ASO AUTHOR REFLECTIONS

ASO Author Reflections: Intensified Neoadjuvant Chemoradiotherapy Followed by Esophagectomy in Esophageal Cancer

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PAST

Neoadjuvant chemoradiotherapy for resectable esophageal cancer has become standard practice, based on the Dutch CROSS study.^{1,2} This therapy consists of five cycles of carboplatin/paclitaxel with concurrent radiotherapy (41.4 Gy); however, the role of intensified neoadjuvant chemoradiotherapy with a higher dose of both chemotherapy and radiotherapy is unclear.

PRESENT

We analyzed a cohort of 176 patients with potentially resectable esophageal cancer treated with intensified neoadjuvant chemoradiotherapy (six cycles of carboplatin/paclitaxel with concurrent radiotherapy [50.4 Gy]),³ and found that our intensified regimen was feasible but adverse events occurred frequently. Although high rates of pathological complete responses were seen, a survival benefit, compared with conventional neoadjuvant chemoradiotherapy, seems lacking.

FUTURE

Due to the retrospective nature of our study design, a randomized trial is needed to identify the added value of intensified neoadjuvant chemoradiotherapy for resectable esophageal cancer. Until then, we advise against intensification of neoadjuvant therapy.

DISCLOSURE Jorianne Boers and Jan Willem B. de Groot report no conflicts of interest.

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