Table 5) Reason and basis for diagnosis according to clinical T-category

Reason for diagnosis	Superficial cancer (cTis cT1)	Advanced cancer (cT2 cT3 cT4)	Total (%)
Chief complaint Detection survey / dock Examination for other disease Unknown	164 (31.4%) 215 (41.2%) 137 (26.2%) 6 (1.1%)	998 (82.5%) 88 (7.8%) 51 (4.5%) 9 (5.2%)	1162 (69.7%) 303 (18.2%) 188 (11.3%) 15 (0.9%)
Total	522 (100%)	1146 (100%)	1668* (100%)

Detection methods	Superficial cancer (cTis cT1)	Advanced cancer (cT2 cT3 cT4)	Total (%)	
Esophagography Esophagoscopy CT-scan US Biopsy Others Unknown	44 (8.4%) 470 (90.0%) 0 0 0 1 (0.2%) 7 (1.3%)	243 (21.2%) 848 (74.0%) 15 (1.3%) 1 (0.1%) 5 (0.4%) 2 (0.2%) 32 (2.8%)	287 (17.2%) 1318 (79.0%) 15 (0.9%) 1 (0.06%) 5 (0.3%) 3 (0.2%) 39 (2.3%)	
Total	522 (100%)	1146 (100%)	1668* (100%)	

^{*:} excluding 113 cTX, cT0, cT unknown cases

Table 6) Symptoms according to clinical T-category

	cTis o	:T1	cT2 c	Г3 сТ4	Tota	l (%)
Symptom	Cases	Cases (%)		es (%)		
None Chest pain Sense of stricture Unusual sensation Dysphagia Nausea / Vomiting Appetite loss Weight loss Swollen lymph node(s) Hoarseness	317 28 45 34 15 5 10 7	(60.7%) (5.4%) (8.6%) (6.5%) (2.9%) (1.0%) (1.9%) (1.3%) (0.2%)	96 37 495 49 329 27 14 12 7 21	(8.4%) (3.2%) (43.2%) (4.3%) (28.7%) (2.4%) (1.2%) (1.0%) (0.6%) (1.8%) (3.3%)	413 65 540 83 344 32 24 19 14 22 70	(24.8%) (3.9%) (32.4%) (5.0%) (20.6%) (2.0%) (1.1%) (0.8%) (1.3%) (4.2%)
Others Unknown	32 21	(6.1%) (4.0%)	21	(1.8%)	42	(2.5%)
Total	522	(100%)	1146	(100%)	1668*	(100%)

^{*:} excluding 113 cTX, cT0, cT unknown cases

Table 7) Double / multiple primary cancers

	Endoscopic	Chemotherapy	Surgery		
	treatment (EMR/Stenting)	and/or radiotherapy	Palliative operation	Esophagectomy	Total (%)
None Double	127 (61.1%) 24 (11.5%)	325 (75.4%) 44 (10.2%)	12 (92.3%) 0	861 (79.5%) 116 (10.7%)	1325 (76.3%) 184 (10.6%)
Metachronous Before E-Ca After E-Ca Multiple Unknown	42 (20.2%) 2 (1.0%) 5 (2.4%) 8 (3.8%)	49 (11.4%) 1 (0.2%) 4 (0.9%) 8 (1.9%)	0 0 0 1 (7.7%)	76 (7.0%) 17 (1.6%) 8 (0.7%) 5 (0.4%)	167 (9.6%) 20 (1.2%) 17 (1.0%) 22 (1.3%)
Total	208 (100 %)	431 (100 %)	13 (100 %)	1083 (100 %)	1735* (100 %)

^{*:} excluding 46 treatment unkown cases

Table 8) Double / multiple primary cancers and organs

Organs	Synchr	onous	Metac	nronous	M	ultiple	Т	otal
Larynx/Maxilla Pharynx Oral cavity/gum/tongue Stomach Colon/Rectum Liver Choledochus/Gallbladder Pancreas	Synchr 4 37 2 93 25 5 0 2	(2.0%) (18.9%) (1.0%) (47.4%) (12.8%) (2.6%) (1.0%) (3.6%)		(11.8%) (13.8%) (3.4%) (34.5%) (8.9%) (1.5%) (0.5%) (1.0%) (6.9%)	2 6 1 9 4 0 1	(5.4%) (16.2%) (2.7%) (24.3%) (10.8%) (2.7%)	30 71 10 172 47 8 2 4	(6.9%) (16.3%) (2.3%) (39.4%) (10.8%) (1.8%) (0.5%) (0.9%) (5.0%)
Lung/trachea/bronchus Remnant esophagus Uterus/ovarium Breast Prostate Urinary bladder Leukemia Skin Brain	1 0 0 2 3 0 0	(3.6%) (0.5%) (1.0%) (1.5%)	7 2 3 1 4 0 1	(0.5%) (3.4%) (1.0%) (1.5%) (0.5%) (2.0%) (0.5%)	1 0 0 1 1 1 1 0 0	(2.7%) (2.7%) (2.7%) (2.7%) (2.7%) (2.7%)	9 2 3 4 8 1 2	(2.1%) (0.5%) (0.7%) (0.9%) (1.8%) (0.2%) (0.5%) (0.2%)
Thyroid Bone Kidney Others Unknown	4 0 3 8 0	(2.0%) (1.5%) (4.1%)	0 1 5 11 0	(0.5%) (2.5%) (5.4%)	0 0 1 5 2	(2.7%) (13.5%) (5.4%)	4 1 9 24 2	(0.9%) (0.2%) (2.1%) (5.5%) (0.5%)
Lesions Cases	196	(100%) 184	203	7	37	(100%) 17	436	(100%)

Table 13) Location of tumor

	P. d	Chemotherapy	Surge	ery	
Location	Endoscopic treatment	and/or radiotherapy	Palliative operation	Esophagectomy	Total (%)
Not detected Pharynx Cervical esophagus Upper thoracic esoph. Middle thoracic esoph. Lower thoracic esoph. Abdominal esophagus EG-Junction (E=G) Cardia (G) Unknown	2 (1.0%) 7 (3.4%) 5 (2.4%) 19 (9.1%) 112 (53.8%) 50 (24.0%) 6 (2.9%) 0 0 (2.9%)	0 5 (1.2%) 30 (7.0%) 77 (17.9%) 220 (51.0%) 84 (19.5%) 11 (2.6%) 1 (0.2%) 0 3 (0.7%)	0 1 (7.7%) 1 (7.7%) 3 (23.1%) 4 (30.8%) 2 (15.4%) 1 (7.7%) 0 0 1 (7.7%)	0 6 (0.6%) 46 (4.2%) 129 (11.9%) 523 (48.3%) 284 (26.2%) 73 (6.7%) 14 (1.3%) 3 (0.3%) 5 (0.5%)	2 (0.1%) 19 (1.1%) 82 (4.7%) 228 (13.1%) 859 (49.5%) 420 (24.2%) 91 (5.2%) 16 (0.9%) 3 (0.2%) 15 (0.9%)
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%)

Table 14) Longitudinal tumor length on esophagography

Length	Endoscopic treatment	Chemotherapy and/or radiotherapy	Surge Palliative operation	Esophagectomy	Total (%)
not examined	2 (1.0%) 7 (3.4%) 24 (11.5%) 24 (11.5%) 15 (7.2%) 4 (1.9%) 3 (1.4%) 2 (1.0%) 5 (2.4%) 1 (0.5%) 0 (1.4%) 0 (0.5%) 0 (0 (0.5%)	9 (2.1%) 1 (0.2%) 9 (2.1%) 25 (5.8%) 26 (6.0%) 39 (9.1%) 40 (9.3%) 55 (12.8%) 49 (11.4%) 32 (7.4%) 21 (4.9%) 26 (6.0%) 12 (2.8%) 6 (1.4%) 3 (0.7%) 4 (0.9%) 0	3 (23.1%) 1 (7.7%) 0 0 1 (7.7%) 2 (15.4%) 0 1 (7.7%) 0 0 1 (7.7%) 0 0 1 (7.7%) 0 1 (7.7%)	10 (0.9%) 10 (0.9%) 61 (5.6%) 92 (8.5%) 124 (11.4%) 132 (12.2%) 144 (13.3%) 125 (11.5%) 98 (9.0%) 37 (3.4%) 30 (2.8%) 12 (1.1%) 10 (0.9%) 1 (0.1%) 2 (0.2%) 4 (0.4%) 1 (0.1%) 6 (0.6%)	24 (1.4%) 19 (1.1%) 94 (5.4%) 141 (8.1%) 165 (9.5%) 176 (10.1%) 189 (10.9%) 153 (8.8%) 103 (5.9%) 61 (3.5%) 57 (3.3%) 24 (1.4%) 17 (1.0%) 4 (0.2%) 7 (0.4%) 1 (0.1%) 1 (0.1%) 1 (0.1%)
17.1cm~ Unknown	0 117 (56.2%)	1 (0.2%) 70 (16.2%)	3 (23.1%)	6 (0.6%) 114 (10.5%)	304 (17.5%)
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%)

Table 15) Endoscopic features

	Endoscopic	Chemotherapy	Surg	gery	Total (%)
Туре	treatment	and/or radiotherapy	Palliative operation	Esophagectomy	10tai (%)
Not examined 0-I 0-IIa 0-IIb 0-IIc 0-III 0-V 1 2 3 4 5 Unknown	0 4 (1.9%) 24 (11.5%) 24 (11.5%) 124 (59.6%) 0 3 (1.4%) 2 (1.0%) 8 (3.8%) 6 (2.9%) 3 (1.4%)	4 (0.9%) 15 (3.5%) 15 (3.5%) 3 (0.7%) 43 (10.0%) 5 (1.2%) 20 (4.6%) 131 (30.4%) 140 (32.5%) 9 (2.1%) 7 (1.6%) 36 (8.4%)	0 0 1 (7.7%) 0 0 0 1 (7.7%) 3 (23.1%) 7 (53.8%) 0 0 1 (7.7%)	1 (0.1%) 61 (5.6%) 74 (6.8%) 24 (2.2%) 129 (11.9%) 12 (1.1%) 4 (0.4%) 70 (6.4%) 326 (30.1%) 301 (27.8%) 17 (1.6%) 13 (1.2%) 51 (4.7%)	\$ (0.3%) 80 (4.6%) 113 (6.5%) 52 (3.0%) 296 (17.1%) 10 (0.6%) 93 (5.4%) 468 (27.0%) 454 (26.2%) 29 (1.7%) 20 (1.2%) 98 (5.6%)
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%)

0- I : superficial and protruding type
0- IIa : superficial and slight elevated type
0- IIb : superficial and flat type
0- IIC : superficial and slightly depressed
0- III : superficial and distinctly depressed

Protruding type
 Userative and localized type
 Userative and infiltrating type
 diffusely infiltrating type
 miscellaneous type

Table 17) Depth of tumor invasion cT (clinical TNM-classification)

	Endoscopic	Chemotherapy	Surg	ery	Total (%)	
сТ	treatment	and/or radiotherapy	Palliative operation	Esophagectomy	, ,	
cTx cT0 cTis cT1 cT1a cT1b cT2 cT3 cT4 Unknown	2 (1.0%) 6 (2.9%) 45 (21.6%) 29 (13.9%) 71 (34.1%) 13 (6.3%) 2 (1.0%) 4 (1.9%) 11 (5.3%) 25 (12.0%)	3 (0.7%) 3 (0.7%) 1 (0.2%) 24 (5.6%) 13 (3.0%) 34 (7.9%) 41 (9.5%) 151 (35.0%) 139 (32.3%) 22 (5.1%)	0 0 0 0 0 1 (7.7%) 3 (23.1%) 6 (46.2%) 3 (23.1%)	1 (0.1%) 4 (0.4%) 8 (0.7%) 58 (5.4%) 40 (3.7%) 182 (16.8%) 171 (15.8%) 494 (45.6%) 107 (9.9%) 18 (1.7%)	6 (0.3% 13 (0.7% 54 (3.1% 111 (6.4% 124 (7.1% 229 (13.2% 215 (12.4% 652 (37.6% 263 (15.2% 68 (3.9%	
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%	

Table 18) Lymph node metastasis, cN; and organ metastasis, cM (clinical TNM-classification)

	Endoscopic	Chemotherapy	Surg	ery	Total (%)
cN	treatment	and/or radiotherapy	Palliative operation	Esophagectomy	10(a) (70)
cNx cN0 cN1 Unknown	5 (2.4%) 164 (78.8%) 13 (6.3%) 26 (12.5%)	10 (2.3%) 122 (28.3%) 272 (63.1%) 27 (6.3%)	0 2 (15.4%) 8 (61.5%) 3 (23.1%)	11 (1.0%) 485 (44.8%) 567 (52.4%) 20 (1.8%)	26 (1.5%) 773 (44.6%) 860 (49.6%) 76 (4.4%)
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%)

	E. J	Chemotherapy	Surg	ery	m . (-1 (0/)
cM	Endoscopic treatment	and/or radiotherapy	Palliative operation	Esophagectomy	Total (%)
cMx cM0 cM1 cM1a cM1b Unknown	4 (1.9%) 172 (82.7%) 1 (0.5%) 2 (1.0%) 4 (1.9%) 25 (12.0%)	5 (1.2%) 271 (62.9%) 20 (4.6%) 31 (7.2%) 83 (19.3%) 21 (4.9%)	0 7 (53.8%) 1 (7.7%) 2 (15.4%) 0 3 (23.1%)	3 (0.3%) 954 (88.1%) 15 (1.4%) 42 (3.9%) 49 (4.5%) 20 (1.8%)	12 (0.7%) 1404 (80.9%) 37 (2.1%) 77 (4.4%) 136 (7.8%) 69 (4.0%)
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%)

Table 19) Metastatic organs in cM1 cases (clinical TNM classification)

	Endenomia	Chemotherapy	Surg	егу	Total (%)
Metastatic organs	Endoscopic treatment	and/or radiotherapy	Palliative operation	Esophagectomy	
PUL	1 (3.0%)	22 (11.9%)	0	8 (6.1%)	31 (8.7%)
oss	0	9 (4.9%)	0	3 (2.3%)	12 (3.4%)
HEP	2 (6.1%)	34 (18.4%)	0	7 (5.3%)	43 (12.1%)
BRA	0	2 (1.1%)	0	0	2 (0.6%)
LYM	3 (9.1%)	81 (43.8%)	2 (33.3%)	83 (62.9%)	169 (47.5%)
MAR	0	0	0	0	0
PLE	0	0	0	1 (0.8%)	1 (0.3%)
PER	0	0	0	0	0
SKI	0	1 (0.5%)	0	2 (1.5%)	3 (0.8%)
OTH	0	2 (1.1%)	0	0	2 (0.6%)
Unknown	27 (81.8%)	34 (18.4%)	4 (66.7%)	28 (21.2%)	93 (26.1%)
Lesions	33 (100%)	185 (100%)	6 (100%)	132 (100%)	356 (100%)
One organ	4 (12.5%)	97 (62.6%)	2 (33.3%)	92 (73.0%)	195 (61.1%)
Two organs	1 (3.1%)	18 (11.6%)	0	5 (4.0%)	24 (7.5%)
Three organs	0	6 (3.9%)	0	1 (0.8%)	7 (2.2%)
Four organs~	0	0	0	0	0
Unknown	27 (84.4%)	34 (21.9%)	4 (66.7%)	28 (22.2%)	93 (29.2%)
Total cases	32 (100%)	155 (100%)	6 (100%)	126 (100%)	319 (100%)

Table 20) Clinical stage (clinical TNM-classificacation)

	F. I	Chemotherapy	Sur	gery	T . 1 (0/)
cStage	Endoscopic treatment	and/or radiotherapy	Palliative operation	Esophagectomy	Total (%)
0	64 (30.8%)	2 (0.5%)	0	11 (1.0%)	77 (4.4%)
1	93 (44.7%)	50 (11.6%)	0	225 (20.8%)	368 (21.2%)
IIA	2 (1.0%)	38 (8.8%)	0	221 (20.4%)	261 (15.0%)
llB	1 (0.5%)	17 (3.9%)	0	109 (10.1%)	127 (7.3%)
111	8 (3.8%)	151 (35.0%)	7 (53.8%)	378 (34.9%)	544 (31.4%)
IV	1 (0.5%)	18 (4.2%)	-1 (7.7%)	14 (1.3%)	34 (2.0%)
IVA	2 (1.0%)	30 (7.0%)	2 (15.4%)	42 (3.9%)	76 (4.4%)
IVB	4 (1.9%)	83 (19.3%)	0	49 (4.5%)	136 (7.8%)
Unknown	33 (15.9%)	42 (9.7%)	3 (23.1%)	34 (3.1%)	112 (6.5%)
Total	208 (100%)	431 (100%)	13 (100%)	1083 (100%)	1735 (100%)

II. Clinical Results in Patients treated Endoscopically in 2000

Table 21) Treatment details in patients with endoscopic treatment

Treatment details	Cases (%)	
Endoscopic treatment only	201	(96.6%)
Endoscopic treatment + Radiotherapy	1	(0.5%)
Endoscopic treatment + Chemotherapy	6	(2.9%)
Endoscopic treatment + Hyperthermia	0	
Endoscopic treatment + Chemoradiotherapy	0	
Total	208	(100%)

Treatment details	Cas	es (%)
EMR	168	(80.8%)
EMR+PDT	3	(1.4%)
EMR+YAG laser	2	(1.0%)
EMR+MCT	0	
EMR+Esophageal stenting	0	
EMR+Other treatment	12	(5.8%)
Esophageal stenting	19	(9.1%)
Tracheal stenting	1	(0.5%)
Esophageal stenting + tracheal stenting	1	(0.5%)
Others	2	(1.0%)
Total	208	(100%)

EMR: endoscopic mucosal resection PDT: photodynamic therapy MCT:microwave coaguration therapy

Table 22) Endoscopic mucosal resection (EMR)

Method of EMR	Cases	(%)
One piece resection	88	(47.6%)
Piecemeal resection	89	(48.1%)
Unknown	8	(4.3%)
Total	185	(100%)

Radicality of EMR	Cases	(%)
Complete resection	130	(70.3%)
Non-complete resection	37	(20.0%)
Unknown	18	(9.7%)
Total	185	(100%)

No. of lesions treated by EMR	Cases	(%)
ı	102	(55.1%)
2	23	(12.4%)
3	12	(6.5%)
4	6	(3.2%)
5	2	(1.1%)
6	1	(0.5%)
7	1	(0.5%)
8	0	·
9	0	
10 and/or over	0	
Unknown	38	(20.5%)
Total	185	(100%)

Complications of EMR	Cases	(%)
None	159	(85.9%)
Perforation	2	(1.1%)
Bleeding	3	(1.6%)
Mediastinitis	0	
Stenosis	6	(3.2%)
Others	0	
Unknown	15	(8.1%)
Total	185	(100%)

Table 24) Histologic findings of EMR specimens (tumor size, histologic type, and depth of tumor invasion)

Size of lesion	Cases (%)
~ 9mm	13 (7.0%)
10~19mm	41 (22.2%)
20~29mm	22 (11.9%)
30~39mm	16 (8.7%)
40~49mm	2 (1.1%)
50~59mm	3 (1.6%)
60~69mm	1 (0.5%)
70mm~`	0
Unknown	87 (47.0%)
Total	185 (100%)

Histologic type of EMR specimen	Cas	es (%)	
Squamous cell ca (SCC)	97	(52.4%)	_
Well diff. SCC	15	(8.1%)	
Moderately diff. SCC	32	(17.3%)	
Poorly diff. SCC	1	(0.5%)	
Adenocarcinoma	1	(0.5%)	
Barrett's carcinoma	0		
Dysplasia	3	(1.6%)	
Others	0		
Unknown	36	(19.5%)	
Total	185	(100%)	_

Pathological depth of tumor invasion (pT)	Cases (%)
рТ0	0
pTis	56 (30.3%)
pTla(lpm)	32 (17.3%)
pTla(mm)	41 (22.2%)
pTlb(sm)	16 (8.6%)
Unknown	40 (21.6%)
Total	185 (100%)

Subclassification of histological depth of invasion in superficial cancer		Cases (%)	
m1(ep)	56	(30.3%)	
m2(lpm)	32	(17.3%)	
m3(mm)	41	(22.2%)	
sml	6	(3.2%)	
sm2	7	(3.8%)	
sm3	2	(1.1%)	
Unknown	41	(22.2%)	
Total	185	(100%)	

ep: epithelium

lpm: lamina propria mucosa mm: muscularis mucosa SCC: squares cell carcinoma

Table 25) Histologic findings of EMR specimens (intraepithelial spread, vessel invasion, multiple cancer, and multiple lesion)

Intraepithelial spread (ie)	Cases (%)	
(-) (+) (+++) superficial spread Unknown	34 (18.4%) 21 (11.4%) 1 (0.5%) 129 (69.7%)	
Total	185 (100%)	

Lymphatic vessel invasion (ly)	Cases (%)	
(-)	112	(60.5%)
(+)	11	(6.0%)
Unknown	62	(33.5%)
Total	185	(100%)

Blood vessel invasion (v)	Cases (%)
(-) (+) Unknown	119 (64.7%) 5 (2.7%) 60 (32.6%)
Total	185 (100%)

Multiple primary cancer	Cases (%)	
(-)	53 (28.6%)	
(+)	8 (4.3%)	
Unknown	124 (67.0%)	
Total	185 (100%)	

Multiple malignant lesions	Cases (%)
(-) (+)	56 (30.3%) 6 (3.2%)
Unknown	123 (66.5%)
Total	185 (100%)

No. of multiple primary lesions	Cases (%)
2	3 (50.0%)
3	1 (16.7%)
5	. 0
Unknown	2 (33.3%)
Total	6 (100%)

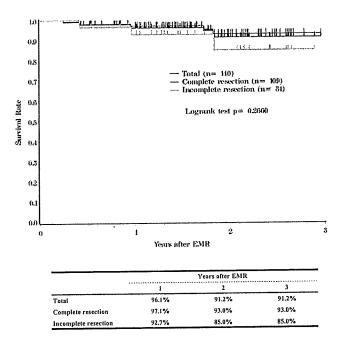


Figure 1 Survival of patients treated with EMR

III. Clinical Results in Patients treated with Chemotherapy and/or Radiotherapy in 2000

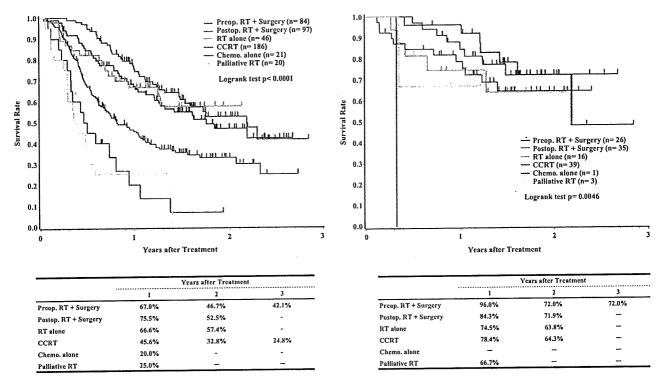
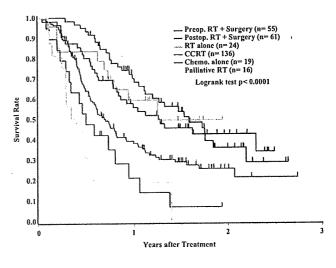


Figure 2 Survival of patients treated by chemotherapy and/ or radiotherapy

Figure 3 Survival of patients treated by chemotherapy and/ or radiotherapy (cStage I-IIA)

Figure 4 Survival of patients treated by chemotherapy and/ or radiotherapy (cStage IIB-IVB)



	Years after Treatment		
	1	2	3
Preop. RT + Surgery	55.6%	35.8%	_
Postop. RT + Surgery	70.1%	42.3%	-
RT alone	59.1%		-
CCRT	38.2%	25.5%	21.2%
Chemo, alone	21.1%	_	-
Palliative RT	18.8%	_	_

V. Clinical Results in Patients treated with Esophagectomy in 2000

Table 34) Cases of esophagectomy (treatment, surgical procedure, and location of the tumor)

Case	s (%)	
568	(52.4%)	
108	(10.0%)	
186	(17.2%)	
202	(18.7%)	
19	(1.8%)	
0		
1083	(100%)	_
	568 108 186 202 19	0

Surgical procedures	Case	s (%)
Esophagectomy without reconstruction	4	(0.4%)
Esophagectomy + reconstruction (2-stage operation)	27	(2.5%)
Esophagectomy with reconstruction	1045	(96.5%)
Unknown	7	(0.6%)
Total	1083	(100%)

Location	Cases (%)
Pharynx	8 (0.3%)
Cervical esophagus	11 (4.3%)
Upper thoracic esophagus	119 (10.0%)
Middle thoracic esophagus	479 (49.6%)
Lower thoracic esophagus	263 (27.0%)
Abdominal esophagus	68 (5.5%)
EG junction	22 (0.8%)
Cardia	4 (0.2%)
Unknown	79 (2.4%)
Total	1083 (100%)

Table 35) Cases of esophagectomy (surgical approach and region of lymphadenectomy)

Approach	Case	s (%)
Cervical approach Right thoracotomy Left thoracotomy Left thoracoabdominal approarch Laparotomy Transhiatal (without blunt dissection) Transhiatal (with blunt dissection) Sternotomy Others Unknown	33 866 21 29 21 3 46 15 8	(3.0%) (80.0%) (1.9%) (2.7%) (1.9%) (0.3%) (4.2%) (1.4%) (0.7%) (3.8%)
Total	1083	(100%)

Region of lymphadenectomy	Cas	es (%)
(-)	23	(2.1%)
È ´	23	(2.1%)
C+UM	11	(1.0%)
C+UM+MLM	4	(0.4%)
C+UM+MLM+A	421	(38.9%)
C+UM+A	3	(0.3%)
C+MLM	0	
C+MLM+A	5	(0.5%)
C+A	6	(0.6%)
UM	11	(1.0%)
UM+MLM	14	(1.3%)
UM+MLM+A	323	(29.8%)
UM+A	3	(0.3%)
MLM	14	(1.3%)
MLM+A	115	(10.6%)
A	39	(3.6%)
Unknown	68	(6.3%)
Total	1083	(100%)

^{*: +} endoscopic treatment (1 cases)

**: + hyperthermia (9 cases), + endoscopic treatment (2 cases), + other treatment (1 case)

+ other treatment (2 case)

***: + endoscopic treatment (2 cases), + other treatment (1 case)

C: bilateral cervical nodes UM: upper mediastinal nodes

MLM: middle-lower mediastinal nodes

A: abdominal nodes

Table 36) Cases of esophagectomy (esophageal reconstruction)

Reconstruction route	Cases (%)
(-)	4 (0.4%)
Antethoracic	114 (10.5%)
Retrosternal	324 (29.9%)
Posterior mediastinal	311 (28.7%)
High intrathoracic*	132 (12.2%)
Low intrathoracic**	71 (6.6%)
Transhiatal	17 (1.6%)
Cervical	18 (1.7%)
Others	1 (0.1%)
Unknown	91 (8.4%)
Total	1083 (100%)

^{*} with upper mediastinal anastomosis

Table 37) Cases of intrathoracic esophagectomy (location of the tumor and reconstruction route)

Location	Upper thoraci	Middle thortacic	Lower thoracic	Total thoracic
Reconstruction route	Cases (%)	Cases (%)	Cases (%)	Cases (%)
(-)	0	2 (0.4%)	2 (0.8%)	4 (0.5%)
Antethoracic	10 (8.4%	5) 73 (15.2%)	27 (10.3%)	110 (12.8%)
Retrosternal	43 (36.1%	6) 179 (37.4%)	76 (28.9%)	298 (34.6%)
Posterior mediastinal	53 (44.5%	5) 133 (27.8%)	80 (30.4%)	266 (30.9%)
High intrathoracic*	8 (6.79	61 (12.7%)	49 (18.6%)	118 (13.7%)
Low intrathoracic**	0	16 (3.3%)	22 (8.4%)	38 (4.4%)
Transhiatal	0	1 (0.2%)	3 (1.1%)	4 (0.5%)
Cervical	0	1 (0.2%)	0	1 (0.1%)
Others	0	0	0	0
Unknown	5 (4.29	6) 13 (2.7%)	4 (1.5%)	22 (2.6%)
Total	119 (1009	6) 479 (100%)	263 (100%)	861 (100%)

Table 38) Cases of esophagectomy for external lesion of the thorax (location of the tumor and reconstruction route)

Location	Pl	narynx	Cervica	l esophagus	Abdomi	nal esophagus	EG	J/Cardia
Reconstruction route	Cas	ses (%)	Cas	es (%)	Cas	es (%)	Ca	ses (%)
(-)	0		0		0	-	0	
Antethoracic	0		1	(2.4%)	2	. (2.9%)	1	(3.8%)
Retrosternal	1	(12.5%)	3	(7.3%)	11	(16.2%)	3	(11.5%)
Posterior mediastinal	5	(62.5%)	20	(48.8%)	14	(20.6%)	5	(19.2%)
High intrathoracic*	0		0		12	(17.6%)	1	(3.8%)
Low intrathoracic**	0		0		22	(32.4%)	9	(34.6%)
Transhiatal	0		0		7	(10.3%)	6	(23.1%)
Cervical	2	(25.0%)	15	(36.6%)	0		0	
Others	0		0		0		1	(3.8%)
Unknown	0		2	(4.9%)	0		0	
Total	8	(100%)	41	(100%)	68	(100%)	26 *	(100%)

^{*} E=G:22cases, G:4 casese

^{**} with middle/lower mediastinal anastomosis

Organs for esophageal replacement Cases (%) 4 (0.4%) (-) 79 (7.3%) Whole stomach 799 (73.8%) Gastric tube* (4.4%) Jejunum 48 (2.3%) Free junum** 25 55 (5.1%) Colon (0.2%) Free colon Skin graft 0 3 (0.3%) Others 68 (6.3%) Unknown 1083 (100%)

^{*:} Free jujunum+gastric tube (2 cases), Gastric tube+other (1 case)
***: Free jejunum+colon (1 case)

Table 42) Cases of esophagectomy (operative findings of cT and combined resected organs)

Macroscopic T-category (cT)	Cases	(%)
ТО	62	(5.7%)
Tl	242	(22.3%)
Т2	195	(18.0%)
Т3	388	(35.8%)
Т4	121	(11.2%)
Unnkown	75	(6.9%)
Total	1083	(100%)

cT4 by lymphatic metastasis	Cases	(%)
(-)	931	(86.0%)
N1(T4)	27	(2.5%)
N2(T4)	15	(1.4%)
N3(T4)	10	(0.9%)
N4(T4)	15	(1.4%)
Nx(T4)	2	(0.2%)
Unnkown	83	(7.7%)
Total	1083	(100%)

Organs*	Cases (%)	
(-)	61 (28.6%)	
Larynx	14 (6.6%)	
Trachea	11 (5.2%)	
Aorta	2 (0.9%)	
Lung	15 (7.0%)	
Pericardium	11 (5.2%)	
Diaphragm	15 (7.0%)	
Stomach	11 (5.2%)	
Pancreas+spleen	10 (4.7%)	
Thoracic duct	19 (8.9%)	
Recurrent nerve	8 (3.8%)	
Recurrent nerve (main trunk)	2 (0.9%)	
Others	32 (15.0%)	
Unknown	2 (0.9%)	
Total of resected organs	213 (100%)	
Total of cT4 cases	121	

^{*:} Organs resected in addition to the esophagus

Table 43) Cases of esophagectomy (operative findings of the tumor feature and size)

Macroscopic type	Cases (%)
0-Ip	18 (1.7%)
0-lpl	41 (3.8%)
0-Isep	18 (1.7%)
0-lla	64 (5.9%)
0-IIb	28 (2.6%)
0-11c	131 (12.1%)
0-111	8 (0.7%)
0-V	14 (1.3%)
lp	18 (1.7%)
lc	10 (0.9%)
1pl	30 (2.8%)
lsep	0
2	290 (26.8%)
3	261 (24.1%)
4s	23 (2.1%)
4ns	3 (0.3%)
5c	7 (0.6%)
5s	2 (0.2%)
5u	49 (4.5%)
Unknown	68 (6.3%)
Total	1083 (100%)

Size of tumor (mm)	Cases (%)
- 9	12 (1.1%)
10 - 19	62 (5.7%)
20 - 29	134 (12.4%)
30 - 39	117 (10.8%)
40 - 49	187 (17.3%)
50 - 59	185 (17.1%)
60 - 69	110 (10.2%)
70 - 79	74 (6.8%)
80 - 89	57 (5.3%)
90 - 99	33 (3.1%)
100 -109	23 (2.1%)
110 -119	11 (1.0%)
120 -129	5 (0.5%)
130 -139	1 (0.1%)
140 -149	1 (0.1%)
150 -	4 (0.4%)
Unknown	67 (6.2%)
Total	1083 (100%)

Table 44) Histologic types of resected specimen and multiple primary cancers

Histologic types		Cases (%)	
Not exa	mined	2	(0.2%)
	SCC	45	(4.2%)
SCC	Well diff.	239	(22.1%)
SCC	Moderately diff.	485	(44.8%)
	Poorly diff.	171	(15.8%)
Adenoc	arcinoma	32	(3.0%)
Barrett's	adenocarcinoma	14	(1.3%)
Adenos	quamous cell carcinoma	7	(0.6%)
	noid carcinoma	0	
, ,	l cystic carcinoma	0	
Basaloid carcinoma		10	(0.9%)
Undiff, carcinoma (small cell)		8	(0.7%)
Undiff, carcinoma		1	(0.1%)
Sarcoma		0	
	d carcinosarcoma	11	(1.0%)
Pseudos		1	(0.1%)
	cinosarcoma	0	, ,
	int melanoma	0	
Dysplas		1	(0.1%)
Other		7	(0.6%)
Unknown		49	
Total		1083	(100%)

Multiple primary cancer	Cases (%)
(-)	863 (79.7%)
(+)	132 (12.2%)
Unknown	88 (8.1%)
Total	1083 (100%)

Table 45) Pathological findings of resected specimen (residual cancer, intraepithelial spread, and infiltrative growth pattern)

Residual cancer cells at the transected stump

proximal (p)/distal (d)	Cases (%)		
p/d(-)	956 (88.3%)		
p / d (+)	41 (3.8%)		
Unknown	86 (7.9%)		
Total	1083 (100%)		

Residual cancer cell in the cut surface of the esophageal wall (ew) of the resected specimen

ew	Cases (%)
ew(-)	889 (82.1%)
ew(+)	99 (9.1%)
Unknown	95 (8.8%)
Total	1083 (100%)

Intraepithelial spread (ie)

intraepituenai spieau (ie)	
ie	Cases (%)
ie(-)	568 (52.4%)
ie(+)	423 (39.1%)
ie(++)superficial	28 (2.6%)
Unknown	64 (5.9%)
Total	1083 (100%)

Infiltrative growth pattern (inf)

inf	Cases (%)
infα	207 (19.1%)
infβ	591 (54.6%)
infγ	120 (11.1%)
Unknown	165 (15.2%)
Total	1083 (100%)

Table 46) Pathological findings of resected specimen (vessel invasion and skip metastasis)

Lymphatic vessel invasion (ly)		Cases (%)	
ly	y0 312		(28.8%)
	ly(+)	32	(3.0%)
ly(+)	ly1	299	(27.6%)
1	ly2-3	379	(35.0%)
Unkno	wn	61	(5.6%)
	Total	1083	(100%)

Blood vessel invasion (v)		Cases (%)	
	v0	484 (44.7%)	
	v(+)	25	(2.3%)
v(+)	vl	271	(25.0%)
	v2-3	239	(22.1%)
Unkno	own	64	(5.9%)
	Total	1083	(100%)

Skip metastasis in the esophageal wall (im-e)	Cases (%)	
im-e (-)	900 (83.0%)	
im-e (+)	88 (8.1%)	
Unknown	95 (8.8%)	
Total	1083 (100%)	

Skip metastasis in the stomach wall (im-st)	Cases (%)		
im-st (-)	958 (88.5%)		
im-st (+)	28 (2.6%)		
Unknown	97 (9.0%)		
Total	1083 (100%)		

Table 47) Pathological findings of resected specimen (pT)

Depth of tumor invasion

pT-categoly	Cases (%)	
Not examined	4	(0.4%)
pT0	9	(0.8%)
pTis	14	(1.3%)
pTla	81	(7.5%)
pTlb	222	(20.5%)
pT2	141	(13.0%)
pT3	469	(43.3%)
pT4	93	(8.6%)
Unknown	50	(4.6%)
Total	1083	(100%)

Subclassification of superficial carcinoma

Oubelingsification of superficial curemonna		
Subclassification	Cases (%)	
ml (pTis)*	14 (4.4%)	
m2 (pT1a)**	22 (6.9%)	
m3 (pT1a)***	59 (18.6%)	
sm1(pT1b)	29 (9.1%)	
sm2 (pT1b)	69 (21.8%)	
sm3 (pT1b)	86 (27.1%)	
Unknown	38 (12.0%)	
Total	317 (100%)	

^{*} ep = epithel

Table 48) Pathological findings of resected specimen (pN)

Lymph node metastasis	Cases	(%)
n(-)	419	(38.7%)
n1+)	129	(11.9%)
n2(+)	271	(25.0%)
n3(+)	124	(11.5%)
n4(+)	84	(7.8%)
Unknown	56	(5.2%)
Total	1083	(100%)

Number of lymph node metastases	Case	s (%) ·
0	419	(38.7%)
1~3	338	(31.2%)
4~7	149	(13.8%)
8~	129	(11.9%)
Unknown	48	(4.4%)
Total	1083	(100%)

^{**} lpm = lamina propria mucosa

^{***} mm = muscularis mucosa

Table 49) Pathological findings of resected specimen (grade of lymph node metastasis corrected using number of metastases and fields of lymph node metastasis)

(4.0%)

(0.9%)

(2.3%)

(4.4%)

(5.6%)

(100%)

43

10

25

48

61

1083

Grade of lymph node metastasis (corrected using number of metastases)

Grade of metastasis	Cases (%)		
gN0	419 (38.7%)		
gN1(n1a)	113 (10.4%)		
gN2(n1b)	12 (1.1%)		
gN2(n2a)	163 (15.1%)		
gN3(n1c)	3 (0.3%)		
gN3(n2b)	75 (6.9%)		
gN3(n3a)	44 (4.1%)		
gN4(n2c)	32 (3.0%)		
gN4(n3b)	35 (3.2%)		
1 , ,	10 (100/)		

Fields of lymph node metastasis

Field of metastasis	Cases (%)	
n(-)	419 (38.7%)	
c	37 (3.4%)	
A+C	11 (1.0%)	
A+B+C	73 (4.5%)	
C+B	54 (1.4%)	
Α	136 (12.6%)	
A+B	164 (15.1%)	
В	135 (12.5%)	
Unknown	54 (5.0%)	
Total	1083 (100%)	

- A: mediastinal lymph nodes
- B: abdominal lymph nodes
- C: cervical lymph nodes

Number of lymph node metastases

- a: 1~3 nodes positive
- b: 4~7 nodes positive

gN4(n3c)

gN4(n4a)

gN4(n4b)

gN4(n4c)

Unknown

Total

c:8~ nodes positive

Table 50) Pathological findings of resected specimen (distant metastasis, stage, grade of dissection, and curability)

Distant metastasias (pM)	Cases	(%)
рМ0	981	(90.6%)
pM1	23	(2.1%)
Unknown	79	(7.3%)
Total	1083	(100%)

Pathological stage	Cases	(%)
0	94	(8.7%)
1	128	(11.8%)
11	242	(22.3%)
III	279	(25.8%)
IVa	205	(18.9%)
lVb	23	(2.1%)
Unknown	112	(10.3%)
Total	1083	(100%)

Grade of dissection (D)	Cases	(%)
D0	61	(5.6%)
DI	136	(12.6%)
DII	352	(32.5%)
DIII	430	(39.7%)
Unknown	104	(9.6%)
Total	1083	(100%)

Curability (pathological)	Cases	(%)
Absolutely curative	626	(57.8%)
Relatively curative	286	(26.4%)
Absolutely non-curative	102	(9.4%)
Unknown	69	(6.4%)
Total	1083	(100%)

Table 51) Pathological findings of resected specimen (residual tumor, multiple cancers, and multiple lesions)

	~	_	
Residual tumor (R)	Cas	es (%)	_
R0	841	(77.7%)	
R1	68	(6.3%)	
R2	65	(6.0%)	
Rx	109	(10.1%)	
Total	1083	(100%)	

Primary multiple cancers	Cases (%)
(-)	863 (79.7%)
(+)	132 (12.2%)
Unknown	88 (8.1%)
Total	1083 (100%)

Multiple malignant lesions	Cases (%)
(-)	816 (75.3%)
(+)	172 (15.9%)
Unknown	95 (8.8%)
Total	1083 (100%)

Number of malignant lesions	Cases (%)
0	816 (75.3%)
1	67 (6.2%)
2	68 (6.3%)
3	17 (1.6%)
4	4 (0.4%)
5~	5 (0.5%)
Unknown	106 (9.8%)
Total	1083 (100%)

Table 52) Adjuvant therapy for cases of esophagectomy

Radiotherapy	Cases	(%)
(-) Preoperative Pre+intraoperative (IOR) Pre+postoperative IOR IOR+postoperative Postoperative	753 109 4 12 22 11 126 45	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Time to recurrence Unknown	1	(0.1%)
Total	1083	(100%)

Doses of irradiation (Gy)	Cases (%)	
0	753 (69.5%)	
1~ 19	24 (2.2%)	
20 ~ 39	64 (5.9%)	
40 ~ 59	131 (12.1%)	
60 ~ 79	75 (6.9%)	
80 ~ 99	4 (0.4%)	
100~	1 (0.1%)	
Unknown	31 (2.9%)	
Total	1083 (100%)	

Chemotherapy	Cases (%)
(-) Preoperative Pre+intraoperative(IOR) Pre+postoperative Intraoperative (IOR) IOR+postoperative Postoperative Time to recurrence	651 (60.1%) 150 (13.9%) 0 31 (2.9%) 5 (0.5%) 0 214 (19.8%) 31 (2.9%)
Unknown	1 (0.1%)
Total	1083 (100%)

Type of chemotherapy	Cases (%)
(-)	651 (60.1%)
Chemotherapy alone	226 (20.9%)
Concurrent chemoradiotherapy	162 (15.0%)
Sequential chemoradiotherapy	43 (4.0%)
Others	0
Unknown	1 (0.1%)
Total	1083 (100%)

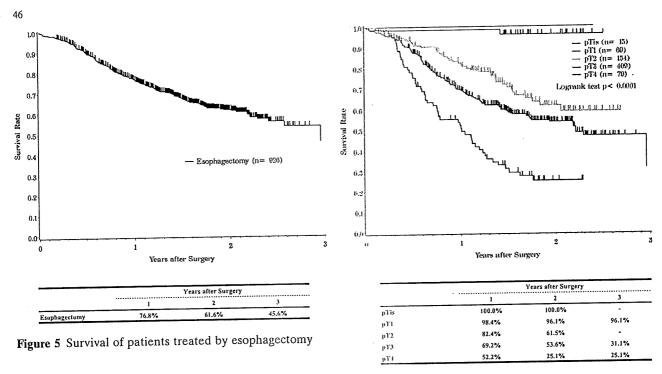


Figure 7 Survival of patients treated by esophagectomy in relation to the depth of tumor invasion (pT)

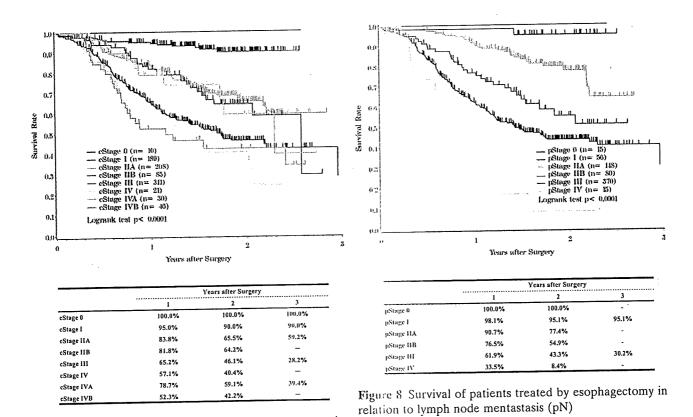
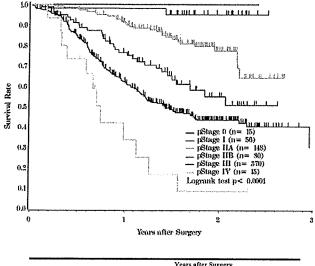


Figure 6 Survival of patients treated by esophagectomy in relation to clinical stage (cStage)



	Years after Surgery		
	1	2	3
pStage 0	100.0%	100.0%	•
pStage I	98.1%	95.1%	95.1%
pStage HA	90.7%	77.4%	-
pStage IIB	76.5%	54.9%	-
pStage III	61.9%	43.3%	30.2%
pStage IV	33.5%	8.4%	-

Figure 9 Survival of patients treated by esophagectomy in relation to pathological stage (pStage)

doi:10.1016/j.ijrobp.2009.03.073

5TH JUCTS AND THE 5TH S. TAKAHASHI MEMORIAL INTERNATIONAL JOINT SYMPOSIUM

RADIATION THERAPY FOR ESOPHAGEAL CANCER IN JAPAN: RESULTS OF THE PATTERNS OF CARE STUDY 1999–2001

Masahiro Kenjo, M.D.,* Takashi Uno, M.D.,† Yuji Murakami, M.D.,* Yasushi Nagata, M.D.,* Masahiko Oguchi, M.D.,‡ Susumu Saito, M.D.,§ Hodaka Numasaki, M.S.,§ Teruki Teshima, M.D.,§ and Michihide Mitsumori, M.D.,

*Division of Radiation Oncology, Hiroshima University Hospital, Hiroshima, Japan; †Department of Radiation Oncology, Chiba University, Graduate School of Medicine, Chiba, Japan; †Department of Medical Engineering, Osaka University Medical School, Osaka, Japan; †Department of Radiation Oncology, Cancer Institute Ariake Hospital, Tokyo, Japan; and Department of Radiation Oncology, Kyoto University, Graduate School of Medicine, Kyoto, Japan

Purpose: To describe patient characteristics and the process of radiotherapy (RT) for patients with esophageal cancer treated between 1999 and 2001 in Japan.

Methods and Materials: The Japanese Patterns of Care Study (PCS) Working Group conducted a third nationwide survey of 76 institutions. Detailed information was accumulated on 621 patients with thoracic esophageal cancer who received RT.

Results: The median age of patients was 68 years. Eighty-eight percent were male, and 12% were female. Ninety-nine percent had squamous cell carcinoma histology. Fifty-five percent had the main lesion in the middle thoracic esophagus. Fourteen percent had clinical Stage 0–I disease, 32% had Stage IIA–IIB, 43% had Stage III, and 10% had Stage IV disease. Chemotherapy was given to 63% of patients; 39% received definitive chemoradiotherapy (CRT) without surgery and 24% pre- or postoperative CRT. Sixty-two percent of the patients aged ≥75 years were treated with RT only. Median total dose of external RT was 60 Gy for definitive CRT patients, 60 Gy for RT alone, and 40 Gy for preoperative CRT.

Conclusions: This PCS describes general aspects of RT for esophageal cancer in Japan. Squamous cell carcinoma accounted for the majority of patients. The standard total external RT dose for esophageal cancer was higher in Japan than in the United States. Chemoradiotherapy had become common for esophageal cancer treatment, but patients aged ≥75 years were more likely to be treated by RT only. © 2009 Elsevier Inc.

Patterns of Care Study, Esophageal cancer, Radiotherapy, Chemoradiation, Japan.

INTRODUCTION

The Patterns of Care Study (PCS) was established and developed in the radiation oncology field in the United States. The PCS retrospectively investigates the nationwide structure and practice of care in specific malignancies and provides useful data for improving cancer management. Patient backgrounds and standard clinical practices can be described by PCS. Penetration of clinical evidence and the compliance status of clinical guidelines can be evaluated through PCS results. The PCS also reveals the time-dependent transition of cancer treatments and provides data for international comparison. The U.S. PCS for esophageal cancer demonstrated that a majority of patients treated by radiotherapy (RT) received

chemotherapy concurrently and that chemoradiotherapy (CRT) followed by surgery had become important in treatment strategies (1-4).

The PCS was introduced to Japan in the early 1990s. The Japanese PCS Group started a national survey for the major diseases in radiation oncology and has been continuously working. We previously reported PCS results for esophageal cancer for the periods 1992–1994 and 1995–1997 (5, 6).

The objectives of this study were (1) to summarize the structure and process of RT for patients with esophageal cancer treated between 1999 and 2001 and show comparable data from the U.S. PCS study; and (2) to compare patient characteristics and treatment strategies with regard to patient age.

Reprint requests to: Masahiro Kenjo, M.D., Division of Radiation Oncology, Hiroshima University Hospital, Kasumi 1-2-3, Hiroshima 734-8551, Japan. Tel: (+81) 82-257-1545; Fax: (+81) 82-257-1546; E-mail: kenjom@hiroshima-u.ac.jp

Supported by the Ministry of Health, Labor and Welfare (Grants-in-Aid for Cancer Research 14-6 and 18-4) of Japan.

Presented at the 5th Japan/US Cancer Therapy Symposium and the 5th Takahashi Memorial Joint Symposium, September 7-9,

2007, Sendai, Japan.

Conflict of interest: none.

Acknowledgment—The authors thank all radiation oncologists who participated in this study. Their cooperation in providing information makes these surveys possible.

Received Nov 16, 2008, and in revised form Feb 28, 2009. Accepted for publication March 2, 2009.

Table 1. Investigated institutions and patients with esophageal cancer in the Japanese Patterns of Care Study (1999-2001)

Institutions	No. of Institutions	Patients	Age group		
			<65 y	65–74 y	≥75 y
Total institutions	76	621	244	213	164
Academic (A)	38	358 (57.6)	164 (67.2)	126 (59.2)	68 (41.5)
Treat \geq 430/y (A1)	20	196 (31.6)	89 (36.5)	69 (32.4)	38 (23.2)
Treat $\leq 430/y$ (A1) Treat $\leq 430/y$ (A2)	18	162 (26.1)	75 (30.7)	57 (26.8)	30 (18.3)
Nonacademic (B)	38	263 (42.4)	80 (32.8)	87 (40.8)	96 (58.5)
Treat $\geq 130/y$ (B1)	20	186 (30.0)	52 (21.3)	62 (29.1)	72 (43.9)
Treat <130/y (B2)	18	77 (12.4)	28 (11.5)	25 (11.7)	24 (14.6)

Values in parentheses are percentages.

METHODS AND MATERIALS

Between July 2002 and June 2004, the Japanese PCS Group conducted a third national survey for esophageal cancer. Eligibility criteria were as follows: (1) thoracic esophageal cancer, (2) squamous cell carcinoma (SCC), adenocarcinoma, or adenosquamous cell carcinoma, (3) no distant metastasis, (4) no prior or concurrent malignancies within 5 years, (5) Karnofsky performance score (KPS) >50, and (6) RT started between January 1999 and December 2001. Seventy-six of approximately 700 institutions were selected for the survey by use of a stratified two-stage cluster sampling method. Before the random sampling, all RT institutions were classified into four groups according to type and number of patients who received RT. The criteria for stratification have been detailed elsewhere (7). In brief, Japanese RT institutions were stratified as follows: A1, academic institutions including university hospitals and cancer centers treating ≥430 newly diagnosed patients by RT per year; A2, <430 patients; B1 nonacademic institutions including national, prefectural, municipal, or private hospitals treating ≥130 patients per year; B2, <130 patients.

The Japanese PCS surveyors, who were active radiation oncologists, performed on-site review at each participating facility. They used an originally developed database format for esophageal cancer and investigated patient charts, radiotherapy records, and image films. Data collection included patient characteristics (e.g., history, age, KPS, clinical examination results, laboratory data, diagnostic procedures, histology, and stage), details of therapeutic information (e.g., RT, chemotherapy, surgery, and combinations thereof), and treatment outcomes. The Japanese PCS collected detailed clinical data on 621 patients who met the eligibility criteria for this study. Table 1 lists the number of the investigated institutions and the patients in this study. Three hundred fifty-five patients (57.6%) were from 38 academic institutions, and 263 (42.4%) were from 38 nonacademic institutions. Two hundred forty-four patients (39.3%) were aged <65 years (younger age group), 213 patients (34.3%) were aged 65-74 years (middle age group), and 164 patients (26.4%) were aged ≥ 75 years (older age group).

Statistical significance was tested using the χ^2 test. Ratios were calculated including unknown data but excluding missing data.

RESULTS

Median age of the patients was 68 years. Median height and body weight were 162 cm and 52.5 kg, respectively. Regarding comorbid diseases, hypertension was seen in 25% of patients, ischemic heart disease in 7%, cerebrovascular disease in 16%, chronic hepatitis in 13%, diabetes in 13%, and chronic

nephritis or renal failure in 4%. Fifteen percent of esophageal cancers were detected by mass screening or medical checkup for other disease. Swallowing function at diagnosis was evaluable in 588 patients: 20% had no symptoms related to swallowing function, 33% could eat a normal diet with some symptoms, 32% could eat soft food only, 12% could drink liquids but could not eat solid food, and 3% could take nothing by mouth. Patient and tumor characteristics are shown in Table 2. Eighty-seven percent were male, and 13% were female. The female ratio in the older age group was 21% and was higher than in the other age groups (p = 0.001). Median KPS score was 80; 76% of patients had a score of ≥80. Patients with a good KPS score of 90-100 were fewer in the older age group than in the other groups (25% vs. 39%; p = 0.001). Six-hundred six (99%) of the evaluable 612 patients had SCC histology. Adenocarcinoma and adenosquamous cell carcinoma accounted for <1%. Fifty-five percent had the main lesion in the middle thoracic esophagus, 27% in the lower esophagus, and 19% in the upper esophagus. The ratio of tumor histology and main tumor location were not different among age groups. Fourteen percent had clinical Stage 0 or I disease, 32% had Stage IIA or IIB, 43% had Stage III, and 10% had Stage IV disease. The ratio clinical of Stage 0 to IIb was different among age groups (41% in the younger age group, 40% in the middle age group, and 59% in older age group).

Major treatment combinations are shown in Table 3. All patients except 8 who were treated by brachytherapy alone received external-beam RT. Chemotherapy was given to 63% of the patients; 39% received definitive CRT without surgery, and 24% received surgery in combination with RT or CRT. Fifty patients (8%) who were treated by RT and surgery did not receive chemotherapy. Twenty-seven percent of the all patients were treated by RT alone without chemotherapy or surgery. In the older age group, 62% were treated by RT alone, 35% by chemotherapy, and only 4% received surgery. Utilization ratios of chemotherapy and surgery in the older age group were significantly lower than in the younger and middle age groups (p < 0.01). Combinations of surgery and CRT were more frequently used in academic institutions than in nonacademic institutions (31% vs. 14%; p < 0.01); RT alone was applied to 33% of patients in nonacademic institutions.

Regarding drugs used for chemotherapy, 5-fluorouracil was used by 98% of patients who received CRT, cisplatin

Table 2. Characteristics of esophageal cancer patients according to age groups

Characteristic	Age group				
	<65 y (n = 244)	65–74 y (<i>n</i> = 213)	\geq 75 y ($n = 164$)	Total $(n = 621)$	p
Gender			•		0.014
Male	219 (90)	191 (90)	129 (79)	539 (87)	
Female	25 (10)	' 22 (10)	35 (21)	82 (13)	
KPS	23 (10)	()	, ,		0.001
60–70	42 (20)	33 (18)	49 (36)	124 (24)	
80	85 (41)	79 (43)	54 (39)	218 (41)	
90–100	81 (39)	70 (39)	34 (25)	185 (35)	
	36	31	27	94	
Missing	30	51			0.547
Histology	238 (99)	209 (99)	159 (100)	606 (99)	
SCC	1 (0)	2(1)	0	3 (0)	
Adeno.	2 (1)	1 (1)	0	3 (0)	
Adenosq.	3	1	5	9	
Missing	3	1	J	•	0.8422
Site of lesion	42 (19)	43 (20)	31 (18)	116 (19)	0.0
Upper	42 (18)	114 (54)	89 (62)	335 (55)	
Middle	132 (55)	56 (26)	42 (20)	163 (27)	
Lower	65 (27)	30 (20)	2	7	
Missing	5		4	,	0.595
Longitudinal tumor size					0.575
by endoscopy (cm)	mr (50)	(2 (40)	67 (59)	205 (53)	
≤5.0	75 (52)	63 (49)	40 (35)	150 (39)	
5.1–10.0	56 (39)	54 (42)		28 (7)	
10.1–15.0	12 (8)	10 (8)	6 (5) 0	5 (1)	
≥15.1	2 (1)	3 (2)	-	233	
Missing	99	83	51 5	5	
Median (cm)	5	6	3	3	0.001
Clinical stage*	- -	20 (15)	26 (19)	75 (14)	0.001
0, I	21 (10)	28 (15)	26 (18)	75 (14)	
IIa, IIb	68 (31)	48 (25)	59 (41)	175 (32)	
IIII	96 (44)	94 (49)	47 (33)	237 (43)	
V	30 (14)	30 (10)	7 (5)	57 (10)	
Unknown	4 (2)	3 (2)	5 (4)	12 (2)	
Missing	25	20	20	. 65	

Abbreviations: KPS = Karnofsky performance status; SCC = squamous cell carcinoma; Adeno. = adenocarcinoma; Adenosq. = adenosquamous cell carcinoma.

by 85%, and nedaplatin by 98%. Only 1 patient used a taxane.

Thirty-eight patients (6%) received brachytherapy. High-dose-rate iridium or cobalt therapy was used for 28 patients, and low-dose-rate therapy was given to 10 patients. Five hundred fifty-six patients (90%) were admitted to hospitals during RT. Fifteen patients (3%) were treated on investigational approved protocols.

Details about external RT given to 412 patients who did not receive surgery but were treated by definitive CRT or RT alone are shown in Table 4. The median total dose of external RT was 60 Gy and did not differ among age groups. The median fractionation dose was 2 Gy.

Hyperfractionation was used for 16% of patients. The median initial longitudinal field size was 17 cm. Significant differences in field size among age groups were observed (mean value: 20 cm, 17 cm, and 15 cm in the younger, middle, and older age groups, respectively).

Mediastinal nodal RT for apparent or subclinical lymph node metastases was given to 82% of patients, whereas supraclavicular or upper abdominal area irradiation was given to 33% and 22%, respectively.

Table 5 shows patient backgrounds and RT parameters for definitive CRT, RT alone, and preoperative CRT. Median age of the preoperative CRT patients was 63 years and was younger than for definitive CRT and RT-alone patients. The preoperative CRT group contains 71% of the patients with Stage III—IV disease, and the ratio was higher than in the definitive CRT and RT-alone groups (62% and 58%, respectively). Median total dose was 60 Gy in definitive CRT and RT-alone patients and 40 Gy for preoperative CRT patients. Median initial longitudinal field size was 18 cm for definitive CRT patients and was longer than in RT-alone patients.

DISCUSSION

In the United States two PCSs for esophageal cancer were conducted for the periods 1992–1994 and 1996–1999 (1–4). They established the national and international benchmarks of esophageal cancer treatments and showed the role of RT

Values are number (percentage) except where noted.

^{*} Staging system by the International Union Against Cancer, 1997.