



CORRESPONDENCE

Open Access

# Chemoradiotherapy followed by surgery versus surgery alone in esophageal cancer patients: is it time for additional evidence?

Stefano Cafarotti<sup>1\*</sup>, Alfredo Cesario<sup>1,2</sup>, Venanzio Porziella<sup>1</sup>, Stefano Margaritora<sup>1</sup> and Pierluigi Granone<sup>1</sup>

## Abstract

Recent efforts to improve survival in patients with locally advanced esophageal carcinoma have combined both systemic and local therapy. However, the role of neoadjuvant chemoradiotherapy in technically operable IIa-III esophageal carcinoma is still unresolved.

## Findings

We have read with interest the report from Hurmuzlu and coll [1] on the outcome of induction therapy (IT) plus surgery versus surgery alone in locally advanced operable esophageal cancer (OC).

The report is of great speculative interest given the consistently poor prognosis of OC whatever the therapeutic strategy adopted: so far, in fact, there is no general consensus on the appropriate treatment for such a dreadful condition. Specifically, the role of chemo-radiotherapy administered pre-operatively in resectable cstage IIa-III OC is still discussed.

Scarce data are available from the literature and these are not consistent. In fact some experiences [2,3] conclude with positive recommendations to adopt the trimodality approach and others [4] conclude with opposite position: that IT should not be adopted in OC that are resectable following the clinical staging assessment. As already advocated by Pereira [5], the indication for IT for resectable OC remains largely not evidence-based substantially due to methodological biases in the trials that can be summarised as follows: different tumour stages included, no standardized preoperative diagnostic procedure and, last but not least, the great heterogeneity of surgical treatment.

In this scenario of substantial absence of a large base of methodologically correct evidence and agreed guidelines we consider the results from [1] of significant clinical

value and concur in advocating for further evidence stemming from large scale prospective randomised trials. Ideally, these should be designed valuing the past experiences to address the methodological biases with the precise task to assess whether IT should be administered before surgery in resectable OC. These trials should: a) distinguish between histologies (squamous cell vs adenocarcinoma); b) include an optimal pre-operative staging with EUS, high quality CT and PET scan to assess the extent of the loco-regional disease and exclude distant metastases and c) include a standardized surgical treatment with extended lymph node dissection. Only by such trials the role of IT in the treatment of OC can be cleared. More convincing arguments, in fact, need to support any proposed change in clinical behaviour.

## Author details

<sup>1</sup>Division of General Thoracic Surgery, Catholic University, Rome, Italy. <sup>2</sup>Unit of Clinical and Molecular Epidemiology, IRCCS San Raffaele Pisana, Rome, Italy.

## Authors' contributions

All authors read and approved the final manuscript.

## Competing interests

The authors declare no conflicts of interest

Received: 22 January 2011 Accepted: 19 April 2011

Published: 19 April 2011

## References

1. Hurmuzlu M, Øvrebø K, Monge OR, Smaaland R, Wentzel-Larsen T, Viste A: High-dose chemoradiotherapy followed by surgery versus surgery alone in esophageal cancer: a retrospective cohort study. *World J Surg Oncol* 2010, **8**:46.

\* Correspondence: [cafarottistefano@gmail.com](mailto:cafarottistefano@gmail.com)

<sup>1</sup>Division of General Thoracic Surgery, Catholic University, Rome, Italy  
Full list of author information is available at the end of the article

2. Tepper J, Krasna MJ, Niedzwiecki D, Hollis D, Reed CE, Goldberg R, Kiel K, Willett C, Sugarbaker D, Mayer R: **Phase III trial of trimodality therapy with cisplatin, fluorouracil, radiotherapy, and surgery compared with surgery alone for esophageal cancer: CALGB 9781.** *J Clin Oncol* 2008, **26**(7):1086-92.
3. Knox JJ, Wong R, Visbal AL, Horgan AM, Guindi M, Hornby J, Xu W, Ringash J, Keshavjee S, Chen E, Haider M, Darling G: **Phase 2 trial of preoperative irinotecan plus cisplatin and conformal radiotherapy, followed by surgery for esophageal cancer.** *Cancer* 2010, **116**(17):4023-32.
4. Burmeister BH, Smithers BM, Gebski V, Fitzgerald L, Simes RJ, Devitt P, Ackland S, Gotley DC, Joseph D, Millar J, North J, Walpole ET, Denham JW, Trans-Tasman Radiation Oncology Group; Australasian Gastro-Intestinal Trials Group: **Surgery alone versus chemoradiotherapy followed by surgery for resectable cancer of the oesophagus: a randomised controlled phase III trial.** *Lancet Oncol* 2005, **6**:659-668.
5. Pereira B, Gourgou-Bourgade S, Azria D, Ychou M: **Neoadjuvant chemoradiotherapy in esophageal cancer: is it still the question?** *J Clin Oncol* 2008, **26**(31):5133-4, author reply 5134.

doi:10.1186/1477-7819-9-41

**Cite this article as:** Cafarotti et al.: Chemoradiotherapy followed by surgery versus surgery alone in esophageal cancer patients: is it time for additional evidence? *World Journal of Surgical Oncology* 2011 **9**:41.

**Submit your next manuscript to BioMed Central  
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
www.biomedcentral.com/submit

