

Abstract

Carcinoma of oesophagus is one of the highly virulent and least studied cancers worldwide. In Sri Lanka this is the third most common cancer in both male and females. Recent advances in the diagnosis, staging and treatment of this cancer have led to small but significant improvement in local control and survival but optimum management remains unknown.

Aim of this study is to analyse the data available at cancer unit Anuradhapura in relation to patient and tumour characteristics and review our clinical experience of this disease with a view to improving quality of life and survival.

Retrospective analysis was performed in 91 patients with histologically proven oesophageal cancer treated at Cancer unit Anuradhapura on palliative and curative intent between January 1999 and January 2003.

The median follow-up period was 34 months with a range of 18 to 65 months. Overall sex ratio was 1.6 females to males. 97.8% of patients had squamous cell carcinoma and adenocarcinoma was rare (2%). Mid thoracic portion of the oesophagus had been involved in majority of patients (59%).

At the time of presentation majority of patients were in poor general condition due to patient and tumour related factors (76% of patients had moderate to severe dysphagia, 63% of patients had significant weight loss and 65% were in performance status (WHO) 2.). The treatment intent was palliation in 69% of patients and radiotherapy with or without chemotherapy was the main treatment modality used in palliatively treated group (dose range 30Gy to 46Gy).

Good symptomatic response to treatment (swallowing, pain) was seen in 46% of patients, 31% had no change while 4.7% experienced worsening of symptoms. Symptomatic response was not assessed in 19% of patients due to defaults and lost to follow-up.

28 patients (30%) were treated with curative intent. Surgery with or without post-operative radiotherapy and radical radiation (50Gy to 59.8Gy) were the treatment modalities used in patients who were treated with curative intent. 71% had good symptomatic response, 21% had no change, one patient experienced worsening of symptoms and another one defaulted after completing the radiation.

46% showed complete response (objective response) to radical treatment at endoscopic surveillance, 17% had persistent disease while assessment was not performed in 35% of patients. Of the 13 patients who had complete response to radical treatment 4 patients were well and free of disease at the time of analysis. The median disease free survival for patients those who were assessed endoscopically was 14 months (6 to 47 months).

Acute toxicity of the treatment was acceptable with only 16 patients (17%) developed Grade 3 and 4 oesophagitis necessitating nasogastric or gastrostomy feeding. Late toxicity was rare and non-malignant stricture formation was seen in 5 (5%) patients at the time of endoscopic surveillance.

The optimum management of oesophageal cancer requires allocating the best treatment modality available after considering characteristics related to patients and their tumour. Further attention is required in several areas of supportive care including treatment related morbidity, nutritional and psychosocial support to get the best outcome and to minimize the rates of treatment defaults and lost to follow-up.