Introduction

The cervical oesophagus is continuous with the hypopharynx extending from the lower border of the cricoid cartilage to the start of the thoracic oesophagus at the thoracic inlet. It is located at 16-18cm measuring from the incisors.

Squamous cell carcinoma (SCC) of the cervical oesophagus (c-oesophagus) is a rare cancer subtype with a poor prognosis [1]. Concurrent chemoradiotherapy (CRT) is a standard of care for the treatment of SCC of the oesophagus [2]. Published phase III data of patients receiving radical CRT for oesophageal cancers shows a 2 year overall survival (OS) of 31-56% [2-4].

Methods

Patients who completed radical radiotherapy (RT) for c-oesophagus SCC (n=7) at our centre were identified over a 12 year (yr) period (Jan 2006 – Dec 2017). Only true c-oesophagus patients were included. Patients with tumours of the hypopharynx or thoracic oesophagus extending into the cervical oesophagus were excluded. Data was retrospectively collected.

Results

• The median OS (range) was 5.9 months (2.9-85.8). The 2 yr OS was 29%. [Fig 2].

• The median baseline age (range), was 64 yr (58 – 78). 43% of patients were female and 57% male.

• 3 patients were treated primarily by the Head and Neck oncology team, 3 primarily by the GI team and 1 patient was under shared care between the 2 teams.

• Regarding T-stage the number of cases for T2, T3 and T4 was 1, 5, and 1 respectively. 4 patients were node positive. [Fig 3].

• Radiation dose delivered was 50-66 Gy in 25-33 fractions with 86% treated using IMRT. 71% received elective nodal irradiation. All were treated within the planned time-frame.

• 6 patients received concurrent chemotherapy. 3 received mitomycin C/ 5FU, 2 received cisplatin, 1 received carboplatin. Of these patients 4 completed all cycles of chemotherapy as initially prescribed.

• Complete and partial response rates were both 43%.

• At relapse 3 patients went on to receive palliative chemotherapy.

Conclusion

The OS of patients in our cohort was lower than that of published data. One case series of c-oesophagus patients showed 5 year OS of 48.3% using a mean dose of 60 Gy, with 87% of patients receiving elective nodal irradiation [5].

Given the rarity of this tumour subtype we will be seeking data from other centres to increase our sample size as well as collecting data prospectively going forward.

Enteral feeding tubes during treatment

Discussion

Whilst there are limitations to the interpretation of this data set due to the size of the cohort we feel that guidelines on management of c-oesophagus SCC are required. Radiation dose escalation and treatment of cervical nodal groups should be considered. Treatment planning combining expertise of Head and Neck and GI clinical oncologists is optimal.

References