Outcomes of minimal invasive three stage esophagectomy from a cancer centre in Pakistan

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Introduction: Management of oesophageal cancer has evolved over the last two decades with esophagectomy staying as the main treatment modality for early stage or post neo-adjuvant resectable esophageal cancer. Minimal invasive three stage esophagectomy is becoming the routine procedure for resectable mid and lower esophageal cancer in our institution. The aim of this study is to evaluate the surgical and initial oncological outcomes after curative minimal invasive three stage esophagectomy at our institution and to compare our results with current literature. Management of esophageal cancer has evolved over the last two decades with esophagectomy staying as the main treatment modality for early stage or post neo-adjuvant resectable esophageal cancer. Minimal invasive three stage esophagectomy is becoming the routine procedure for resectable mid and lower esophageal cancer in our institution. The aim of this study is to evaluate the surgical and initial oncological outcomes after curative minimal invasive three stage esophagectomy at our institution and to compare our results with current literature.

Methods: All adult patients with a diagnosis of oesophageal cancer who underwent minimal invasive three stage esophagectomy at our institute from 2015 to 2015 were included in this retrospective study. Patients’ demographic and clinical characteristics were recorded through our hospital information system. Operative findings and histopathological reports were also recorded on a preformed data sheet. The short-term outcome measures were operative time in minutes, length of hospital and Intensive Care Unit (ICU) stay in days, post-operative complications and 30 days in-hospital mortality. Long-term outcomes were long-term procedure related complications over a minimum follow-up of 1 year and tumor recurrence.

Results: Total of 91 patients were included in our study with mean age of 52.7(10.2). Eighty-nine patients had neo-adjuvant chemo-radiation. Sixty patients presented with T3 disease and 48 of 91 patients were reported to have pathological complete response (pCR) at time of surgery. Mean number of lymph nodes dissected were 14. Nineteen patients had recurrence; with 7 loco-regional and 12 distant metastases. There were 2 mortalities. Forty-six patients had minor complications and 14 had major complications. Mean operative time was 345 minutes. Mean length of stay was 9 days with first post-op day in ICU.

Conclusion: We report our early experience with Minimal invasive three stage esophagectomy as a safe and oncologically feasible surgical option. We attained comparable surgical results with curative intent.