

手術, 化学療法, 化学放射線療法を用いた集学的治療へと多様化してきている。しかし, 治療法の優劣にはいまだ不明の部分が多く残されており, よくデザインされた臨床試験の結果によって解明されていかなければならない。

欧米の臨床試験の結果は, 食道癌の組織型が異なることや術前診断の精度, 手術術式の違いがあり, そのまま本邦の標準治療として用いることはできないため, 本邦独自の臨床試験を行っていく必要がある。

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### Chemotherapy and Chemoradiotherapy for Esophageal Cancer

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Chemotherapy, radiotherapy, and chemoradiotherapy are current non-surgical treatment options for esophageal cancer. Chemotherapy is used both as definitive therapy and as adjuvant therapy following surgery. The combination of cisplatin and 5-FU has become a standard regimen for both squamous cell carcinoma and adenocarcinoma. Esophageal cancer patients with a metastatic organ (M1) or relapsed disease after surgery are treated with definitive chemotherapy. It is uncertain whether preoperative (neoadjuvant) chemotherapy or postoperative (adjuvant) chemotherapy is more effective in terms of survival benefit. In Japan, the disease-free survival benefit of postoperative adjuvant chemotherapy over surgery alone was noted in patients with esophageal squamous cell carcinoma in a randomized control trial. In the US, a large-scale randomized control trial revealed that combined chemoradiotherapy is statistically superior to radiotherapy alone in patients with locally advanced esophageal cancer. Chemoradiotherapy included definitive therapy and neoadjuvant therapy prior to surgery. Radiation doses for definitive therapy ranged from 50 to 60 Gy, whereas doses for adjuvant therapy ranged from 30 Gy to 40 Gy. The efficacy of neoadjuvant chemoradiotherapy compared to surgery alone remains controversial despite these recent randomized control trials.

key words: esophageal cancer, chemotherapy, chemoradiotherapy

### Legends to Tables

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| Table 1 | Combination chemotherapy in patients with esophageal cancer.   |
| Table 2 | Phase III trials in locally advanced esophageal cancer: adjuvant chemotherapy or chemoradiotherapy versus surgery alone. |