

Is More Better?: Oncologic Outcomes of Induction Chemotherapy plus Chemoradiation versus Chemoradiation alone for Esophageal Cancer

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Background

- Combination preoperative chemo- and radiation therapy is the standard of care for esophageal adenocarcinoma¹
- The optimal preoperative regimen continues to evolve^{2,3}
- Benefit of chemotherapy (induction chemotherapy, IC) before concurrent chemoradiation therapy (CRT) is poorly defined⁴

Question

- Does the addition of IC to CRT improve oncologic outcomes for resectable esophageal cancer?

Methods

- Retrospective cohort review; single institution; 2007-2023
- Inclusion criteria:
 - Biopsy-proven adenocarcinoma of esophagus or gastroesophageal junction
 - Surgery
 - No metastatic disease
- 1^o outcome: **Overall survival** and **rate of complete pathologic response**
- 2^o outcomes: Disease free survival, occurrence of distant metastatic disease, and subgroup analysis

Results

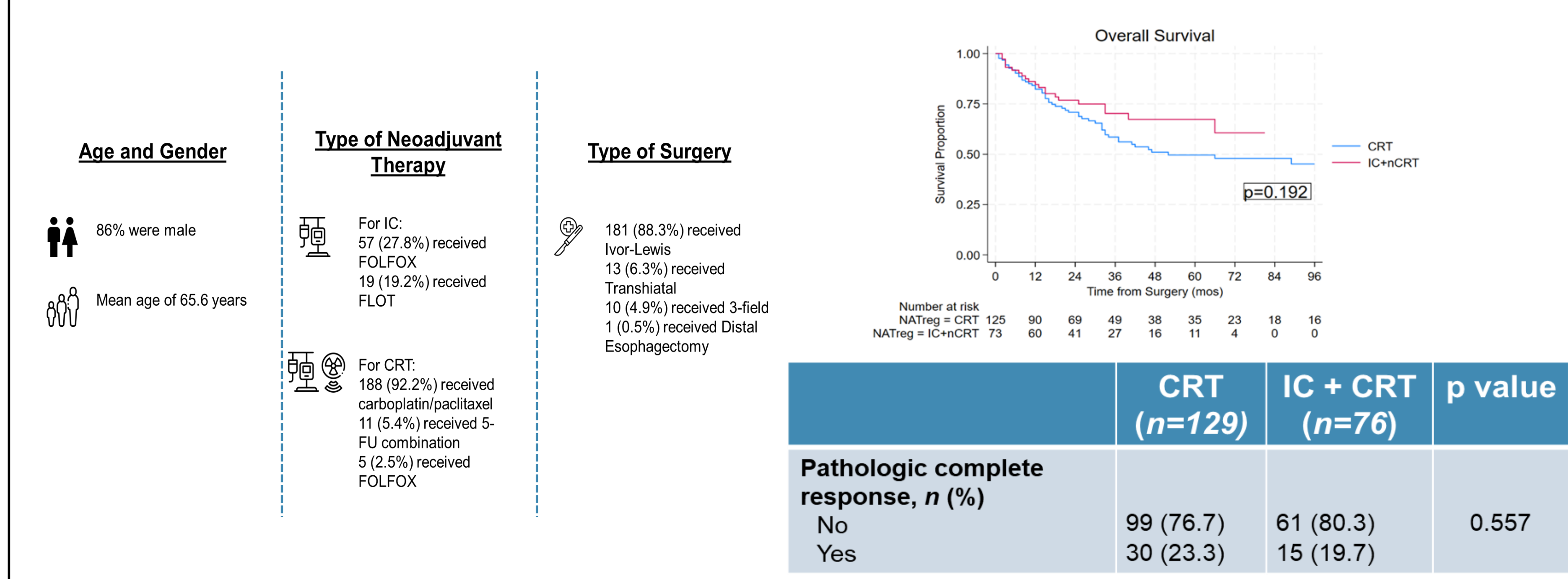


Figure 1. Cohort data

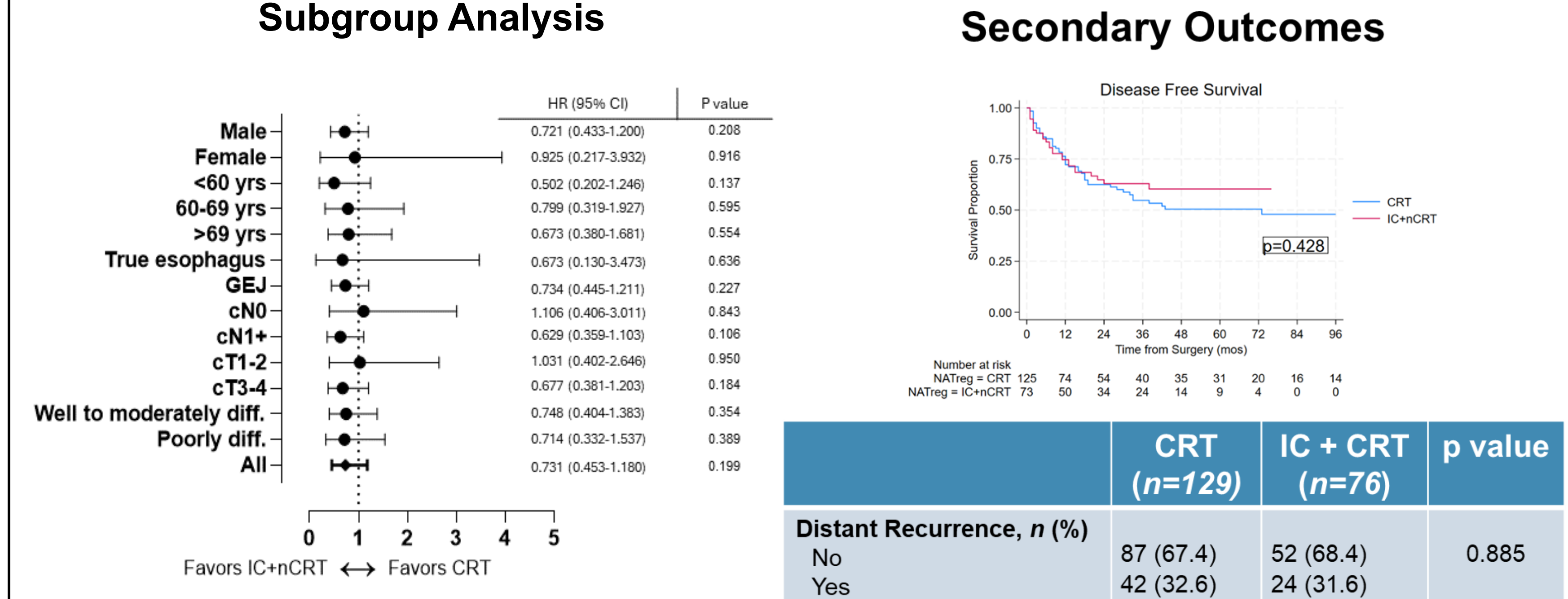
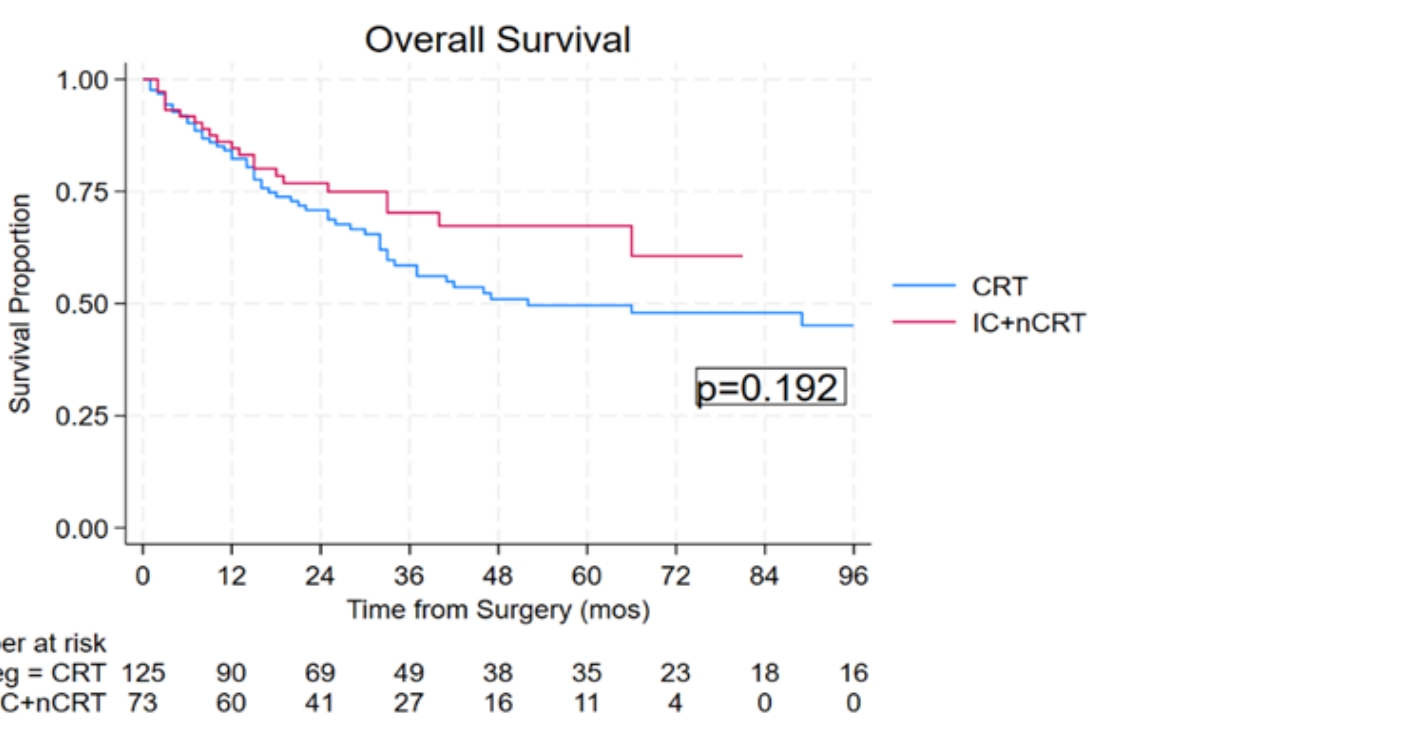


Figure 3: Forest plot comparing preoperative treatment regimen for overall survival by subgroups based on demographic and tumor-specific variables.

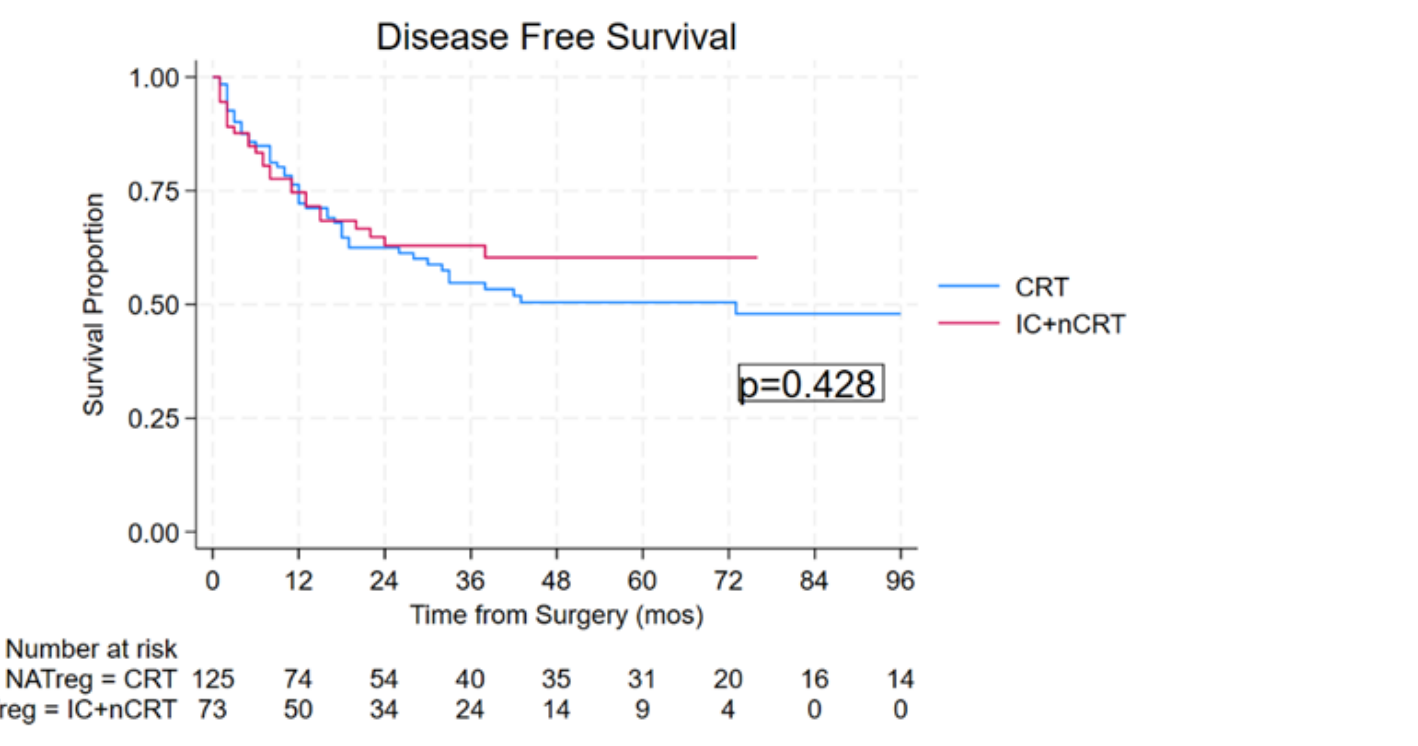
Primary Outcomes



	CRT (n=129)	IC + CRT (n=76)	p value
Pathologic complete response, n (%)			
No	99 (76.7)	61 (80.3)	0.557
Yes	30 (23.3)	15 (19.7)	

Figure 2. Overall survival in overall cohort, CRT vs. IC

Secondary Outcomes

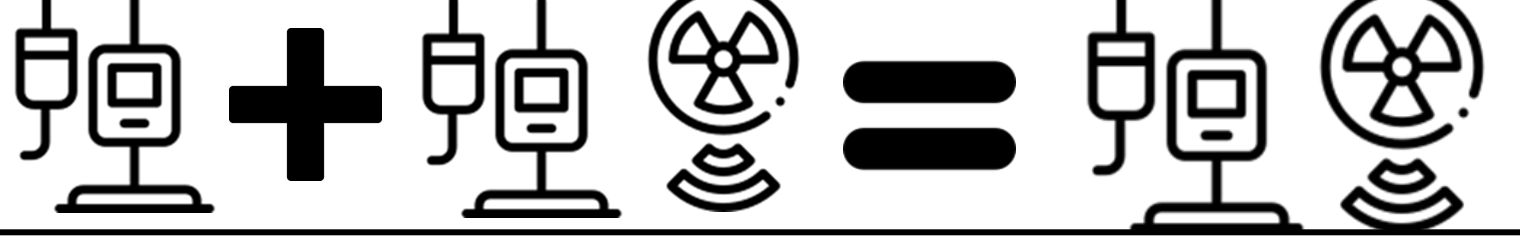


	CRT (n=129)	IC + CRT (n=76)	p value
Distant Recurrence, n (%)			
No	87 (67.4)	52 (68.4)	0.885
Yes	42 (32.6)	24 (31.6)	

Figure 4. Disease free survival in overall cohort, CRT vs. IC

Conclusions

- **IC+CRT is not inferior to CRT alone for esophageal/GEJ adenocarcinoma**
- **Limitations**
 - Sample size
 - Single Institution
 - Non –protocolized fashion
- **Sufficiently powered, randomized studies are warranted to further delineate the differences in oncologic outcomes between the two neoadjuvant treatment paradigms**



References

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