

## OESO Newsletter – January 2026

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



### The **OESO-SEMPIRE**

**VIRTUAL EDUCATIONAL CHANNEL**  
**43<sup>rd</sup> meeting**

From:  
Cancer Hospital Chinese Academy of Medical Sciences,  
Beijing

Hosted by:  
**Prof. Yousheng Mao**, Department of Thoracic Surgery

### **Saturday, January 24, 2026**

- Beijing Time 8:00 – 9:30 pm

- **Europe CET:**

Paris: 1 – 2.30 pm

UK: 12 noon – 1.30 pm

- **North America:**

West Coast: 4 – 5.30 am

East Coast: 7 – 8.30 am

- **South America:**

São Paulo: 9 – 10.30 am

Buenos Aires: 9 – 10.30 am

Santiago Chile: 9 – 10.30 am

- **Africa:**

Bomet, Kenya: 3 – 4.30 pm

- **Asia:**

Beijing: 8 – 9.30 pm

Kuala Lumpur: 8 – 9.30 pm

- **Australia:**

Melbourne:

11 pm – 0.30 am (Jan 25)

- Zoom technology applied

Registration is free, but mandatory:

Free registration



## Multidisciplinary comprehensive treatment for a challenging case of esophageal cancer



### GIST OF THE CASE

**Chair:** Professor Jie **He** (Beijing)

**Introduction:**

Robert **Giuli** (France), Keneng **Chen** (Beijing),  
Guillaume **Piessen** (Lille)

**Moderator:** Yousheng **Mao** (Beijing)

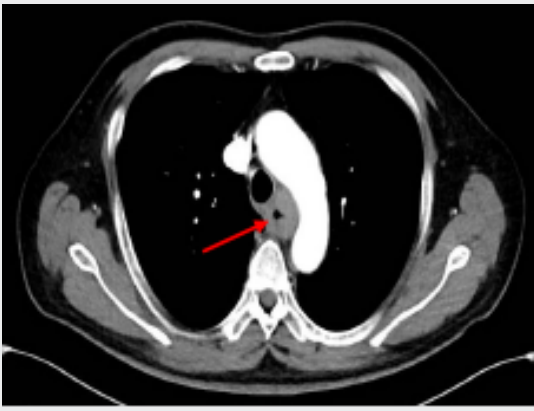
**Presenters of the case:**

Liang **Dai** (Beijing), Hong **Yang** (Guangzhou),  
Wei **Huang** (Shangdong), Jiaxuan **Xu** (Beijing),  
Yong **Li** (Beijing), Feng **Wang** (Zhengzhou)

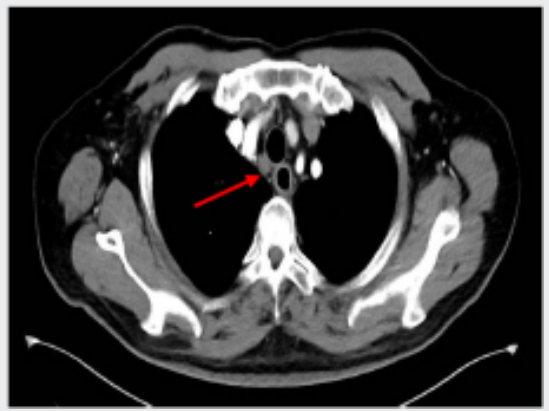
**Moderators:** Yin **Li** (Beijing),  
Lijie **Tan** (Shanghai), Zhigang **Li** (Shanghai)

*During neoadjuvant chemo-immuno-therapy for esophageal squamous cell carcinoma (ESCC), pulmonary embolism without symptom occurred. Tumor progression was observed 2 months after radical radiotherapy. Following surgical exploration at an external hospital and re-evaluation, a salvage Mckeow procedure was performed in our hospital.*

- 62 years old male patient.
- Dysphagia and semi-liquid diet for over 6 months, since May,2024, with weight loss of 5kg.
- No chest/back pain, hoarseness, or cough reported.
- Gastroscopy showed an esophageal mass 25-28 cm from the incisors.
- Squamous cell carcinoma at pathologic examination.
- Chest CT with contrast and PET/CT showed thickening of the upper thoracic esophagus with intensely increased fluorodeoxyglucose (FDG) uptake (**A**).
- N°106R lymph node was enlarged with hypermetabolism (**B**).



A. Tumour before treatment



B. N°106R lymph node before treatment

### Past medical history:

Grade 3 hypertension over the past 30 years, currently treated with Irbesartan and Metoprolol.

Type 2 Diabetes Mellitus over 15 years, currently taking Glimepiride.

### Personal History

Alcohol consumption for 20 years approximately 500ml/day, stopped 7 months ago.

Smoking history denied.

### Initial Diagnosis

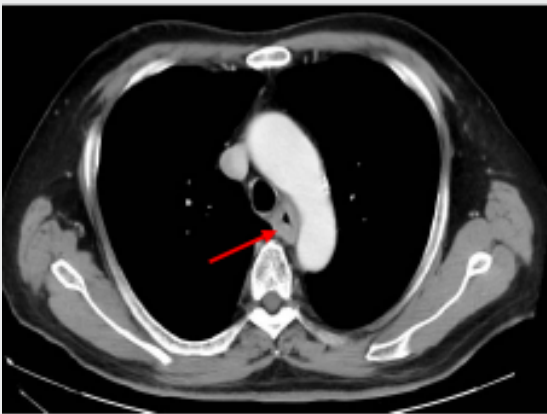
Upper thoracic ESCC, cT3N1M0 - Stage III (AJCC 8th Edition).

Grade 3 Hypertension. Type 2 Diabetes Mellitus.

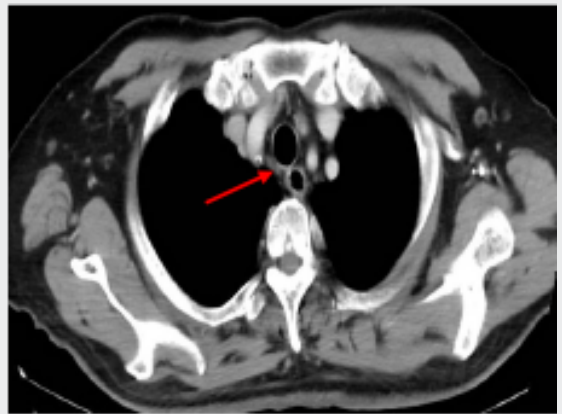
### Course of treatment:

- **Neoadjuvant Chemo-immuno-therapy** (External hospital):  
Regimen: Albumin-bound Paclitaxel + Carboplatin + Camrelizumab  
2 cycles (11/27/2024; 12/16/2024).

Evaluation (01/13/2025) Chest CT with contrast: Stable disease (SD) with shrinkage **C, D**.



C. Tumour after 2 cycles

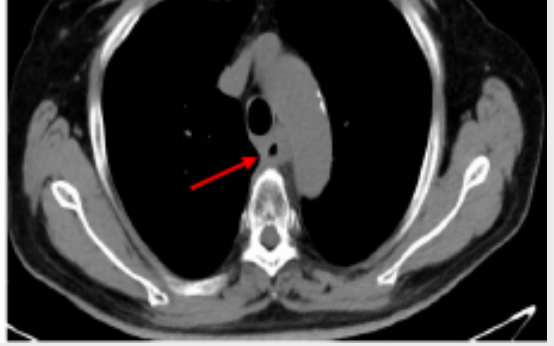


D. N°106R lymph node after 2 cycles

- **Definitive Radiotherapy** (External Hospital) was selected for the patient due to pulmonary embolism in the right middle lobe artery without symptom detected by chest CT.



E. 1-month post-definitive radiotherapy



F. 2-month post-definitive radiotherapy

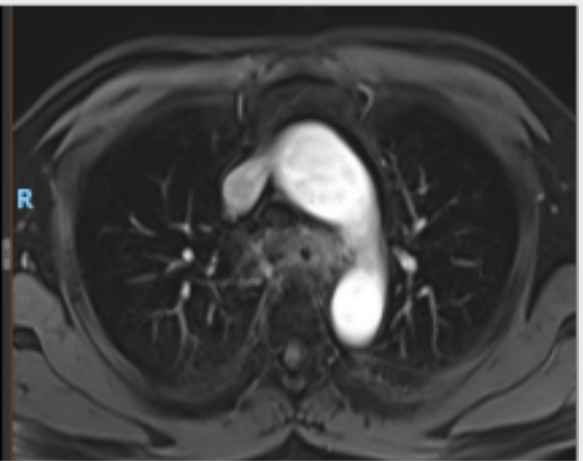
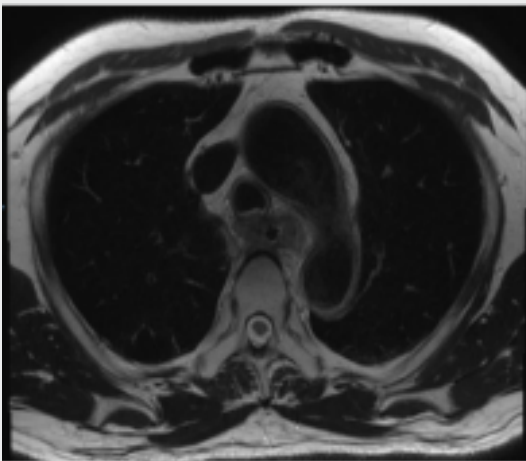
- **Surgical exploration** (External Hospital)

05/10/2025: Inferior vena cava filter placement.

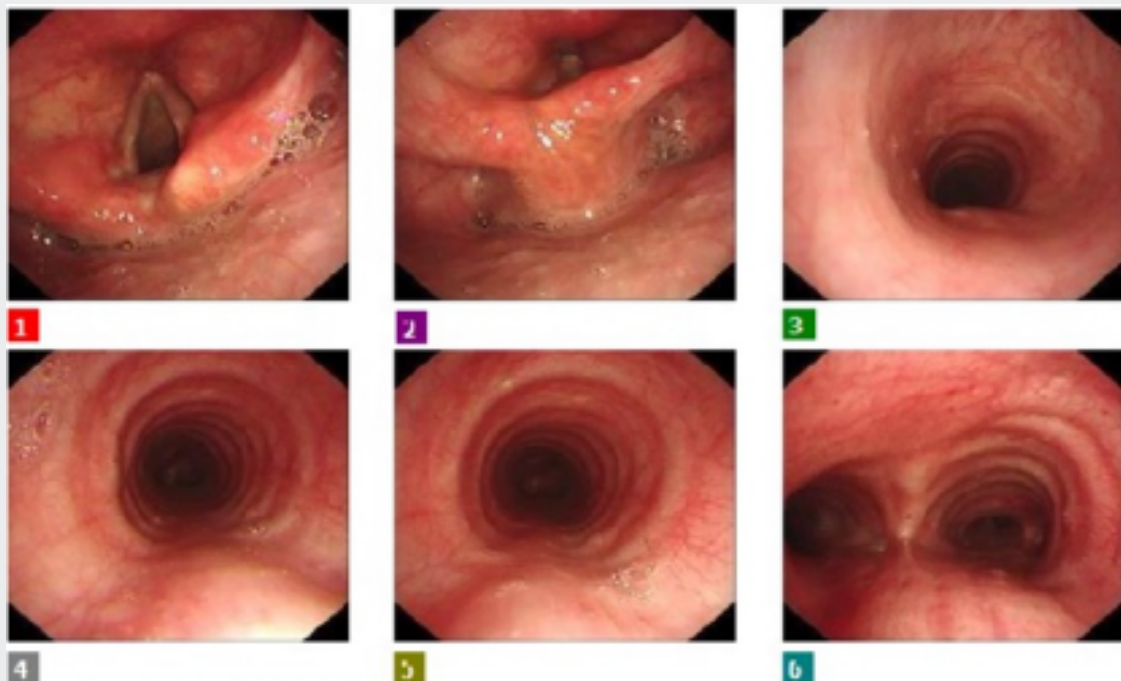
05/15/2025: Thoracoscopy: surgical exploration revealed severe adhesion between esophagus and aorta, leading to stop of the procedure.

- **Re-evaluation** (Our Hospital)

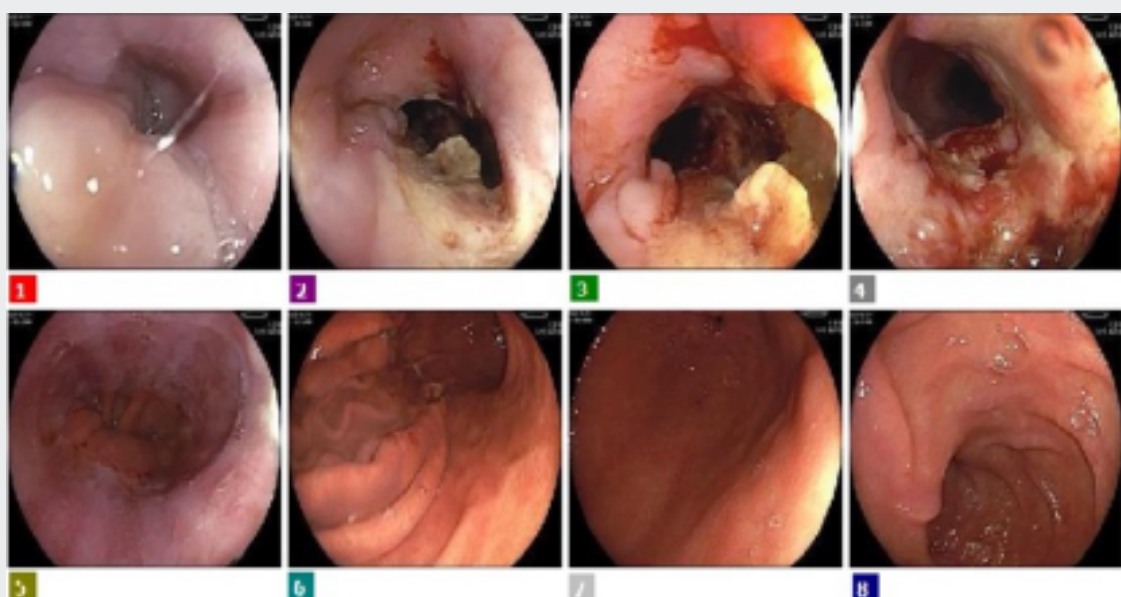
- The patient experienced dysphagia, able to tolerate semi-liquid diet
- Severe back pain.
- Esophageal MRI: ycT4bN1M0 (Upper thoracic esophageal wall thickening, indistinct adventitia, unclear boundary with the posterior tracheal wall, and enlarged N°107 lymph nodes) (**G**).



G. Esophageal MRI



**H. Bronchoscopy:** normal mucosa of the trachea and bilateral main bronchi



**Gastroscopy and biopsy:** esophageal ulcerative mass at 24-28 cm from the incisors. Consecutive tissue biopsy showed atypical cell infiltration, consistent with squamous cell carcinoma.

## Surgery (Our Hospital):

**Procedure:** Thoracoscopy and laparoscopy-assisted salvage Mckeown procedure via retrosternal approach (06/05/2025).  
Intra-operative frozen pathology examination of chest wall invasion tissue: necrosis and fibrous connective tissue. No cancer cells.  
Tracheal invasion site: submitted tissue showed no carcinoma.

## Postoperative pathology

Upper thoracic ESCC, ypT4N0M0 (TRG Grade 3).  
N°107+108LN 0/9; N°110+111LN 0/2; N°G1+G2LN 0/3; N°G3+G7LN 0/12;  
PD-L1(22C3).

## Postoperative follow-up

Chest CT with contrast showed no recurrence 6 months later (12/17/2025).



### Panel for discussion:

**Dai** Liang (Beijing), **Guo** Xufeng (Shanghai), **Huang** Wei (Shangdong), **Kang** Xiaozheng (Beijing), **Leng** Xuefeng (Sichuan), **Li** Wenya (Shenyang), **Li** Yong (Beijing), **Lu** Zhihao (Beijing), **Piessen** Guillaume (Lille), **Shi** Yanjie (Beijing), **Sun** Haibo (Henan), **Wang** Feng (Zhengzhou), **Wang** Zhen (Beijing), **Yang** Hong (Guangzhou), **Yuan** Yong (Chengdu), **Zheng** Bin (Fuzhou)

### Topics for discussion:

1. **Initial staging and neoadjuvant approach:** what was the initial stage of the esophageal cancer? What mode should be adopted for neoadjuvant treatment?
2. **Treatment response and strategy adaptation:** what was the efficacy evaluation of the post-neoadjuvant treatment, and what is the subsequent treatment strategy?
3. **Impact of thromboembolic event:** was the treatment strategy for the cancer changed due to the occurrence of pulmonary embolism without symptoms during the pre-operative systemic treatment?
4. **Salvage surgery:** indications and prognosis: indications for salvage surgery in patients with residual tumors after radical radiotherapy for esophageal cancer, and prognosis for such patients.
5. **Management after non-radical resection:** what is the treatment to apply after non-radical resection of esophageal cancer?



*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**.*



*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.*



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), 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), November 27 (Pilot Center of Houston, Texas),
- **2025:** January 22 (Pilot Center of Beijing), March 5 (Pilot Center of Geneva), May 8 (Pilot Center of San Paulo), October 2 (Pilot Center of Belgrade) and November 12 (Pilot Center of Amsterdam).



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

the 43<sup>rd</sup> 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 44th clinical case coming up for discussion will be announced in the next newsletter and on the website.

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