




## ASO Author Reflections: Safety and Curability of Lymphadenectomy for Salvage Esophagectomy

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### PAST

Definitive chemoradiotherapy, 50 Gy or higher, is the most important treatment modality for organ preservation in patients with esophageal squamous cell carcinoma. If cancer cells remain or recur after definitive chemoradiotherapy, salvage surgery is the only remaining treatment option. However, salvage surgery is associated with a higher rate of postoperative morbidity, such as pulmonary complications, and mortality compared with non-salvage surgery.<sup>1</sup>

For esophageal cancer, especially squamous cell carcinoma that frequently metastasizes to the upper mediastinal and cervical lymph nodes, three-field lymph node dissection in the cervical, thoracic, and abdominal regions is associated with better prognosis.<sup>2</sup>

### PRESENT

Since extensive lymph node dissection increases the risk of postoperative complications, only the necessary lymph nodes should be dissected, according to each case. Unfortunately, diagnostic accuracy of metastasis for regional lymph nodes before initial treatment is not so high even in positron emission tomography/computed tomography (PET/CT). Thus, an accurate diagnosis of the extent of truly positive lymph nodes is difficult without observing changes over time. Unlike neoadjuvant chemoradiotherapy, dynamic changes in lymph node size and properties could be evaluated over time before

and after initial definitive chemoradiotherapy with relatively long and frequent follow-up. Therefore, selective lymphadenectomy of only clinically positive lymph nodes may contribute to obtaining good short-term surgical outcome and long-term oncological outcome in salvage esophagectomy after definitive chemoradiotherapy.<sup>3</sup>

### FUTURE

An organ-preserving therapy based on neoadjuvant chemoradiotherapy followed by active surveillance has been developed in recent years.<sup>4</sup> If salvage surgery that is both safe and has good long-term outcomes can be performed, it may become more important to compare definitive chemoradiotherapy with neoadjuvant chemoradiotherapy followed by active surveillance in a randomized controlled trial setting.

### REFERENCES

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