INTRODUCTION

• Esophageal cancer is categorized with the most deadliest and unrecognized cancers. With a 5 year survival rate less than 20%, the pursuit for curative care is crucial.

• The present curative route for esophageal cancer surgical resection as a primary treatment or combined with systemic therapy (ex. Chemotherapy, Radiation, Chemoradiation) before and/or after resection.

• Surgical approaches from are done on both an open chest (thoracotomy) and a closed chest (laparoscopy). Over the past 10 years, the preferred resection method has gone from open to closed.

• Objective: Review and analyze the surgical outcomes of Esophageal cancer patients with comparison to national averages.

MATERIALS & METHODS

• Retrospective Analysis

• Inclusion criteria:
  - Resectable Esophageal carcinoma
  - Treated and Resected at Christiana Care
  - Resected between 2002-2017

• PowerChart was used to collect and record patient information such as comorbidities, treatment route, procedure report, post-op complications and histopathology.

• Survival rates of all surgical patients were recorded using Kaplan-Meier survival curve.

RESULTS

Operative Morbidity

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Operative Mortality

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LIMITATIONS

• All patients included received treatment and surgical resection through the Christiana Health Care System at the Helen F. Graham Center & Research Institute

• 15 Patients were excluded for having surgical resection at different hospitals

• Only about 23% of Esophageal Cancer patients were resected.

CONCLUSIONS

• The amount of Minimally Invasive procedures increased.

• Surgical Outcomes:
  - Decrease in operative mortality
    - 6.1% to 0%
  - Decrease in operative morbidity
    - 19.6% to 10.7%

• The 5-year survival rate for Christiana Care is currently 38.3%

ACKNOWLEDGEMENTS

• This poster was supported by the Delaware INBRE program, with a grant from the National Institute of General Medical Sciences-NIGMA (8 P20 GM103446-16) from the National Institutes of Health and the State of Delaware

• Dr. Mulligan and the Thoracic Surgery and Interventional Pulmonology team (HFGCC)

• Dr. Michael Gaurino (HFGCC)

• All Christiana Care Employees associated with Delaware INBRE