

## EN BLOC ESOPHAGECTOMY REDUCES LOCAL RECURRENCE AND IMPROVES SURVIVAL COMPARED WITH TRANSHIATAL RESECTION AFTER NEOADJUVANT THERAPY FOR ESOPHAGEAL ADENOCARCINOMA

### To the Editor:

Dr Rizzetto and colleagues<sup>1</sup> concluded from their retrospective review of 58 patients that en bloc esophagectomy is the surgical treatment of choice for adenocarcinoma after neoadjuvant therapy. We, however, interpret this strong statement with a degree of reservations. A larger prospective study involving 151 patients (of which 116 had adenocarcinoma) has previously demonstrated no significant difference in recurrence and survival between en bloc transthoracic and transhiatal approaches.<sup>2</sup> The discrepancy of result could be due to several reasons.

The authors emphasized that despite a higher age and comorbidity profiles in the transhiatal arm, deaths in this group of patients were all cancer-related but one. However, surgical complication, particularly pulmonary infection, is an independent factor associated with poor survival.<sup>3</sup> Older patients with more comorbidities are inevitably more predisposed to pulmonary complications. This factor, together with other functional and nutritional variables such as preoperative albumin level, weight loss, pulmo-

nary functions, and performance status, could have skewed the survival analysis. We feel that by including indices of tumor aggressiveness such as differentiation, lymphovascular and perineural invasion status, and the aforementioned functional and nutritional parameters, a multivariate Cox regression analysis is a more accurate means of determining the real impact of each surgical approach.

Lymph node yield from transhiatal resections is significantly lower than that from transthoracic en bloc resections. The relatively higher proportion of complete pathologic response in the transhiatal group (39% vs 25%) could have been incorrectly overestimated secondary to fewer lymph nodes retrieved. This is reflected in the higher proportion of patients with stage III disease in the en bloc group (37.5% vs 27.8%). The underestimation of patients with residual disease in the transhiatal group could have led to the marked difference of 5-year survival observed between the 2 groups.

We feel that more attention must be paid to interpreting this study and that younger and more medically fit patients might benefit from more aggressive en bloc resection; transhiatal approach does not necessarily account for worse oncologic outcomes among older patients with more comorbidities. If en bloc resection is preferred based on its more extensive oncologic dissection, we would be interested in the authors' views on 3-field lymphadenectomy, given the prevalence of positive cervical nodes shown to be as high as 24%.<sup>4</sup>

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### Reply to the Editor:

We appreciate the questions and comments by Drs Chang and McAnena in regards to our study, which demonstrated significantly improved survival after neoadjuvant therapy with an en bloc esophagectomy compared with a transhiatal resection.<sup>1</sup> Regarding the nonrandomized study by Morgan et al that failed to show a difference between a transthoracic and transhiatal resection after neoadjuvant therapy, there are several points that bear mentioning.<sup>2</sup> First, in contrast to our study, their population was mixed adenocarcinoma and squamous cell cancer. Furthermore, although we reported a significantly greater number of nodes resected with the en bloc resection (median 29.5 versus 19 in the transhiatal group), Morgan et al inexplicably reported a median of 13 resected nodes with each procedure. Last, although our results with transhiatal resection mirror reports from other centers, their results were unusual. They reported a local recurrence rate of 6% and 5-year survival of 53% after neoadjuvant therapy and transhiatal resection compared with 17% and 22% in our study and 19% and 20%, respectively, in the randomized University of Michigan trial.<sup>3</sup> These differences are difficult to explain but may represent significant selection bias in the study by Morgan et al and also indicate that although the incision may be

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