

UDC: 616.329-006-089-036.87-0856 15.849.1

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Treatment outcomes in patients with recurrent thoracic esophageal cancer after surgery

The article focuses on treatment outcomes of patients with recurrent cancer in the esophageal-gastric anastomosis after surgery. The results of radiotherapy and combination therapy of these patients with modern chemotherapeutic agents are presented.

Keywords: recurrent esophageal cancer, radiotherapy, combination therapy, chemotherapy.

Relevance. Despite the emphatic successes gained in diagnostics and treatment of patients with esophageal cancer, the main cohort of patients - (up to 80%) admitted to specialized esophageal clinics - is represented by the individuals with a widespread tumour process of III-IV stages of the disease [1-3].

The low tumour sensitivity to modern chemotherapeutic agents, the palliative and short-term effect of radiotherapy make the surgical intervention - the method of choice - in treatment of patients with that type of disease. The radical resection of esophagus with extensive removal of lymph nodes contributes to the long-term survival of patients even at the advanced stage of esophagus cancer [4].

The issue of selection of optimal tactics in treatment of recurrent esophageal cancer with marked stenosis of the esophagus lumen remains to be debatable. Many authors report about encouraging outcomes obtained after implementation of methods outside the traditional radiation treatment, such as, concomitant radiotherapy, combined radiotherapy with hyperthermia, chemotherapy, laser destruction of tumours [5-7].

The relevance of the study is justified by the following: the diversity of approaches in treatment and significant risk of surgery in patients with esophagus cancer; advanced age of patients with concomitant diseases; high recurrence rate; low sensitivity of esophagus tumour to modern chemotherapeutic agents and radiotherapy.

Aim of the study: Improve the outcomes and treatment tactics of patients with esophagus cancer as a result of implementation of modern methods of combined treatment.

Materials and methods: The study included 63 patients with cancer recurrence in the area of esophageal-gastric anastomosis. The cohort of patients was divided into 2 groups. Group 1 included 32 patients with cancer recurrence in the area of esophageal-gastric anastomosis; these patients were treated by the radiation therapy on the background of introduction of chemotherapeutic agents. The chemotherapy of various options was carried out simultaneously in each stage of the split course of radiotherapy. The total boost dose (TBD) ranged from 50 to 70 Gy.

Group 2 was a control group of 31 patients with cancer recurrence in the area of esophageal-gastric anastomosis; these patients received only radiation therapy: tele-gamma-therapy in the single boost dose (SBD) mode of 2 Gy. During two stages of tele-irradiation the total boost dose (TBD) was 50-55 Gy. The second stage of radiation treatment started after 2-3 weeks of the first stage completion. The esophageal stenting in the area of tumour-induced stenosis has been performed in patients with the first degree dysphagia.

The cohort of patients included to the study was maximum homogeneous across the main predictive features, permitting to conduct a correct comparative analysis of speci-

fied above options of conservative therapy of recurrent esophageal cancer.

A comprehensive assessment of efficiency of chemoradiation treatment included the use of X-Ray, endoscopic, morphological and other methods of examination. The patients with disseminated tumour process and multiple distant metastases were not included to the study.

Findings and discussion

The analysis of findings of application of tele-radiation therapy in esophagus cancer at a single mode, and in combination with various options of drug treatment, revealed a higher efficiency of radiotherapy in combination with chemotherapy.

The immediate complete clinical effect after the chemo-radiotherapy was achieved in 13 of 32 patients (41%).

The three-year survival after the chemo-radiotherapy was observed in 12 patients (40%), after the radiotherapy - in 4 of 31 patients (12%).

Of studied poly-chemotherapy options, the combination of 5-FU with Capecitabine and cisplatin found to be more advantageous. The immediate complete clinical effect was observed in 49% (16 of 32 patients), the three-year survival was 29% (10 patients). With respect to use of doxorubicin with Oxaliplatin, the immediate complete clinical effect was gained in 41% (13 of 32 patients); the three-year survival was 27% (8 patients).

Conclusion. The rational use of potential of antitumour compounds aimed at enhancement of the radiation effect permits to achieve the relevant improvement of immediate and long-term outcomes of treatment of recurrent esophageal cancer.

References

1. Feldman S.Z., Musapirova N.A., Mamekova T.K. et al. Sochetannaja luchevoj terapija raka pishhevoda [Concomitant radiotherapy of esophagus cancer] // Med. radiologija [Med. Radiology] - 2008. - 1. - P. 36-40.
2. Kochegarov A.A., Tukhvatullin R.K., Kochegarova G.I. Endoprotezirovaniye v kompleksnom lechenii neoperabel'nyh bol'nyh rakom pishhevoda [Prosthetics in comprehensive treatment of inoperable patients with esophagus cancer] // Sovrem. probl. onkol. [Contemporary problems of oncology]. - Tashkent, Tashkent State Medical University. - 2009. - P.59-62.
3. Davydov M.I. Odnomomentnye operacii v hirurgicheskom i kombinirovannom lechenii raka pishhevoda: Dis. dokt. [One-stage operations in surgical and combined treatment of esophagus cancer: Doctoral theses.] - M., 1988.
4. Okunaka T., Kato H., Conaka C. et al. Photodynamic therapy of esophageal carcinoma // Surg. Endosc. - 2013. - Vol. 4, №3. - P. 150-153.
5. Nihon ganchirgo gakkaiishi [J. Jap. Cancer Ther.] - 2012. - Vol. 30, №2. - P. 142.
6. Orringer M. B., Orringer J. Esophagectomy withput thoracotomy: A dangerous operation // J. Thorac. Cardiovasc. Surg. - 1983. - Vol. 85, №1. - P. 72-80.
7. Oz M.C., Oz M.. Esophagogastrectomy. Successful palliation for esophageal carcinoma // Chest. - 2014. - Vol. 89, №4. - P. 527-529.