## Treatment of Locally Advanced Esophageal Carcinoma: ASCO Guideline

<table>
<thead>
<tr>
<th>Clinical Question</th>
<th>Recommendation</th>
<th>Evidence Rating</th>
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<tbody>
<tr>
<td>Is neoadjuvant or adjuvant therapy in addition to surgery recommended compared to surgery alone?</td>
<td>Multimodality therapy should be offered to patients with locally advanced esophageal carcinoma.</td>
<td>Type: Evidence-based; benefits outweigh harms  Evidence quality: Moderate  Strength of recommendation: Strong</td>
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<td><strong>Note.</strong>  Although outside the scope of recommendations for locally advanced esophageal cancer, the Expert Panel recommends that for patients with clinical earlier stage esophageal cancer (T2, N0), surgery alone may be considered after discussion with a multidisciplinary team.1,2 Within this group, surgery alone may be more appropriate for patients with low risk cT2NO lesions (i.e. well-differentiated, less than 2cm),3 and where there is a sufficient degree of confidence in the results of pretreatment staging.</td>
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### Subgroup considerations.
- For the subgroup of patients for whom surgery is not feasible, CRT without surgery is recommended.
- Preoperative CT should be considered for patients who are not candidates for radiation or postoperative chemotherapy.4,5
- Postoperative complications may be more severe with CRT as compared to CT. 6 Consider the potential for patient tolerance of the addition of RT based on tumor location and other factors.7
- The addition of radiotherapy is expected to be more beneficial in the setting of less extensive surgery. Adequate quality and extent of surgery includes clear surgical margins and adequate nodal dissection within appropriate nodal fields, e.g. abdominal and thoracic, with a goal of obtaining at least 16 to 18,8 and preferably greater than 20 lymph nodes.9 Lymphadenectomy fields and extent of surgery will be affected by tumor location. Detailed recommendations for surgical approach are beyond the scope of this guideline.
- Preoperative chemoradiotherapy (CRT) or perioperative chemotherapy (CT) should be offered to patients with locally advanced esophageal adenocarcinoma. | Type: Evidence-based; benefits outweigh harms  Evidence quality: Moderate  Strength of recommendation: Strong |

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[1] 1,2
[2] 3
[3] 4,5
[4] 6
[5] 7
[6] 8
[7] 9
TREATMENT OF LOCALLY ADVANCED ESOPHAGEAL CARCINOMA: ASCO GUIDELINE

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<td>Note.</td>
<td>While outside the scope of the systematic review, the Expert Panel recognizes FLOT as the standard of care for perioperative chemotherapy in esophageal adenocarcinoma. The FLOT regimen includes four preoperative and four postoperative 2-week cycles of 50 mg/m² docetaxel, 85 mg/m² oxaliplatin, 200 mg/m² leucovorin and 2600 mg/m² fluorouracil as 24-h infusion on day 1. Where the FLOT regimen is not available or feasible, the Expert Panel suggests cisplatin-fluorouracil (CF; two 3-weekly cycles of cisplatin [80 mg/m² intravenously on day 1] and fluorouracil [1 g/m² per day intravenously on days 1–4]), or a similar platinum-based regimen.</td>
<td>Evidence-based; benefits outweigh harms Evidence quality: Moderate Strength of recommendation: Strong</td>
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<td>Preoperative CRT or CRT without surgery (definitive CRT) should be offered to patients with locally advanced esophageal squamous cell carcinoma.</td>
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Subgroup considerations.
- Historical studies suggest that in patients who respond completely to CRT, the addition of surgery may offer minimal benefit. In patients with squamous cell carcinoma who appear to have a complete response to CRT, the option of surveillance and salvage surgery upon progression may be considered, where salvage esophagectomy is practiced. At this time, a randomized controlled trial is exploring the question of surveillance and salvage surgery after CRT compared to planned surgery after CRT using the clinical assessment criteria established in the pre-SANO trial; a similar study is underway in France.
- In patients for whom radiation is not an option, preoperative CT (without radiation) may be considered.
- Definitive CRT is recommended for patients with tumors located in the cervical esophagus; surgery should be considered in the event of persistent or recurrent disease.
- While CRT and surgery are preferred, definitive CRT is an option for patients who cannot tolerate or choose not to undergo surgery.
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<td><strong>Practice Statement.</strong>&lt;br&gt;For patients with esophageal squamous cell carcinoma, the decision to undertake surgery should be considered in the context of shared decision making, considering age, comorbidities, patient preference, caregiver support, and other factors.</td>
<td><strong>Type:</strong> Consensus-based&lt;br&gt;<strong>Strength of Recommendation:</strong> Strong</td>
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### References