

# Esophageal Surgery

## Introduction

The Esophageal Surgery Division deals with neoplasms arising from the esophagus. The surgical management of esophageal cancer is our main clinical activity, as well as research into this field. Surgery for this disease (transthoracic esophagectomy with 3-field lymphadenectomy) has become even more safe, reliable and radical, but we are striving to improve surgical procedures to prevent the high incidence of mortality and morbidity that follows surgery. We are studying how to define the role of surgery in multimodal treatments.

## Routine Activities

The Esophageal Surgery Division consists of two staff surgeons and one resident. An Esophageal Conference is held every Tuesday evening, attended by surgeons, medical oncologists, endoscopists, radiologists, radiation oncologists and head & neck surgeons to discuss diagnosis, staging and treatment strategies for each patient. About six patients are operated on every month. Esophagectomy was performed on 69 patients in 2006. Transthoracic esophagectomy with extended lymph node dissection was performed on 59 non-treated cases before operation, and modified transthoracic esophagectomy as salvage operation was done on 8 patients in whom other therapy modalities had failed. Two patients died due to tracheal necrosis within 30 days of operation. More recently, salvage esophagectomy for remaining or recurrent tumors after other modalities have failed has proved to be a safe and reliable operative procedure, with an operation-related mortality rate of 0% in 2006.

The prognosis for patients with intramural metastasis (IMM) or with greater than four lymph node involvements is very much poorer than without these factors. We are studying the role of pre- or post-operative chemotherapy in patients with these factors. These cases receive two cycles of

pre- or post-operative chemotherapy, 5- fluorouracil and cisplatin.

In 2000, we began salvage operation for patients in whom definitive chemoradiotherapy had failed. The operative procedures and management after operation were gradually refined, and recently only venous superdrainage has been added to reconstruction after esophagectomy in the neck. We are studying the role and efficacy of salvage surgery in multimodal treatments.

JCOG trial 0502: Randomized controlled trial of esophagectomy versus chemoradiotherapy in patients with clinical stage I esophageal carcinoma.

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Table 1. Number of patients

Squamous cell carcinoma	62
Adenocarcinoma	3
Basaloid	3
Adenosquamous	2
Carcinosarcoma	2
Undifferentiated	1
GIST	1
Total	74

Table 2. Type of procedure

RT. Thoracotomy with 3-field	59
Trans-hiatal	2
Others	1
Salvage surgery	10
Esophagectomy	8
Others	2
Exploratory	2
Total	74

Table 3. Clinical stage of non-treated cases

Stage I	4
IIA	19
IIB	6
III	29
IV	4