

ASO Author Reflections: It is Essential to Explore More Accurate Nodal Staging System for Esophageal Cancer

Wen-Ping Wang, MD and Long-Qi Chen, MD

Department of Thoracic Surgery, West China Hospital of Sichuan University, Chengdu, China

PAST

The AJCC TNM staging for esophageal cancer (8th edition) has been in use since 2018.¹ The nodal staging in the 8th edition TNM is unchanged from the 7th edition in that it is based on the number of regional lymph nodes (LNs) involved; however, the regional LN map has been revised. Stations 5, 6, and 10 will not be included for the calculations to determine nodal staging.² The purpose of this study was to investigate whether the elimination of these LN stations in the 8th edition TNM staging was appropriate.³

Esophagectomy is mostly performed by using the Ivor Lewis procedure in Europe and the United States. It was much more difficult to dissect stations 5 and 6 LNs through right thoracotomy. Actually in our department, even in mainland China during past years, esophagectomy was usually performed through left thoracotomy. Thus, we fortunately have the historical opportunity to collect the patients' data of stations 5 and 6 LNs harvested through the left-thoracotomy procedure.

PRESENT

The clinical consequences of the findings have two main aspects.³

1. Verification of the new 8th edition TNM staging

Although in the 8th edition of the TNM staging system, the stations 5, 6, and 10 LNs were not included in the calculation to determine the N stage, this did not influence the accuracy and survival-predicting efficacy of the system.

2. Guidance on lymphadenectomy at surgery for esophageal cancer

The findings of this study also showed that the therapeutic value of lymphadenectomy of stations 5, 6, and 10 was limited. Esophagectomy and lymphadenectomy performed through right thoracotomy (Ivor Lewis or McKeown procedure) could have better upper mediastinal LN resection, whereas stations 5 and 6 LNs could not be resected. According to the findings in our study, due to the limited therapeutic value of lymphadenectomy of stations 5 and 6, we prefer the Ivor Lewis or McKeown procedure for esophageal cancer to get better LNs resection.

FUTURE

It is ongoing to explore a more accurate nodal staging system for esophageal cancer, although the 8th edition TNM staging is now the most practical. The anatomic distribution of lymphatic drainage from the esophagus determines that the lymph node metastasis could vary in the fields of neck, mediastinum, and abdomen.⁴ The metastatic LNs alone in a single field are significantly different from the same number of metastatic LNs scattering in two or three fields. Thus, the extent of LN metastasis should not be ignored and might be more important than the LN number itself for reflecting the nodal metastasis status. We introduced a new method of

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L.-Q. Chen, MD
e-mail: drchenlq@scu.edu.cn

nodal classification based on the number of metastatic LN station. Survival curves could be significantly distinguished between each subgroups, according to the revised station-based nodal staging system.⁵ However, the multi-center, large-scale, prospective study is needed to verify the new nodal staging method and to explore a more accurate nodal staging system for esophageal cancer.

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