Goedgekeurde aanvraag gegevens ten behoeve van wetenschappelijk onderzoek

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Titel onderzoek
Transthoracic versus transhiatal esophagectomy for esophageal cancer

Contactpersoon
Suzanne Gisbertz, Chirurg, AMC

Aanvragersgroep
A.C. Mertens, Arts-onderzoeker, AMC
A.E. Slaman, Arts-onderzoeker, AMC
M.I. van Berge Henegouwen, Chirurg, AMC
S.S. Gisbertz, Chirurg, AMC

Beschrijving onderzoek
Esophageal cancer is the 10th most common cancer in the Netherlands, with 2563 newly diagnosed patients in 2012. Traditionally, surgery is the only curative treatment, with a 5-year overall survival rate of 29-39%. Recently however, outcome has improved significantly with the introduction of neoadjuvant chemoradiotherapy prior to resection. Esophageal surgery is accompanied by a considerable morbidity rate, especially following an open transthoracic esophagectomy. The recent introduction of minimally invasive surgery has significantly improved morbidity following a transthoracic esophageal resection. It remains unclear what the optimal surgical strategy is for tumors of the distal esophagus and gastro-esophageal junction: a transthoracic or a transhiatal esophagectomy. The extensive lymphadenectomy in transthoracic surgery could decrease the number of locoregional recurrences and therefore increase survival and quality adjusted life-years, while a transthiatal approach may be associated with less surgical morbidity and short term mortality at the cost of less adequate resection. Both techniques are incorporated in the Dutch national guideline for esophageal cancer, and the choice for the approach depends on expert opinion. The goal of this study is to evaluate the quality of the surgical resection specimen, postoperative morbidity and postoperative mortality (in-hospital / 30 days) for distal esophagus and gastro-esophageal junction tumors, using a transthiatal versus transthoracic approach to esophagectomy. Due to the nature of the DUCA registration, oncological outcomes such as survival and recurrence cannot be evaluated using the audit data. The primary endpoint will be a composite of R0-resection rates, circumferential resection margin and harvested lymph nodes.

Beoogde publicatie
Transthoracic versus transhiatal esophagectomy for esophageal cancer: postoperative morbidity, mortality and quality of surgery

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