World Organization for Specialized Studies on Diseases of the Esophagus

OESO Newsletter – January 2025

Message to the members of OESO,
and to all those who have interest in Esophagology

The **OESO-SEMPIRE**

VIRTUAL EDUCATIONAL CHANNEL
38th meeting

From:
Department of Thoracic Surgery, Department of Oncology,
Cancer Hospital, Chinese Academy of Medical Scienses, Beijing

Hosted by:
Professor **You-sheng Mao,** Professor of Thoracic Surgery
Director of First Division, Department of Thoracic Surgery,
Cancer Hospital, Beijing

Wednesday, January 22, 2025

- Beijing | Time: 8 – 10 pm

- **Europe CET:**
  Paris: 1 – 3 pm
  UK: 12 noon – 2 pm
- **North America:**
  West Coast: 4 – 6 am
  East Coast: 7 – 9 am
- **South America:**
  São Paulo:
  9 – 11 am
  Buenos Aires:
  9 – 11 am
  Santiago Chile:
  9 – 11 am
- **Africa:**
  Bomet, Kenya: 3 – 5 pm
- **Asia:**
  Beijing:
  8 – 10 pm
  Kuala Lumpur:
  8 – 10 pm
- **Australia:**
  Melbourne:
  11 pm – 1 am (Jan. 23)

- Zoom technology applied

Registration is free, but mandatory:

Free registration

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Significance of multimodality treatment for locally advanced esophageal cancer

Presenter of the case:

- Professor **Yong Li**
  Dept of Thoracic Surgery

A 25-year-old male patient, admitted for a 3-month dysphagia.

- Pathologically confirmed squamous cell carcinoma of the esophagus at 18 and 20-27 cm from incisors.
- Two separate lesions located by CT scan at the cervical and upper thoracic esophagus,
  with esophageal wall thickness of approximately 1.8 cm.
- Metastatic LNs suspected in bilateral tracheoesophageal grooves and left supraclavicular area.

- Clinical diagnosis of locally advanced cervical and upper thoracic esophageal squamous cell carcinomas, staged cT4aN2M0 (Fig.1).

Decision of multimodality treatment.

- Neoadjuvant treatment regimen from November 2019 to March 2020.
  5 cycles of chemoimmunotherapy (one cycle every 3 weeks, with albumin paclitaxel 200 mg / days 1 and 8, cisplatin 60 mg/ days 2 and 3, and pembrolizumab 200 mg / day 1).
  Tolerable grade II myelosuppression experienced during this period by the patient, with appropriate management.
- Preoperative radiotherapy in April 2020 for supraclavicular LN metastasis with larynx preservation.
  (Radiation dose : 95% PTV 1.8 Gy, a total of 39.6 Gy in 22 fractions over 32 days (Fig.2).
- Surgery 8 weeks after completion of neoadjuvant treatments:
  MIE (McKeown procedure) with three-field lymph node dissection and laryngeal preservation.
  Postoperative pathological stage was ypT0N0M0.
  Surgical margins negative.

- Smooth recovery without complications – Discharge 8 days after surgery. No postoperative treatment.
- 11 months later, recurrence detected in left supraclavicular lymph nodes (metastasis LNs, 2/3).
  Salvage resection of left cervical metastatic lymph nodes.
- 5 years following initial surgery, extensive distal metastases.
  Despite systemic chemotherapy, the metastases could not be controlled and the patient died.

Fig. 1 Preoperative esophagoscopy and CT scan

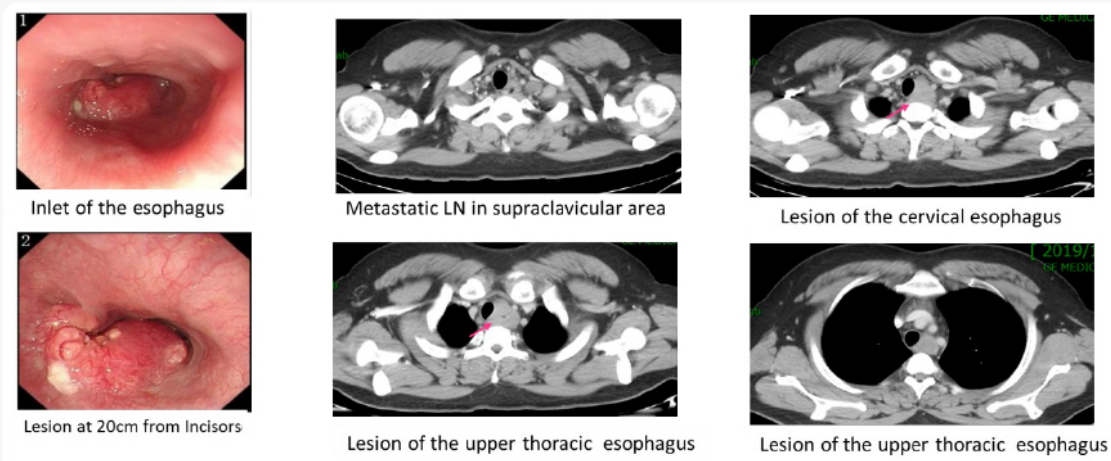
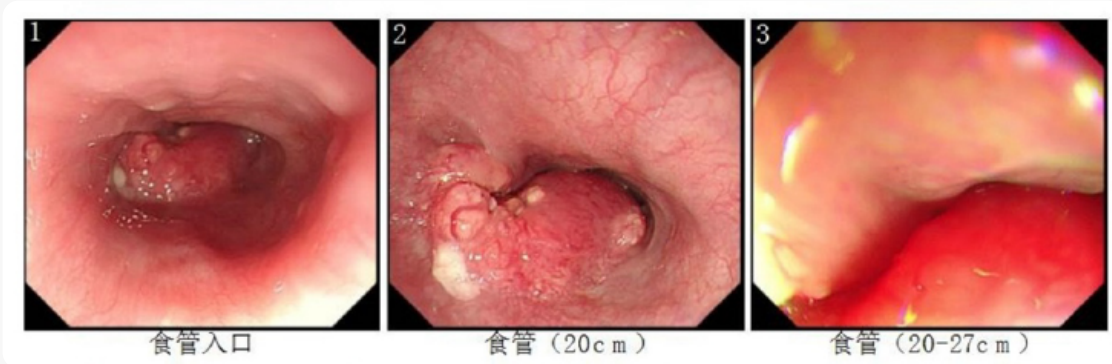
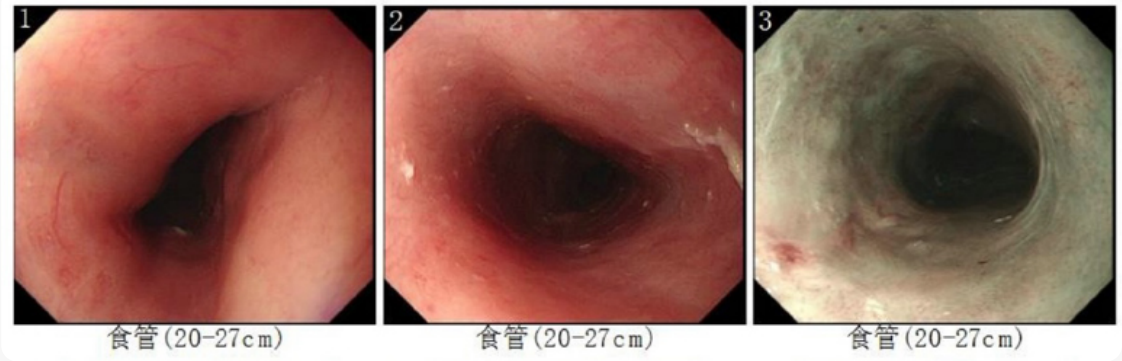


Fig. 2 – Esophagoscopy of pre-treatment and after neoadjuvant therapy

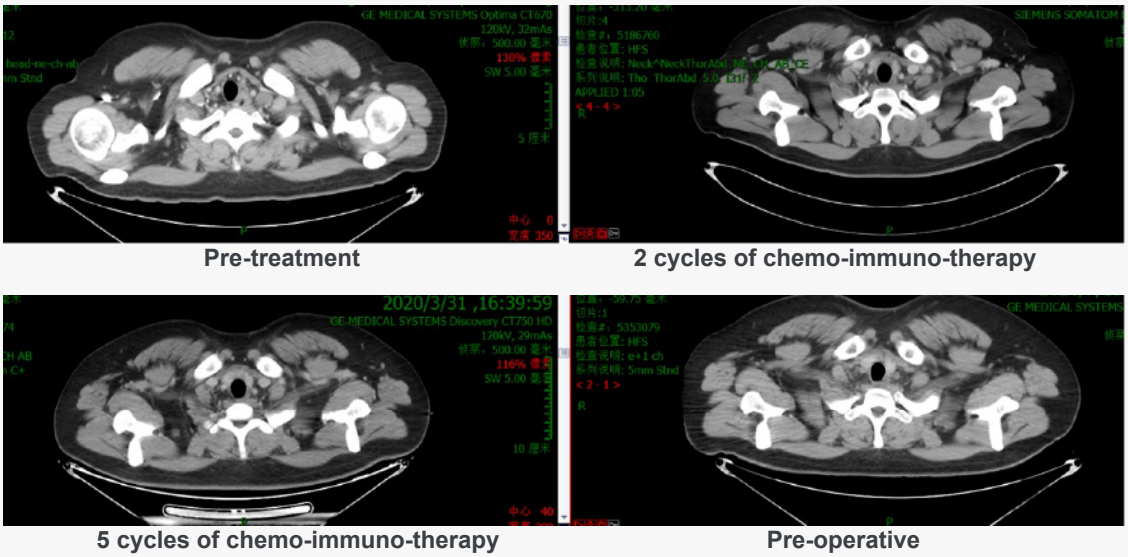


Inlet of The esophagus | **Lesion at 20 cm from incisors** | **Lesion at 20-27 cm from incisors**



Lesion at 20-27 cm from incisors after neoadjuvant therapy

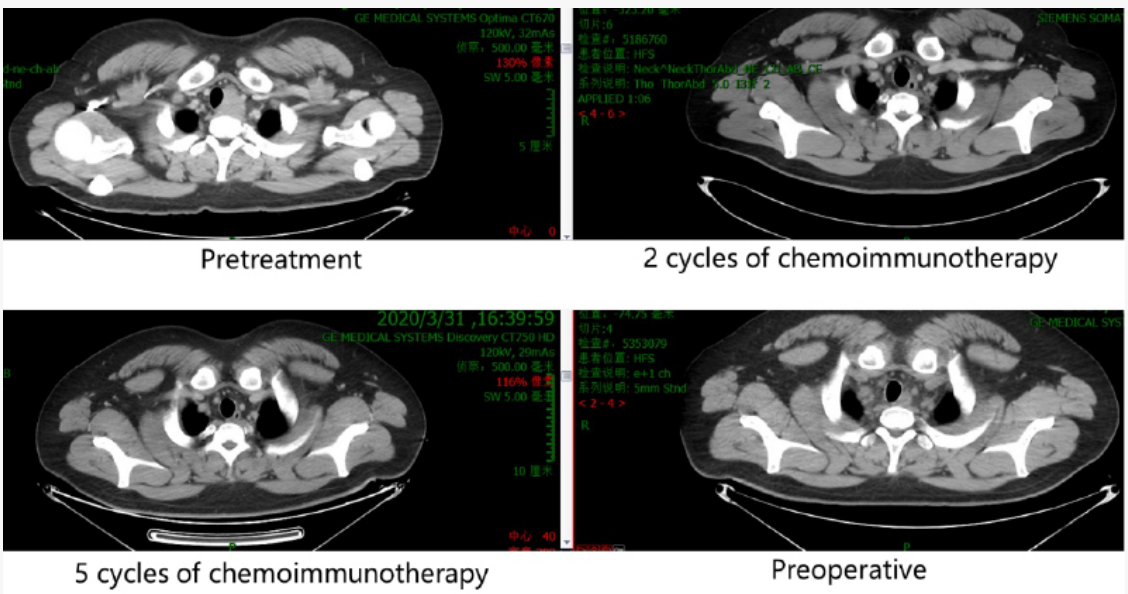
Fig. 3 – Reassessment of supraclavicular metastatic LN by CT



Pre-treatment | 2 cycles of chemo-immuno-therapy

5 cycles of chemo-immuno-therapy | Pre-operative

Fig. 4 – Reassessment of cervical esophageal lesions by CT



Pretreatment | 2 cycles of chemoimmunotherapy

5 cycles of chemoimmunotherapy | Preoperative

Fig. 5 – Reassessment of thoracic esophageal lesions by CT

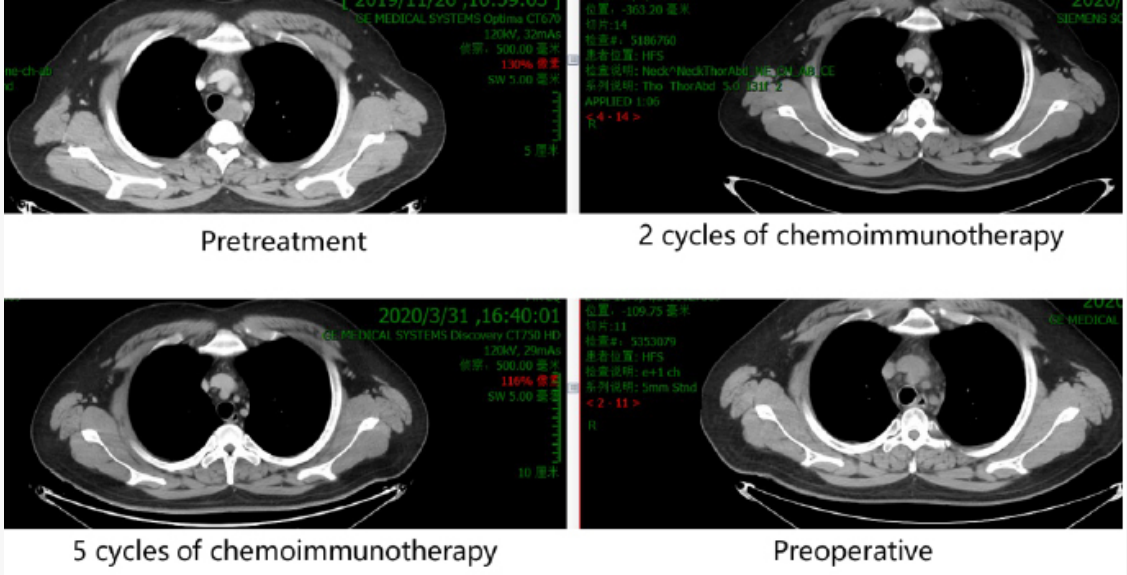


Fig. 6 – Postoperative supraclavicular LN recurrence by CT during follow-up

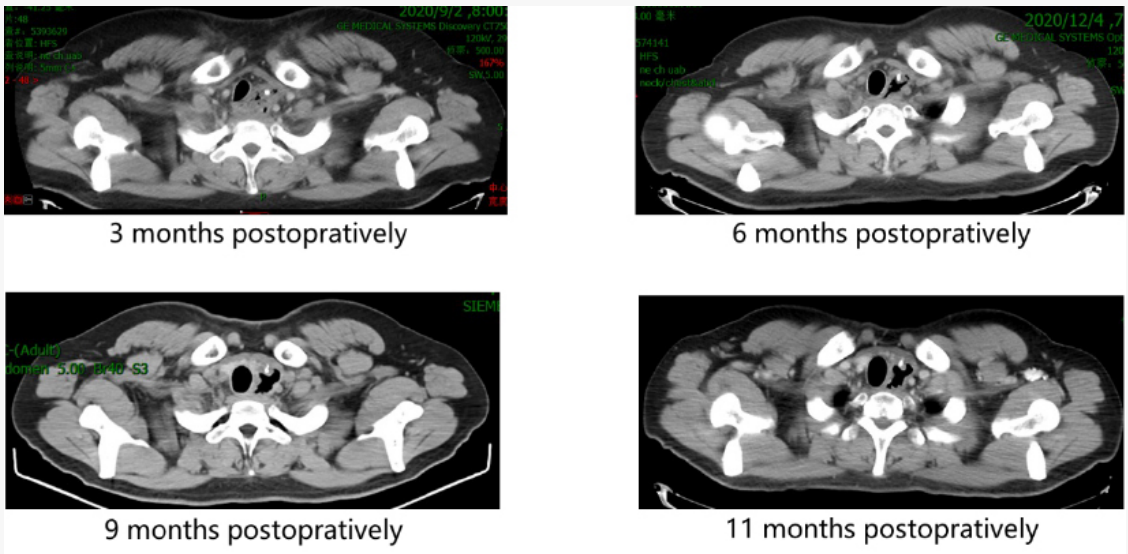
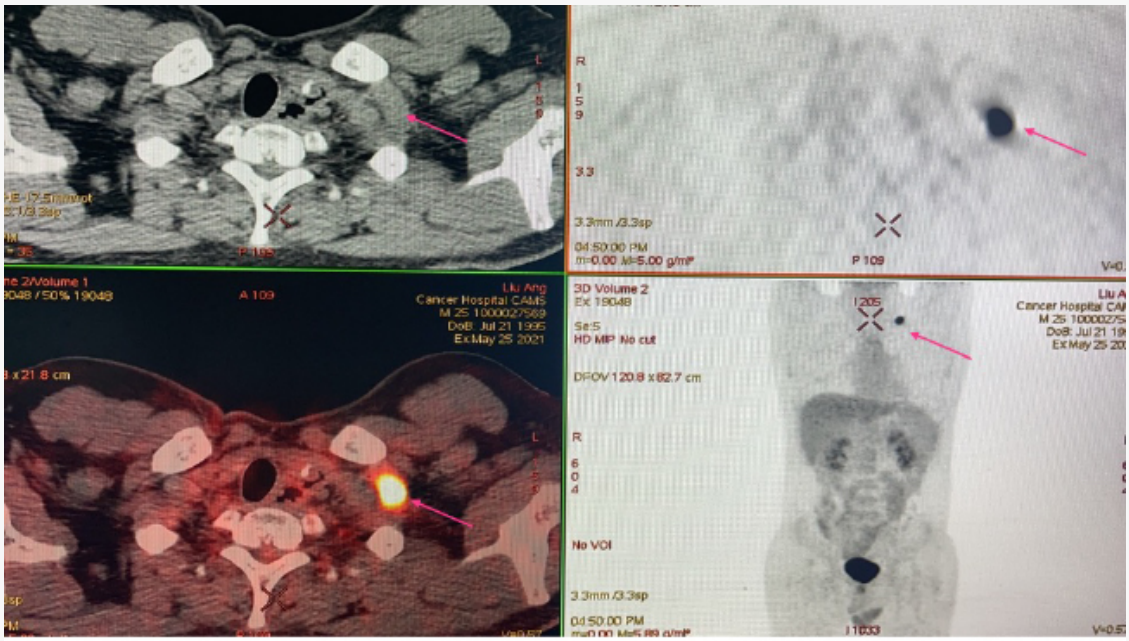


Fig. 7 – Postoperative supraclavicular LN recurrence by PET-CT during follow-up



PET-CT of left supraclavicular metastatic LN

This case highlights the crucial significance of multimodality treatment consisting of local and systemic treatments in esophageal cancer, especially in treatment for cervical cancers.
Preoperative neoadjuvant treatment plays an important role in improving laryngeal preservation rate and patient's quality of life.
However, in order to improve long-term survival after achieving pathological complete response (PCR) for such patients, further research and optimization are still needed for subsequent treatment strategies.

Multi-disciplinary panel:

- Beijing: **You-sheng Mao – Yong Li – Zhen Wang – Ling Qi**
- Shanghai: **Xufeng Guo**
- Guangzhou: **Hong Yang**
- Sichuan: **Yong Yuan**

Topics for discussion:

1. What is the current most effective multimodality treatment regimen for locally advanced esophageal cancer: chemo-radiation or chemo-immuno-therapy or immuno-chemo-radiation?
2. In recent years, many studies reported that neoadjuvant chemo-immuno-therapy could achieve similar PCR rate as chemo-radiation, which was currently still recommended as a standard neoadjuvant treatment for esophageal cancer.
   Could chemo-immuno-therapy replace radiotherapy in the future, or chemo-immuno-therapy followed by sequential radiotherapy improve PCR rate?
3. This is a successful case treated by neoadjuvant therapy followed by radical surgery in convensional multimodality treatment for locally advanced esophageal cancer. However, the patient died of recurrence although yPCR and complete resection were achieved.
   Will yPCR patients still need postoperative immunotherapy?
   Is there any effective follow-up examinations to find micro-residual lesions?
4. Esophagus preservation is becoming more and more potential if CCR is achieved after neoadjuvant therapy such as chemoradiation or chemo-immuno-therapy or even immuno-chemo-radiation for esophageal cancer patients.
   What is the most effective neoadjuvant regimen that should be selected for esophageal cancer patients?
   If CCR is achieved after neoadjuvant therapy, should standard surgical resection be decided for the patient, or just close follow-up and subsequent salvage surgery after detection of local recurrence?

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*Thirty-seven Pilot Centers worldwide are currently listed in the network of the OESO-SEMPIRE Platform of Excellence in Esophagology to take part in the program of the **OESO Virtual Educational Channel in Esophagology.***

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*Such a program is in line with true multi-disciplinarity, the essence of OESO since its creation, and the mission defined by UNESCO in the **Chair of Digital Education** attributed in 2018, to the OESO Foundation at the University of Geneva.*

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The previous "Staff meeting discussions" were organized in

- **2020:** May 28 (Pilot Center of Milan), July 22 (Pilot Center of Stanford), October 3 (Pilot Center of Bomet, Kenya), October 29 (Pilot Center of Beijing), December 10 (Pilot Center of Geneva),
- **2021:** January 29 (Pilot Center of Melbourne), February 25 (Pilot Center of Bordeaux), March 19 (Pilot Center of Stanford), April 15 (Pilot Center of Paris), May 26 (Pilot Center of Milan), June 23 (Pilot Center of Sao Paulo), August 21 (Asian Pacific Digestive Week), October 19 (Pilot Center of Mainz), November 22 (Pilot Center of Bordeaux), December 9 (Pilot Center of Geneva),
- **2022:** January 20 (Pilot Center of Kota Bharu), February 22 (Pilot Centers of Beijing, Shanghai and Guangzhou), March 24 (Pilot Center of Boston), May 4 (Pilot Centers of Melbourne and Kenya), July 19 (Pilot Center of Kota Bharu), September 23 (Pilot Center of Milwaukee, Wisconsin), October 8 (Pilot Center of Chile), December 14 (Pilot Center of Geneva),
- **2023:** January 11 (Pilot Center of Stanford), February 26 (Pilot Center of Malaysia), March 23 (Pilot Center of Boston), May 24 (Pilot Center of Paris), June 1 (Pilot Center of Chile), September 28 (Pilot Center of Milwaukee, WI), November 30 (Pilot Center of Geneva and London) and December 18 (Pilot Center of Zurich),
- **2024:** January 24 (Pilot Center of Houston, Texas), February 20 (Pilot Center of Verona), June 5 (Pilot Center of Guangzhou), July 18 (Pilot Center of Bomet), October 9 (Pilot Center of Hong Kong) and November 27 (Pilot Center of Houston, Texas).

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- ***Wherever you are in the world,***
- ***Whatever your specialty,***
- ***Whatever your level,***

the 38th clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global staff meeting dedicated to one challenging topic of esophagology.
Participants from any country can connect to the discussion.

Looking forward to seeing you soon!

Robert Giuli, MD, FACS
Professor of Surgery
Founder & Deputy Executive Director of OESO

The next 39th clinical case coming up for discussion will be presented on February 26, 2025 at 4 pm from the Pilot Center of Geneva, hosted by Prof. Stefan Mönig.

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