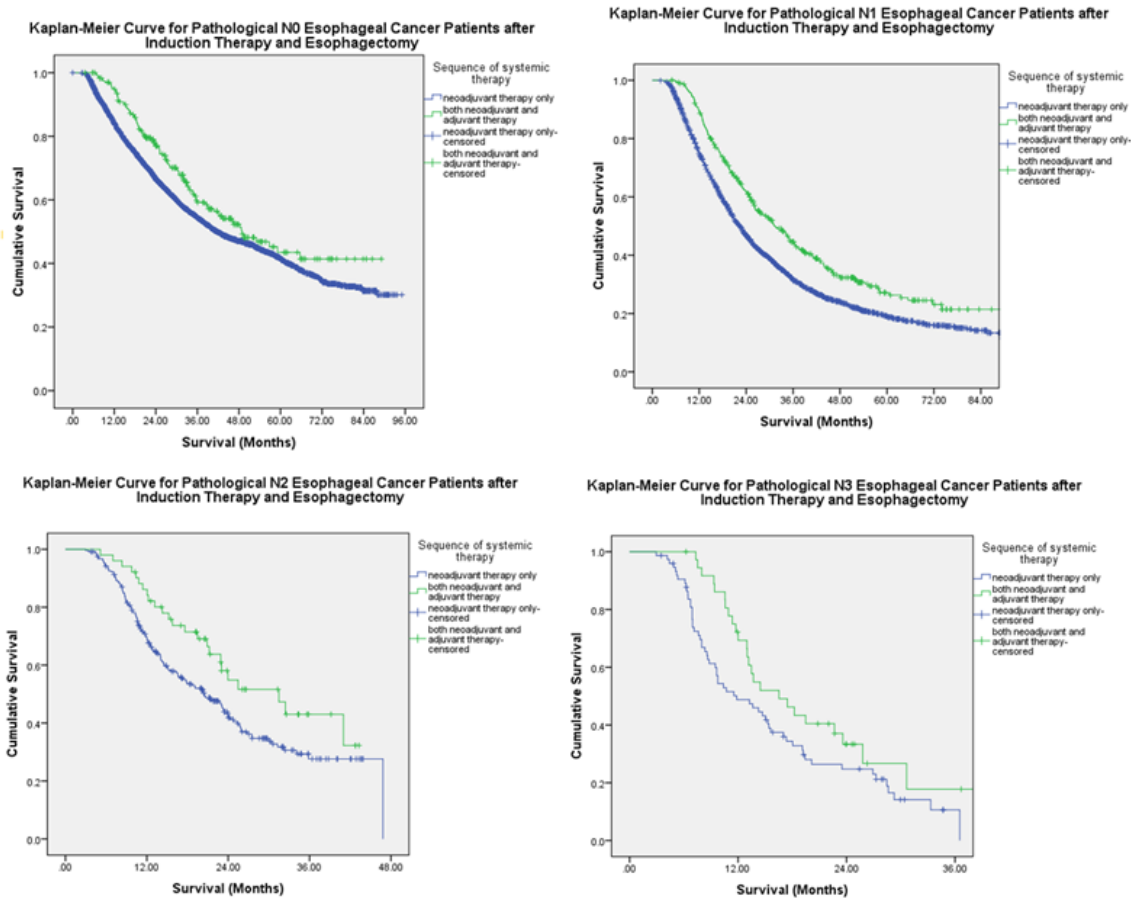


Figure 1. Kaplan-Meier curve for pathologic N0, N1, N2, and N3 patients with and without adjuvant therapy following induction therapy and esophagectomy