# Watchful Waiting after Definitive Radiochemotherapy in Patients with Esophageal Cancer: Independent Predictors for Recurrence

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## Introduction

- Treatment of esophageal cancer (EC) consists of neoadjuvant radiochemotherapy (RCT) followed by resection
- In clinical complete response after RCT, a watchful-waiting (WW) strategy with surgery only in case of recurrence is possible
- For optimal outcome, recurrence has to be anticipated and detected early

## Aim

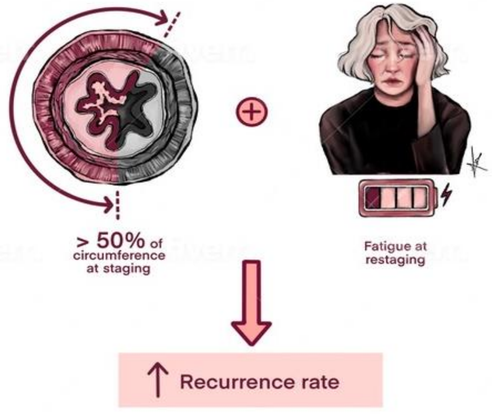
To investigate independent predictors for recurrence in patients with EC undergoing WW.

## Material and Methods

- Retrospective analysis of data from potentially curable EC patients with complete response to RCT at a tertiary university hospital.
- Complete response:
  - no tumor cells in endoscopic biopsy at restaging and
  - no radiological signs of tumor progression.
- Follow-up in WW consists of:
  - EUS every three months and
  - CT scan every six months.
- Analysis of potentially predictive factors such as:
  - demographics
  - tumor characteristics and
  - patient's symptoms
- at time of diagnosis, restaging and recurrence.

## Results

- 42 patients included
- Demographics
  - Mean age 67.5 years (IQR 8.9)
  - 76% males
- Pretreatment tumor stage
  - Stage I: 1 patient (2.5%)
  - Stage II: 10 patients (25%)
  - Stage III: 26 patients (65%)
  - Stage IV: 5 patients (12.5%)




- Cancer recurrence in 24 patients (57%) after a mean of 13.2 months (IQR 5.5).
- **Independent risk factors for recurrence**
  - tumor extent >50% in staging (p=0.026)
  - fatigue and deterioration of general condition at restaging (p=0.021 and p=0.029, respectively)

## Conclusion

- Tumor extent and decline in general condition emerged as independent predictors for recurrence in EC patients.
- Early identification of these predictors could facilitate personalized follow-up strategies.