DCF (DOC+CDDP+5-FU) Therapy Led to Curative Resection in a Patient with Advanced Esophageal Carcinoma after the Failure of CF Therapy

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Abstract

In Japan, two courses of CF therapy followed by surgery are accepted as a standard treatment for stage II/III oesophageal cancer according to the result of the JCOG9907 trial. However, some cases experience insufficient anti-tumour effects with CF therapy. We experienced a case with oesophageal cancer that underwent curative resection and DCF therapy after the failure of CF therapy. The patient was a 51-year-old male who visited our department due to heart burn, back pain, and weight loss since July 2014. He was diagnosed with stage III (T3N2M0) oesophageal carcinoma and started neo adjuvant CF therapy on September 19, 2014. After the first course of CF, a CT scan showed enlarged lymph node swelling and swallowing disturbance was worsened. We attempted to start DCF therapy on October 29, 2014. The feasibility of this therapy was high, with manageable grade 2 diarrhoea and a transient high fever. Swallowing disturbance further subsided during the course of treatment. After

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and a transient high fever (385°C) without leukopenia and grade 2 alopecia a er discharge occurred but were manageable.

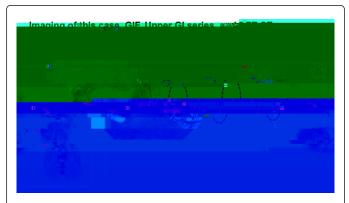


Figure 1: Gastrointestinal f berscopm(a) and upper GI series (b) showed that a Borrmann type III tumor was situated in the middle-thoracic area (dotted line). A PET-CT scan showed the high accumulation of FDG in accordance with the primary esophageal lesion and regional lymph nodes (arrows) (c).

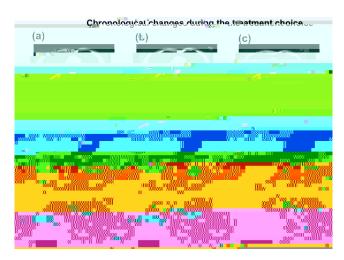


Figure 2 Chronological changes during the treatment choice Before chemotherapy, esophageal wall thickening (purple arrow) and regional LN swelling (orange arrow) were observed (a). 5 er the first CF treatment, esophageal wall thickening subsided, however; LN swelling progressively enlarged (b). 5 er the one course of DCF treatment, esophageal wall thickening further subsided, as well as a remarkable shrinkage of LN swelling(c).

Is case was also the first experience of DCF therapy for the treatment of oesophageal cancer in our hospital. Following this successful experience, we have aggressively used DCF therapy in cases with stage III borderline respectable oesophageal cancer with a good PS.

Conclusions

In conclusion, if there is a discrepancy in the anti-tumour e ect between the primary lesion and LNs by NAC therapy for stage $\rm II/III$