

Treatment improved overall survival in elderly patients with early-stage esophageal cancer

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Elderly patients with early-stage esophageal cancer that received treatment had an increased 5-year overall survival when compared to patients who received observation with no treatment.

Esophageal [cancer](#) is the eighth most common cancer worldwide and the sixth most common cause of death related to cancer. In the United States, there are over 16,000 people diagnosed with the disease annually with an even higher prevalence in other parts of the world. The National Comprehensive Cancer Network (NCCN) guidelines suggest surgery as the standard treatment for stage I [esophageal cancer](#). Despite these guidelines, various factors prevent a patient from being managed surgically such as age of the patient, multiple comorbidities and differences in sociodemographic and socioeconomic status. The median age of [patients](#) diagnosed with esophageal cancer is around 67 years with a 5-year overall survival (OS) rate of 18.8%. Age often drives treatment decisions of elderly patients (? 80 years of age) representing a unique and challenging subpopulation to [health care providers](#). Randomized clinical trials have shown that survival of patients with esophageal cancer correlates with the degree of treatment intensity they receive. However less aggressive, nonsurgical therapy such as chemoradiation is commonly provided to elderly patients even with early-stage disease.

A group of researchers in the United States conducted a retrospective study to evaluate the practice patterns and outcomes of [elderly patients](#)

(? 80 years of age) with stage I esophageal cancer who received four different types of treatment: esophagectomy (Eso), local excision (LE), chemoradiotherapy (CRT) and observation (Obs). The National Cancer Data Base (NCDB) was queried for patients ? 80 years of age diagnosed with cT1-T2 N0 esophageal cancer from 2004 to 2012. Patients meeting the criteria were divided into four groups: Eso, LE, CRT, and Obs. Patient, tumor, and treatment parameters were extracted and compared. Analyses were performed on OS and postoperative 30- and 90-day mortality.

The results of the study were published in the *Journal of Thoracic Oncology*, the official journal of the International Association for the Study of Lung Cancer (IASLC). From the NCDB query, 923 patients were identified and analyzed. Of these, 43% were observed, 22% underwent CRT, 25% had LE and 10% had Eso. The [median age](#) was 84 years (range 80-90) for the overall cohort and lower in the Eso group compared to Obs (82 years vs. 85 years, p

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