

PATTERNS OF RECURRENCE AFTER CURATIVE RESECTION FOR GASTROESOPHAGEAL JUNCTION CARCINOMA AT A SPECIALIST ONCOLOGIC CENTER

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Introduction: The incidence of gastroesophageal junction carcinoma (GOJC) has shown a steady increase over last few decades despite a decrease in overall incidence of oesophageal carcinoma. Better imaging technology has enabled more accurate preoperative staging of oesophageal cancers, resulting in judicious and more efficient selection of patients for curative resection. Despite its survival, GOJC after curative resection becomes low (30-40%). We aim to review the patterns of recurrence following surgical treatment of GOJC with curative intent at a specialist oncologic center.

Methods: Medical records of patients with GOJC undergoing resection with curative intent between Sep' 2009 and Sep' 2016 were reviewed. Tumours located within 5 cm of GOJ on endoscopy were included in the study as GOJC. Recurrence was defined as presentation of disease at local and distant site after curative surgery and was confirmed by radiological or pathological methods. Clinical details, neo-adjuvant therapy, operative details, clinical and histopathologic staging, margin status and data regarding recurrence were studied and analyzed.

Results: A total of 193 patients under oesophageal resections with curative intent were included in this study. Out of them, 137 cases were of GOJ adenocarcinoma. Median age was 54. Male to female distribution was 68 versus 38%. All patients received neoadjuvant therapy. Transhiatal esophagectomy was performed in 65 patients, Ivor Lewis esophagectomy in 14 and three stage esophagectomy in 57 patients. 40% patients showed complete response. There were 21 patients, who developed recurrence of which four had local recurrence, 14 had distant metastases and three had both. Almost half of the recurrences were in liver (51%). The risk factor identified for local recurrence was positive resection margin and for distant metastasis was a grade 3 tumour.

Conclusion: The incidence of recurrence following curative resection of GOJC is 32%. This high rate of recurrence suggests the need for careful selection of patients who will benefit from curative resection. Grade 3 tumour with poor response to neoadjuvant was associated with higher rate of recurrence after surgery.

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