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Survival Outcomes for Pre-operative chemotherapy for Squamous Cell Carcinoma of the Oesophagus.

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Aims:
Squamous cell carcinoma (SCC) of the oesophagus accounts for 28% of all oesophageal cancer cases in the UK. The MRC OEO2 trial established the use of pre-operative Cisplatin and 5-fluorouracil chemotherapy prior to surgical resection and the use of pre-operative cisplatin-based chemo-radiotherapy has also been examined. Long term results demonstrated 5 year survival rates of 25.5% and 27.9% for cisplatin-based pre-operative chemotherapy and chemo-radiotherapy respectively. We sought to assess treatment delivery, survival outcomes and prognostic factors for oesophageal SCC patients treated with pre-operative chemotherapy and surgical resection at a tertiary referral centre.

Methods:
Pre-operative chemotherapy comprised of 2 cycles of CFU (Cisplatin 80mg/m² D1 and 5-fluorouracil 1000mg/m²/day D1-4). Baseline demographics, treatment details and clinical outcomes were collected and clinical and pathological factors predicting outcome were assessed.

Results:
From January 2004 to December 2012, 73 patients with oesophageal SCC were treated with pre-operative chemotherapy followed by surgical resection. Patients at our centre were significantly older (p=0.035) and had a poorer performance status (p=0.023) compared to patients in the OEO2 trial. Median age was 66 (range 44-81) and a higher proportion of female patients (43.8% v 23.5%, p=0.0005) were treated at our centre. 70 (95.6%) patients completed two cycles of CFU chemotherapy with 67 (91.2%) patients proceeding to planned surgical resection. The median overall survival was 32.6 months with a 5 year survival rate of 39%. A clear circumferential margin and absence of lymphovascular invasion were statistically significant predictors of relapse free and overall survival.

Conclusions:
Survival outcomes for SCC of the oesophagus at our centre were better than the published data for cisplatin-based pre-operative chemotherapy and chemoradiotherapy despite an older and less fit population.