

No survival benefits from radical lymphadenectomy during surgery for oesophageal cancer

Current clinical guidelines recommend extensive clearance of lymph nodes (radical lymphadenectomy) during oesophageal cancer surgery, implying that it might be an important measure to improve survival after surgery. However, a new study at Karolinska Institutet, published in the Journal of the National Cancer Institute, suggests that a more extensive lymph node clearance does not improve survival after surgery.

Oesophageal cancer is a cancer with a poor prognosis, but surgery with removal of most parts of the oesophagus offers a chance of cure. Oesophageal cancer typically spreads via the lymphatic system and lymphatic metastases are a strong prognostic factor, which indicates a prognostic role for radical lymphadenectomy. However, radical lymphadenectomy increases the surgical trauma and might increase postoperative complications and morbidity. Current clinical guidelines recommend extensive lymphadenectomy, but these recommendations are based on limited scientific evidence and in practice the extent of lymphadenectomy varies between surgeons.

The study included 1044 patients in Sweden who underwent surgery for oesophageal cancer between 1987 and 2010, with a follow up until 2012. The study found no improved survival with a larger number of resected lymph nodes, regardless of tumour stage. The study rather suggests that extensive lymph node clearance might increase the mortality in early tumour stages.

These results indicate that a more extensive lymphadenectomy does not improve survival after surgery for oesophageal cancer.

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Publication:

Extent of Lymph Node Removal During Esophageal Cancer Surgery and Survival
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JNCI Journal of the National Cancer Institute 2015 107 (2): djv043
doi: 10.1093/jnci/djv043

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Funding: Swedish Research Council and the Swedish Cancer Society.