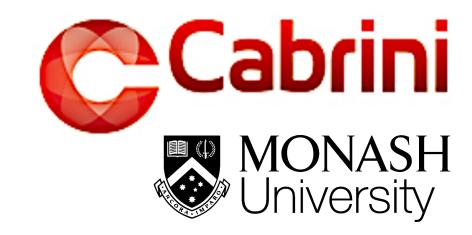


# Management of cT2N0M0 Esophageal Cancer: A Systematic Review and Clinical Practice Guidelines

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### Background

- Management of cT2N0M0 esophageal cancer remains controversial, this is intrinsically linked to challenges with staging the disease. 1,2
- On a global scale the role of neoadjuvant therapy in cT2N0 is uncertain, wherein European<sup>3</sup> and US guidelines support neoadjuvant treatment, but East Asian groups advocate upfront surgery.<sup>4</sup>

#### **Objectives**

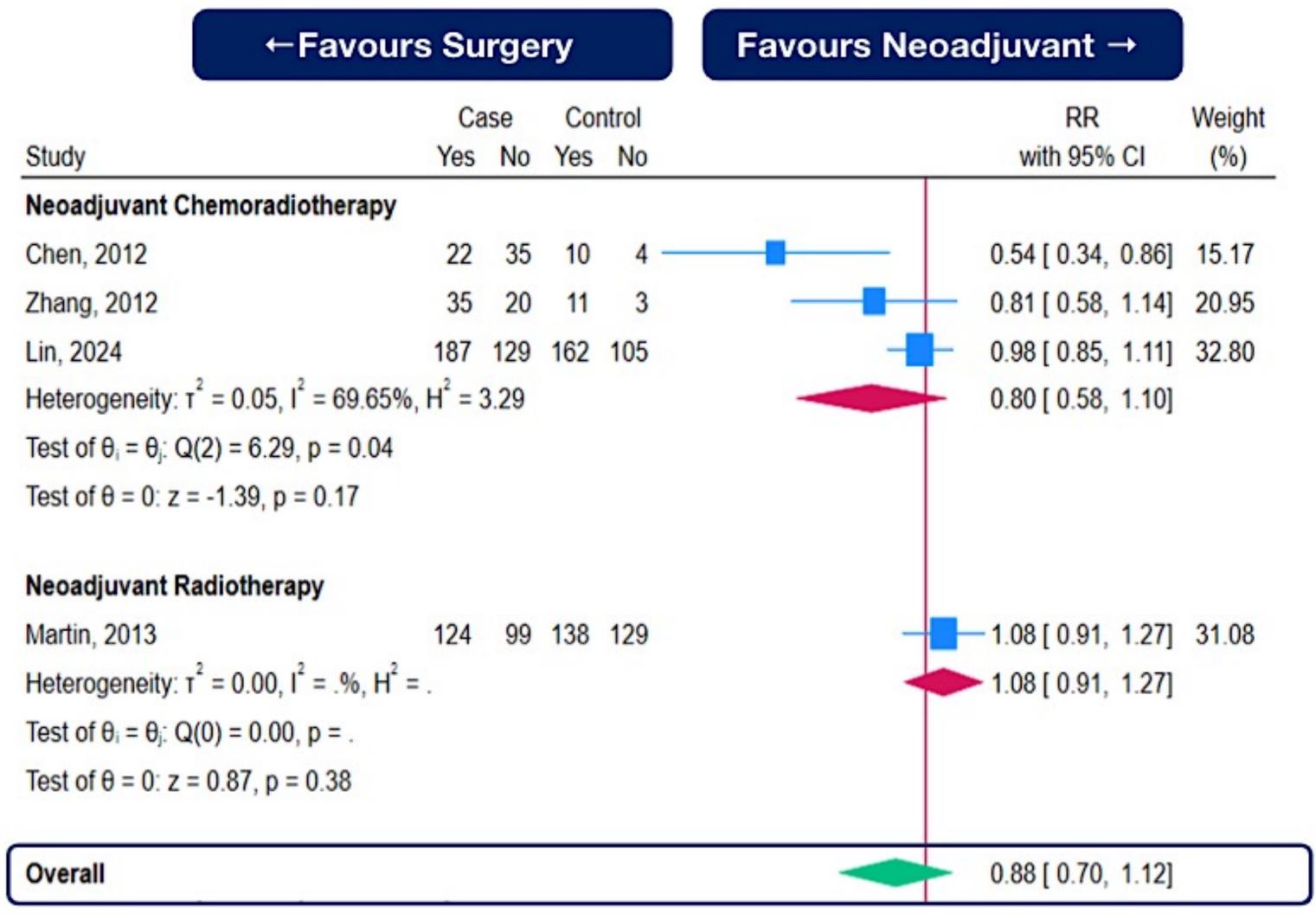
- To synthesise existing literature data on treatment outcomes of cT2N0M0 esophageal cancer.
- To provide international consensus guidelines for management of cT2NO esophageal cancer.

#### Methods

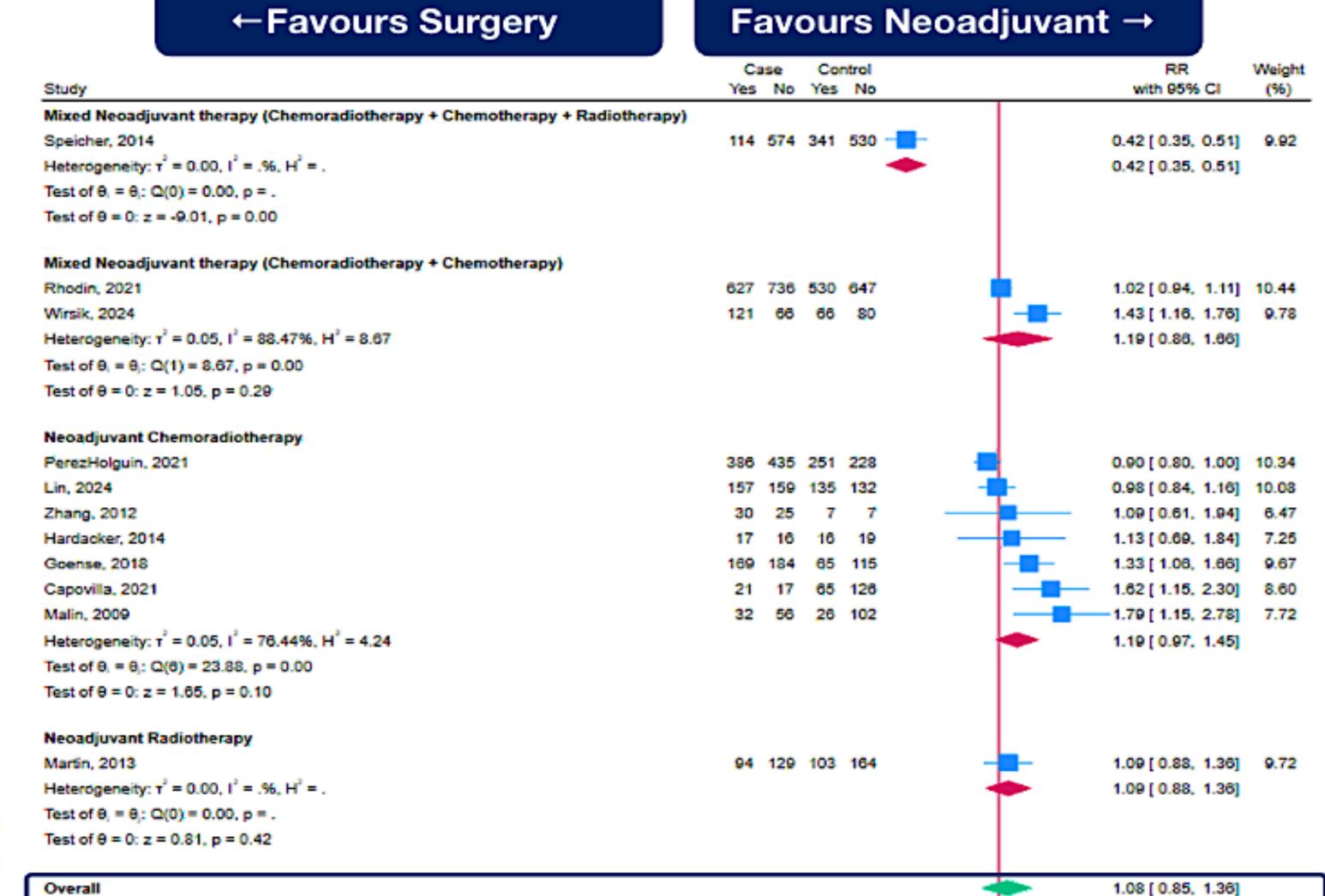
- We searched MEDLINE, EMBASE, and CENTRAL for articles published from inception to 25 November 2024.
- Inclusion criteria: adults ≥18y, cT2N0M0 adenocarcinoma / squamous cell carcinoma, Siewert I–III, primary disease only, articles written in English.
- Exclusion criteria: case series with ≤7 patients, abstracts only articles
- The data were presented to a panel of 14 multidisciplinary expert clinicians (GI surgeons, thoracic surgeons, gastroenterologists and oncologists) as per the GRADE approach and guideline recommendations were formed.
  - We performed random-effects meta-analyses (restricted maximum likelihood using Stata v18.5.

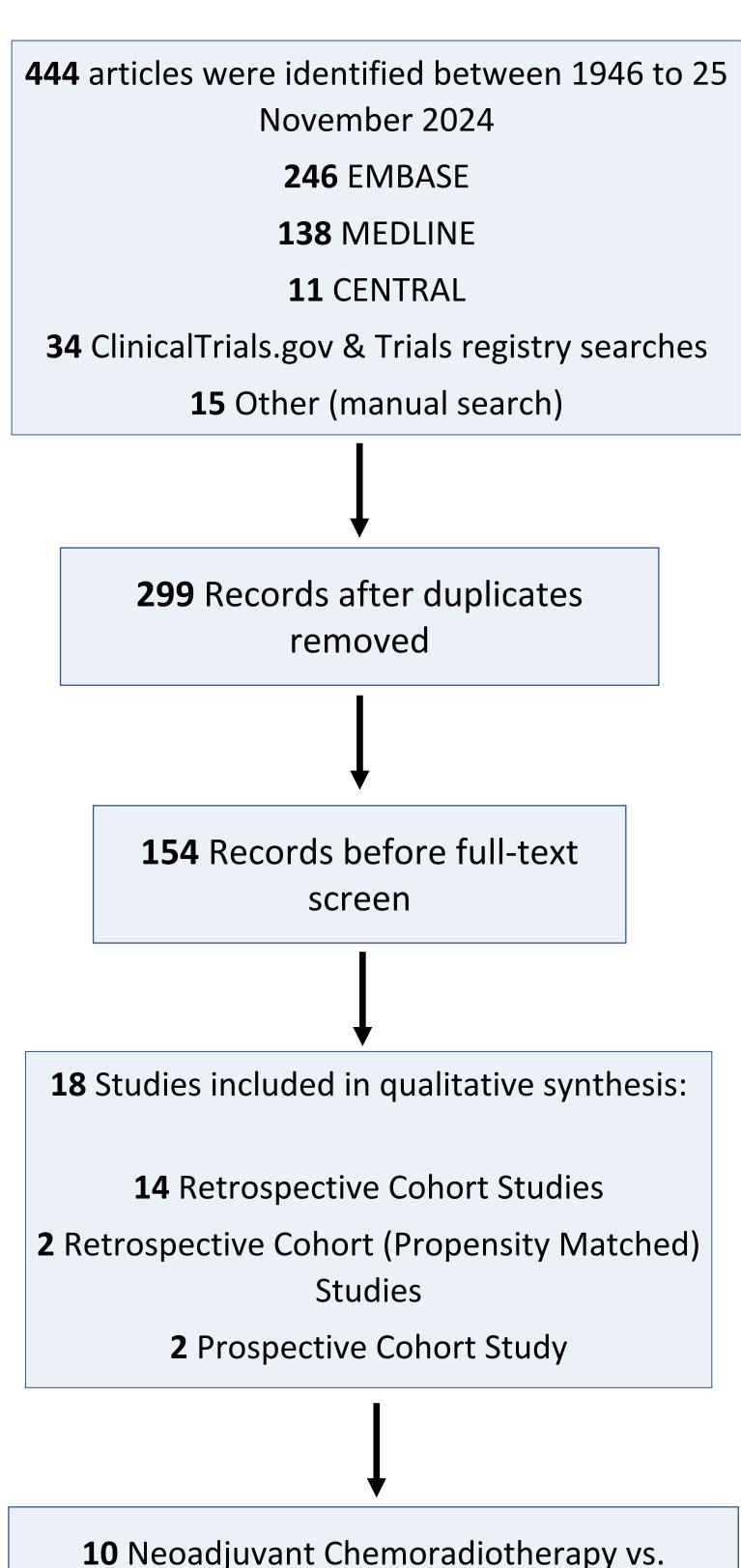
#### Results

## 5-Years Disease Free Survival



# 5-Years Overall Survival





Surgery

4 Mixed Neoadjuvant therapy

(Chemoradiotherapy + Chemotherapy) vs.

Surgery

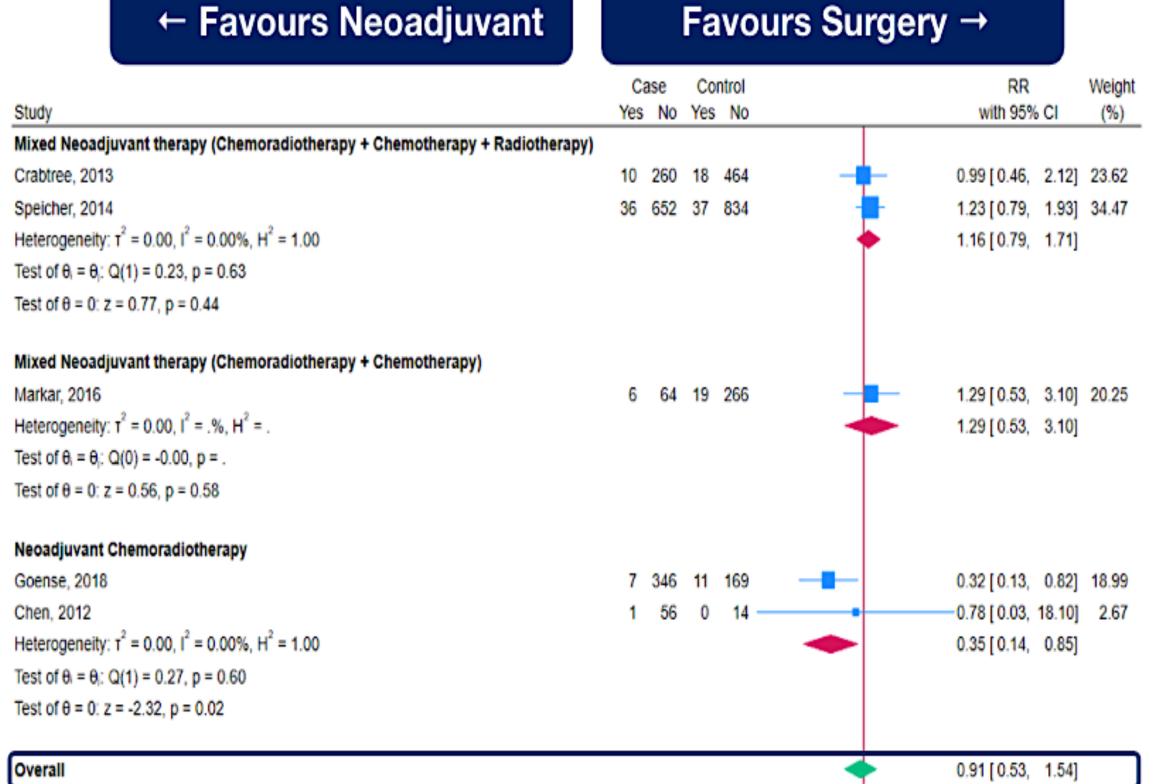
2 Mixed Neoadjuvant therapy

(Chemoradiotherapy + Chemotherapy +

Radiotherapy) vs. Surgery

2 Neoadjuvant Radiotherapy vs. Surgery

# Perioperative Mortality – 30 days



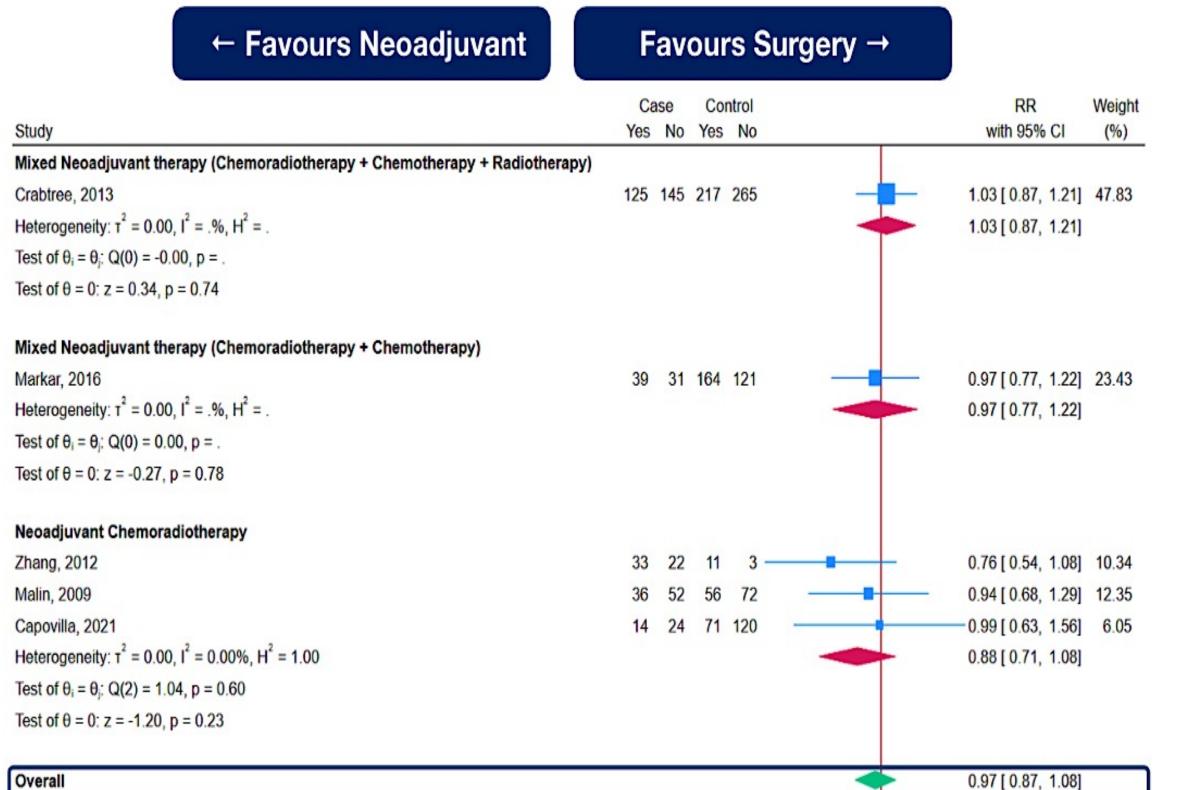
Guideline recommendation: adult patients with cT2N0 esophageal cancer should be treated with neoadjuvant followed by surgery over primary surgical resection based on surgeon and patient shared decisionmaking. (conditional recommendation, low certainty of evidence)

No significant difference between neoadjuvant therapy and surgery-alone in survival (5-OS, 3-OS, 5-DFS) undesirable or outcomes (mortality, complications).

**Discussion** 

Limitations: Clinical staging accuracy was low (6-42.8%) with frequent upstaging (21.4–63.4%), and most included studies were retrospective with lowto-moderate methodological quality (75%), indicating a high overall risk of bias.

# **Total Complications**



## Conclusions

- Expert recommendation for neoadjuvant therapy over surgery-alone in cT2N0M0 esophageal cancer with best available evidence.
- No clear survival or perioperative benefit of neoadjuvant therapy surgery-alone over cT2N0M0 esophageal cancer.
- Staging inaccuracy and study quality limitations restrict the reliability of current evidence and highlight the need for higher-quality prospective trials.

# References

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