

Esophageal Surgery

Introduction

The Esophageal Surgery Division deals with neoplasms arising from the esophagus. The surgical management has been a first choice treatment modality of esophageal cancer. Transthoracic esophagectomy with 3-field lymphadenectomy has become a safe, reliable and radical technique. We are striving to improve surgical procedure to decrease the incidence of mortality and morbidity followed by surgery. Recently chemoradiotherapy has been demonstrated to be equivalently effective as surgery. We are investigating to define the role of surgery in the multimodality treatment.

Routine Activities

The Esophageal Surgery Division consists of two staff surgeons and one resident. The Esophageal Conference in which surgeons, medical oncologists, endoscopists, radiologists, radiation oncologists and head & neck surgeons join, is held every Tuesday evening to discuss the diagnosis, staging and treatment strategy for each patient. About 6 patients have been operated every month and esophagectomy was performed for 62 patients in 2005. Transthoracic esophagectomy with extended lymph node dissection was performed for 46 non-treated cases and modified transthoracic esophagectomy as salvage operation was done for 12 patients in whom other modalities therapy was failed. One patient died by cerebral

infection within 30 days after operation. Recently, salvage esophagectomy for the remaining or recurrent tumors when other modalities fail has become a safe and reliable operative procedure, the operation-related mortality rate was 0% in 2005.

Research Activities and Clinical Trial

The prognosis for patients with intramural metastasis (IMM) or multiple lymph node involvement is very poor than without these factors. We study the role of pre- or post- operative chemotherapy in patients with poor prognostic factors. These cases receive two cycle of pre- or post- operative chemotherapy with 5- fluorouracil and cisplatin.

From the 2000, we started salvage operation for the patients in whom definitive chemoradiotherapy was failed. The operative procedures and management after operation have been refined gradually, and recently only venous superdrainage was added to the reconstruction after esophagectomy in the neck. We are evaluating the role and efficacy of salvage surgery in the multimodality treatment.

JCOG trials 9907 : A prospective randomized study is on going to compare the efficacy of preoperative neoadjuvant chemotherapy with that of postoperative adjuvant chemotherapy.

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Number of Operations

p-Stage	I	11
	IIA	2
	IIB	9
	III	25
	IVA	1
	IVB	2
Salvage operation		15
Esophagectomy		12
Others		3

Table 2. Type of Operative Procedure

Right thoracotomy	57
Left thoracoabdominal	1
Transhiatal	4
Abdominal	3

Characteristics of Non-Treated Cases

Histology

Squamous cell carcinoma	47
Adenocarcinoma	2
Basaloid	1

Tumor location

Cervical	3
Upper thoracic	10
Middle thoracic	16
Lower thoracic	21