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Titel des Beitrags: Therapy of advanced esophageal malignancy.

Abstract: PURPOSE OF REVIEW: To evaluate the developments in the treatment of advanced esophageal cancer during the past year. RECENT FINDINGS: Esophagectomy remains the treatment of choice for resectable esophageal malignancies even in locally advanced disease. Transthoracic en bloc esophagectomy with extended mediastinal lymphadenectomy seems to be superior to transmediastinal resection. Hospital and surgeon volume are the major factors that determine postoperative mortality. Promising short-term results were obtained in larger series with minimally-invasive esophagectomy, but concerns about oncologic appropriateness and the widespread applicability of this approach remain. Although neoadjuvant chemotherapy or radiochemotherapy is widely practiced, only responders appear to benefit. Positron emission tomography with fluorodeoxyglucose has been identified as a promising tool for response evaluation early after the onset of neoadjuvant treatment. Adjuvant chemotherapy or radiochemotherapy may be beneficial in a subgroup of patients after complete tumor resection. SUMMARY: The transthoracic approach should be preferred for esophagectomy in locally advanced tumors. The surgeon's experience is the most important determinant of outcome after esophagectomy. Individualized indications for multimodality treatment appear possible.