

# HFGCC Surgically Resectable Esophageal Cancer: An Institutional Experience (2002-2017)

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## INTRODUCTION

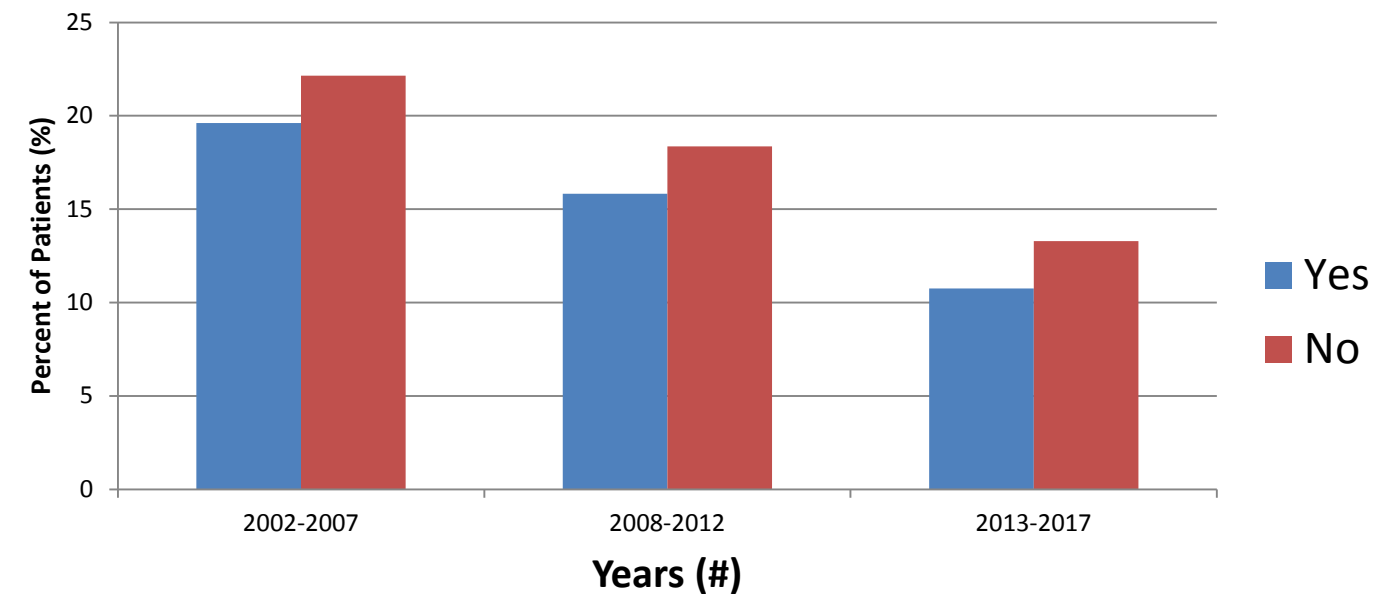
- Esophageal cancer is categorized with the most deadliest and unrecognized cancers. With a 5 year survival rate less than 20%, the pursuit for curative care is crucial.
- The present curative route for esophageal cancer surgical resection as a primary treatment or combined with systemic therapy (ex. 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

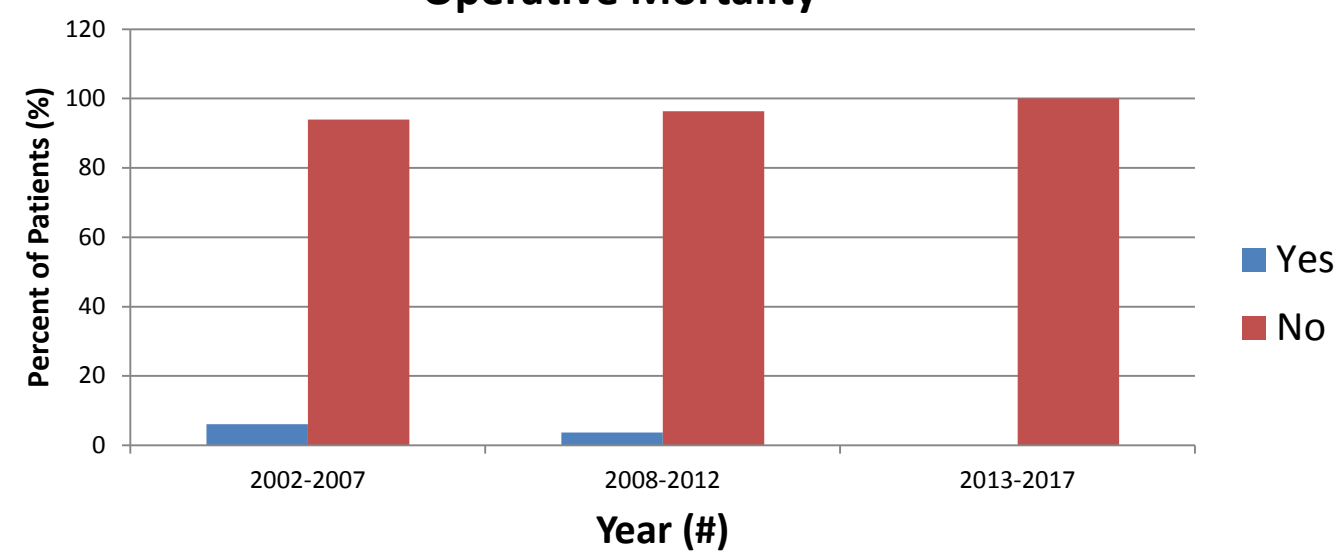
- Retrospective Analysis
- Inclusion criteria:
  - Resectable Esophageal carcinoma
  - Treated and Resected at Christiana Care
  - Resected between 2002-2017
- PowerChart was used to collect and record patient information such as comorbidities, treatment route, procedure report, post-op complications and histopathology.
- Survival rates of all surgical patients were recorded using Kaplan-Meier survival curve.

## RESULTS

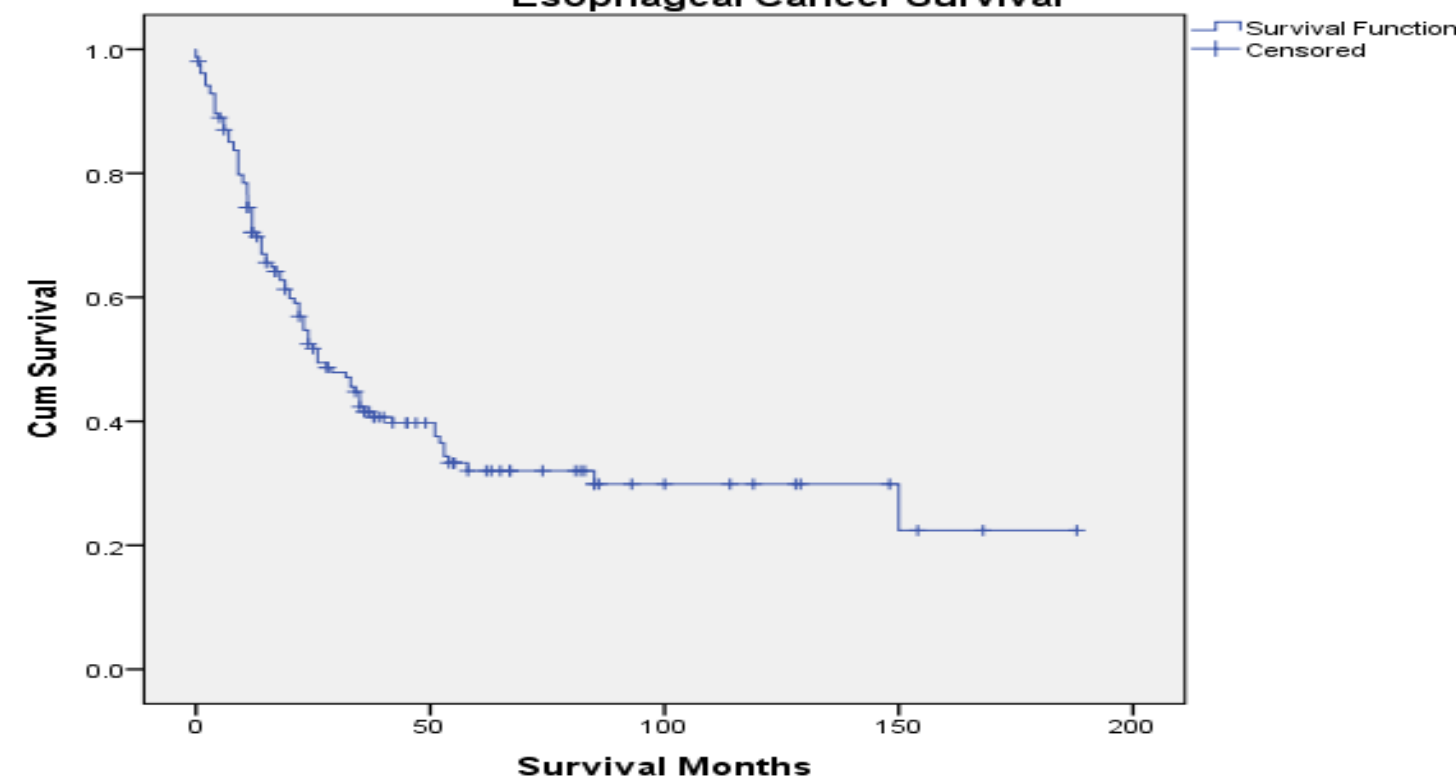
Operative Morbidity



Operative Mortality



Esophageal Cancer Survival



## 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%

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