Oesophageal Carcinoma: Patient's Refusal for Surgery may be the Right Choice

Dear Editor,

Re: Concurrent chemoradiotherapy followed by surgery in locally advanced squamous cell carcinoma of the oesophagus: A single centre experience

I read with interest the article by Wong et al[1] on combination treatment for oesophageal squamous cell carcinoma (SCC). Treatment for the oesophageal SCC is still suboptimal with poor long-term survival and controversies remain regarding the benefit of combining different treatment modalities such as chemoradiotherapy and surgery.[2-4] Wong et al concluded that preoperative chemoradiotherapy followed by surgery offered the best available option and patients' comorbid conditions and refusal for surgery are major limiting factors. However, patients' refusal for therapy may not necessarily be the wrong choice.

An 82-year-old Malay lady presented in February 1998 with a 3-week history of dysphagia to solid. Upper gastrointestinal endoscopy showed an ulcerated tumour in the proximal third of the oesophagus. Biopsies showed poorly differentiated SCC. A staging computed tomography (CT) scan showed locally advanced tumour without evidence of distant spread. There were also pulmonary bronchiectasis changes. The patient was offered surgery but she declined. She was referred to an overseas centre for further non-operative therapy. She was treated with radiotherapy. She received a total of 60 Gy over 30 fractions. Seven years later, the patient is still alive without evidence of recurrence. She had been admitted 4 times over this period with dysphagia due to bolus food impactions and cardiac failure secondary to anaemia. Thorough evaluations that included upper and lower gastrointestinal endoscopies and small bowel study failed to reveal a cause of anaemia. Repeated biopsies of the oesophagus with each admission only showed slight erythema at the irradiated site and inflammation consistent with previous radiation therapy. Her last endoscopy showed a slight stricture and biopsy was negative for malignancy. CT scan showed changes consistent with irradiations. Her symptoms were probably due to a combination of motility disorders secondary to radiation changes and the stricture.

With the availability of current treatment modalities, a combination of chemoradiotherapy and surgery has been reported to offer the best option for patients who are fit for this mode of therapy.[5,6] It is true that in our daily practices, patients or relatives may often refuse treatments that may be life-saving. Quite often, this will compromise patients' care and lead to significant morbidities and mortalities. However, patients' refusal for therapy may not necessary be the wrong choice, particularly those with advanced diseases or significant comorbidities. This is often more obvious in retrospect. The case presented here is one such example of a patient's choice that eventually turned out to be the correct choice. Had the patient agreed for surgery before further adjuvant therapy, especially with her advanced age and underlying bronchiectasis, the outcome may well have been different. Hence, despite predictive factors that can help to select patients for the various modes of therapies, unpredictability of course of events and response to therapies exist. Finally, in Wong et al's study, some patients who were only treated with chemoradiotherapy also had long-term survival without evidence of relapse.

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Dear Editor,

Re: Authors' Reply

I refer to the above letter to the editor. We would like to thank the author for highlighting such an interesting patient. Indeed, many of us had occasionally treated a similar anecdotal patient in our practice who had good response and survival to radiotherapy or chemoradiotherapy alone.

Although the results of our review seem to suggest that patients who had surgery after chemoradiation had better overall survival compared with those who did not receive surgery, we would like to caution that this is only a review and is *not* a randomised trial. We actually concluded that the benefit of adding surgery to chemoradiotherapy is still *controversial* and we await the results of randomised controlled trials comparing triple modality versus chemoradiotherapy alone.[1]

As highlighted in our discussion, a randomised trial performed in Germany showed that surgery after chemoradiotherapy does not improve 3-year survival in patients with locally advanced squamous carcinoma of the oesophagus compared with a group that had chemoradiotherapy alone.[2]

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