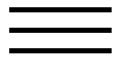


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Clinical Investigation

Study to Determine Adequate Margins in Radiotherapy Planning for Esophageal Carcinoma by Detailing Patterns of Recurrence After Definitive Chemoradiotherapy

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Purpose

To ascertain the adequacy of radiotherapy (RT) margins by studying the relapse patterns after definitive chemoradiotherapy for carcinoma of the esophagus.

Methods and Materials

We performed a retrospective study assessing the first site of disease relapse after definitive chemoradiotherapy that included four 3-weekly cycles of cisplatin and continuous infusion 5-fluorouracil, with conformal RT (50 Gy in 25 fractions) concurrent with Cycles 3 and 4. The RT planning target volume was the endoscopic

ultrasonography/computed tomography-defined gross tumor volume with 1.5-cm lateral and 3-cm superoinferior margins.

Results

A total of 145 patients were included. Their average age was 65.4 years, 45% had adenocarcinoma, 61% had lower third esophageal tumors, and 75% had Stage III-IVA disease. After RT, of 142 patients, 85 (60%) had evidence of relapse at a median follow-up of 18 months. The relapse was local (within the RT field) in 55; distant (metastatic) in 13, and a combination of local and distant in 14. The local relapse rates were not influenced by tumor stage, lymph node status, or disease length. Three patients developed a relapse in regions adjacent to the RT fields; however, it is unlikely that larger field margins would have been clinically acceptable or effective in these cases. The median overall survival was 15 months.

Conclusion

The gross tumor volume–planning target volume margins in this study appeared adequate. Future efforts to improve outcomes using definitive chemoradiotherapy should be directed toward reducing the high rates of in-field and distant relapses.



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Esophageal cancer; Chemoradiotherapy; Relapse patterns; Radiotherapy margins

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