



Esophagectomy or Total Gastrectomy for Siewert 2 Gastroesophageal Junction (GEJ) Adenocarcinoma: An Ongoing Debate

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To the editors,

We thank the authors for their interest in our article “Esophagectomy or Total Gastrectomy for Siewert 2 Gastroesophageal Junction (GEJ) Adenocarcinoma? A Registry-Based Analysis.”¹ We comment on their letter as follows:

First, the staging of patients by Siewert classification has always been a challenge because the exact application of the epicenter remains unclear. Therefore, this issue remains across all published studies to date, and will remain to be an issue moving forward. In the current study, we took a pragmatic approach to this by defining Siewert 2 tumors according to endoscopic assessment.

Second, baseline differences in patient- and pathologic-level factors exist that influence overall survival between patients receiving esophagectomy and those undergoing gastrectomy. To address possible selection biases, we performed propensity-matching and used a further Cox-regression model to adjust for all possible confounders. Despite this, a possibility remains for unmeasured biases not captured within the cohort studies.

Third, the authors raise the points regarding surgical morbidity and the use of intraoperative frozen sections. However, neither of these data points was captured in the National Cancer Database, but they both warrant further review in future studies.

Fourth, we have included data on neoadjuvant therapy (i.e., chemotherapy or chemoradiotherapy) in the propensity-matching to be taken into account.

In summary, this topic remains an important debate for clinicians managing patients with esophagogastric cancers, warranting an urgent need for a pragmatic high-quality randomized controlled trial.

DISCLOSURE There are no conflicts of interest.

REFERENCE

1. Kamarajah SK, Phillips AW, Griffiths EA, et al. Esophagectomy or total gastrectomy for Siewert 2 gastroesophageal junction (GEJ) adenocarcinoma? A registry-based analysis. *Ann Surg Oncol*. 2021. <https://doi.org/10.1245/s10434-021-10346-x>.

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