Radiotherapy and Oncology 131 (2019) 239

Contents lists available at ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com

Letter to the Editor

Comments on "High lymphocyte count during neoadjuvant chemoradiotherapy is associated with improved pathologic complete response in esophageal cancer"

Dear editor,

We read the article entitled "High lymphocyte count during neoadjuvant chemoradiotherapy is associated with improved pathologic complete response in esophageal cancer" with great interest [1].

It is well known that pathologic complete response (pCR) in esophageal cancer has a survival benefit [2]. So it is really important to identify parameters associated with pCR. Also in recent years, the definitive chemoradiotherapy (CRT) option for patients achieving a pCR is an intriguing topic in esophageal cancer treatment. This paper might enforce our knowledge about the factors that predict pathologic complete response and further might help us select patients that should undergo surgery.

We congratulate the authors for their valuable work that may also lead to new research about understanding pCR better in esophageal cancer. However, we have a few questions. First of all, the authors report that patients underwent surgical resection after 46,5–74 days of CRT. The time that elapses between neoadjuvant chemoradiotherapy and surgery is an important factor on pathological complete response rate. Haisley et al. suggest that a time interval of 85–98 days between CRT and surgical resection is associated with significantly increased odds of a pCR in patients with esophageal cancer [3]. So maybe in the low absolute lymphocyte count (ALC) nadir tertile group, a longer time would result in a higher pCR. Grouping according to the time that elapses between CRT and surgery besides the ALC nadir values may enhance the prediction rate of pCR.

The authors also report that the ALC values during the treatment were found to be higher in the proton group compared to patients that received IMRT which may be due to lower mean body dose in the proton group. We think that before achieving an inference about the effect of different treatment modalities, the treatment details in these groups should be clarified, such as the ratio of patients receiving neoadjuvant treatment and the size of treatment fields as both may also affect the ALC values.

Since complete or subtotal tumor regression has shown to be associated with better outcome tumor response grading (TRG) should be implemented in every histopathological report of neoadjuvantly treated gastrointestinal carcinomas [5]. In assessing tumor response in esophageal cancer there are a lot of currently existing TRG systems. Some of them are exclusively focusing on response at the primary site and the others are incorporating response both at the nodal and the primary sites [4]. Did the authors use any of these internationally validated TRG systems while evaluating pCR? If they used one, did the pCR assessment encompass the nodal status?

As a result, while current non-invasive modalities are not sufficient for pCR prediction further studies are needed to develop an assessment tool. And we believe that this study will open new horizons on this subject.

Conflict of interest

We have no conflict of interest.

References

[1] Fang P, Jiang W, Davuluri R, et al. High lymphocyte count during neoadjuvant chemoradiotherapy is associated with improved pathologic complete response in esophageal cancer. Radiother Oncol 2018;128:584–90. https://doi.org/10.1016/j.radonc.2018.02.025.

[2] Donahue JM, Nichols FC, Li Z, et al. Complete pathologic response after neoadjuvant chemoradiotherapy for esophageal cancer is associated with enhanced survival. Ann Thorac Surg 2009;87:392–8. https://doi.org/10.1016/j.athoracsur.2008.11.001.

[3] Haisley KR, Laird AE, Nabavizadeh N, et al. Association of intervals between neoadjuvant chemoradiation and surgical resection with pathologic complete response and survival in patients with esophageal cancer. JAMA Surg 2016;151:. https://doi.org/10.1001/jamasurg.2016.2743e162743.

[4] O'Sullivan KE, Hurley ET, Hurley JP. Understanding complete pathologic response in oesophageal cancer: implications for management and survival. Gastroenterol Res Pract 2015:518281. https://doi.org/10.1155/2015/518281.

[5] Langer R, Becker K. Tumor regression grading of gastrointestinal carcinomas after neoadjuvant treatment. Virchows Arch 2018;472:175–86. https://doi.org/10.1007/s00428-017-2232-x.

Melek Tugce Yilmaz *
Aysenur Elmali
Gozde Yazici
Hacettepe University, Faculty of Medicine, Department of Radiation Oncology, Ankara, Turkey
* Corresponding author at: Hacettepe University, Faculty of Medicine, Department of Radiation Oncology, 06100 Sihhiye, Ankara, Turkey*Corresponding author at: Hacettepe University, Faculty of Medicine, Department of Radiation Oncology, 06100 Sihhiye, Ankara, Turkey
E-mail address: mlktgcylmz@gmail.com (M.T. Yilmaz)

Received 16 August 2018
Accepted 1 October 2018

Available online 17 October 2018

DOI of original article: https://doi.org/10.1016/j.radonc.2018.02.025

https://doi.org/10.1016/j.radonc.2018.10.001