How to Treat Adenocarcinomas of the Distal Esophagus and the Gastro-Esophageal Junction

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The review of Hulscher and van Lanschot published in this issue highlights one of the key question in the surgical treatment of esophageal tumors: What is better for the patient? A limited resection with low postoperative morbidity and mortality or a more extended and radical surgical approach, which is associated with a higher postoperative complication rate but will possibly reduce the rate of later recurrences. Data from a study done and published by the authors two years ago [1] suggest that for adenocarcinoma of the gastro-esophageal junction (Siewert type II), a limited, transhiatal resection seems to be appropriate as there was no difference in long-term survival between the transhiatal resection and the transthoracic procedure. In contrary, the authors observed a trend towards improved late outcome if tumors of the distal esophagus (Siewert type I) were resected via the transthoracic route with two-field lymphadenectomy. These data are not really new but they imply certain important features: adenocarcinoma of the distal esophagus and tumors of the gastro-esophageal junction are two different clinical entities, requiring different specific treatment. Therefore, it is important to perform a careful preoperative staging in order to optimize the surgical procedure done in these patients. In practice, it might be difficult to find a real sharp border between both groups. Hulscher and van Lanschot have chosen the Siewert classification

of esophageal tumors, which seems to be a reasonable basis for such a differentiation.

The results of their study with 220 patients are excellent and remind us of the fact that esophagectomies for distal esophageal tumors can be performed as safe procedures with low morbidity and mortality. Hospital mortality was 2% for transhiatal resection and 4% for transthoracic resection. Disease-free survival after 5 years was 27 versus 39%, respectively.

Cancer of the distal esophagus remains not only a surgical challenge. It requires a multidisciplinary team with expertise in this field. In their paper, Hulscher and van Lanschot emphasize that for esophagectomy (as for most other surgical procedures) hospital volume and hospital mortality are closely connected. This is another important feature of their review: surgery of esophageal tumors should be done in specialized centers.

References

- 1 Hulscher JB, van Sandick JW, de Boer AG, Wijnhoven BP, Tijssen JG, Fockens P, Stalmeier PF, ten Kate FJ, van Dekken H, Obertop H, Tilanus HW, van Lanschot JJ: Extended transthoracic resection compared with limited transhiatal resection for adenocarcinoma of the esophagus. *N Engl J Med* 2002;347:1662–1669.