



<b>Title</b>	<b>Oesophageal cancer located above the tracheal bifurcation is an independent poor prognostic factor. Neoadjuvant chemoradiation improves survival</b>
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**OESOPHAGEAL CANCER LOCATED ABOVE THE TRACHEAL BIFURCATION IS AN INDEPENDENT POOR PROGNOSTIC FACTOR. NEOADJUVANT CHEMORADIATION IMPROVES SURVIVAL**

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**INTRODUCTION:** It has been suggested that oesophageal tumours located above the tracheal bifurcation have worse prognosis compared to more distally located cancers. The optimal role of surgical resection and combined modality treatments is not fully established for such tumours.

**AIMS & METHODS:** The aims of the study were to: (1) ascertain if supra-carinal (SC) tumours carry a worse prognosis compared to infra-carinal (IC) cancers, and (2) test the hypothesis that preoperative chemoradiation could improve survival. The outcome of 724 patients with intrathoracic squamous cell cancers was analyzed from a prospectively collected database. Multivariate analysis was carried out to identify prognostic factors and the effect of preoperative chemoradiation was examined.

**RESULTS:** From 1990 to 2002, there were 94 patients with SC and 630 with IC cancers treated. Resections were carried out in 62 patients (66%) of SC group and in 382 (61%) of IC group,  $p=0.36$ . Neoadjuvant therapy was given to 40% and 34% of SC and IC groups respectively,  $p=0.39$ . Operation duration was longer in SC group, (270 mins vs. 235 mins,  $p<0.01$ ). Pulmonary complications were more common in the SC group, (26% vs. 15%,  $p=0.039$ ), but hospital mortality rates were not different at 4.8% (SC) and 4.5% (IC),  $p=0.75$ . R0 resections were possible in 66% in SC and in 72% of IC group,  $p=0.36$ . There was no difference in pathological stage distribution. Cox regression analysis showed that male gender (HR:1.5; 95% CI:1.1-2.1), SC tumour location (HR:1.5; 95% CI:1.1-2.0), advanced stage (III/IV) (HR:1.9; 95% CI:1.4-2.4), and R1/2 resections (HR:2.5; 95% CI:1.9-3.2) were independent adverse prognostic factors. For SC tumours, preoperative chemoradiation therapy resulted in better survival, median survival were 33 months vs. 10 months in patients with and without chemoradiation,  $p=0.001$ . Cox regression analysis in patients with SC tumours treated after initiation of chemoradiation at our institution showed that chemoradiation was a favourable prognostic factor (HR:0.38; 95% CI:0.16-0.91), while advanced pre-therapy stage predicted poor survival (HR:3.5; 95% CI:1.33-9.26).

**CONCLUSION:** Patients with tumours located above the tracheal bifurcation had more postoperative pulmonary complications but similar mortality rates. Supra-carinal tumour location was an independent poor prognostic factor. Patient survival was improved with preoperative chemoradiation therapy.