

Evidence Discussion For Esophageal and GE Junction Cancer (ONC-9)

Initial work-up/Staging (9.2):

- Upon initial diagnosis of cancer, CT Chest/Abdomen is recommended with the addition of pelvis if there are signs/symptoms of disease. NCCN states that “CT can be used to determine the location of the primary tumor and its proximity to other structures”.³
- Cancers diagnosed in the upper 1/3 of the esophagus should also obtain CT of the neck due to concern for nodal spread.
- If CT imaging does not show evidence of metastatic disease, PET/CT is indicated to assess for occult metastases to help finalize treatment options (curative versus palliative). PET/CT is not sensitive for locoregional nodal assessment as often these nodes are obscured by metabolic activity in the primary tumor but is more sensitive than CT for detecting distant metastases.^{1,2} NCCN also states that PET/CT has “limited ability to ability to differentiate between cT1, cT2, and cT3 tumors. Therefore, CT should be performed as part of initial workup (as well as pelvic CT scan with contrast if clinically indicated) while FDG-PET/CT should be reserved for patients with no evidence of M1 disease”.³

Restaging/Recurrence (9.3):

- Primary treatment typically involves chemoradiotherapy alone, surgery alone or both.
- After primary chemoradiation has been completed and prior to surgery, one of the following is recommended: CT Chest/Abdomen or PET/CT, with the latter ideally no sooner than 8 weeks after completion of radiation to minimize risk of false positives. If surgery is able to take place sooner (≥ 5 weeks), consider completing PET/CT as close to the surgical date as possible (≥ 5 -8 weeks).^{3,4}
- Post-surgical resection is handled as disease surveillance.
- For Stage IV disease on chemotherapy, CT Chest/Abdomen indicated every 2 cycles
- If conventional imaging is inconclusive or the member is a candidate for salvage surgery upon recurrence with no evidence of metastatic disease, PET/CT is indicated
- CT Chest/Abdomen for signs/symptoms of recurrence, biopsy proven recurrence on follow-up endoscopy and recurrence suggested by other imaging
- CT imaging of any appropriate area (e.g. neck, pelvis) if new signs/symptoms or known previous involvement

Surveillance/Follow-up (9.4):

- Stage 0-IA (Tis, T1a): No routine advanced imaging indicated. Fully treated Tis and T1aN0 disease have prognoses that approximate a non-cancer cohort.⁴
- Stage IB (T1b): CT Chest/Abdomen with contrast annually for 3 years. T1b does not perform as well as fully treated Tis and T1aN0 disease, thus supporting current recommendations.⁴
- Stage II-III: CT Chest/Abdomen every 6 mos for 2 years then annually for 3 years
- Stage IV: CT Chest/Abdomen (additional sites as clinically indicated) every 3 months while on maintenance therapy or every 3 months up to 5 years if being monitored off therapy

References:

1. van Westreenen HL, Westerterp M, Bossuyt PMM, et al. Systematic review of the staging performance of 18F-fluorodeoxyglucose positron emission tomography in esophageal cancer. *J Clin Oncol*. 2004;22:3805- 3812. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15365078>.
2. van Westreenen HL, Heeren PA, van Dullemen HM, et al. Positron emission tomography with F-18-fluorodeoxyglucose in a combined staging strategy of esophageal cancer prevents unnecessary surgical explorations. *J Gastrointest Surg*. 2005;9:54-61. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/15623445>.
3. Nilsson K, Klevebro F, Sunde B, et al. Oncologic Outcomes of standard versus prolonged time to surgery after neoadjuvant chemoradiotherapy for oesophageal cancer in the multicenter, randomized, controlled NeoRes II trial. *Annals of Oncology*. 2023;34:1015-1024.
4. Ajani JA, D'Amico TA, Bentrem DJ, et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 3.2024 – April 26, 2024. Esophageal and esophagogastric junction cancers, available at: https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Esophageal and esophagogastric junction cancers V3.2024 – April 26, 2024. ©2024 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org.