

References

1. Fels F, Kraft JW, Grabenbauer GG. Geriatrie und Radioonkologie Teil 1: Identifikation des Risikopatienten und Grundsätzliches zur Behandlung. *Strahlenther Onkol* 2010;186:411–22.
2. Feyer P, Sautter-Bihl ML, Budach W, et al. DEGRO Practical Guidelines for palliative radiotherapy of breast cancer patients: brain metastases and leptomeningeal carcinomatosis. *Strahlenther Onkol* 2010;186:63–9.
3. Ishikura S. Developing high quality radiotherapy service: current status and future perspectives. *J Natl Inst Public Health* 2008;57:327–31. (in Japanese with an English abstract).
4. International Atomic Energy Agency, Division of Human Health. Directory of Radiotherapy Centres. Available from: <http://www.naweb.iaea.org/nahu/dirac/default.asp>. Accessed April 30, 2010.
5. Janssen S, Meyer A, Vordermark D, et al. Radiation therapy and Internet – What can patients expect? Homepage analysis of German Radiotherapy Institutions. *Strahlenther Onkol* 2010;186:700–4.
6. Japanese PCS Working Group. Radiation oncology in multidisciplinary cancer therapy – Basic structure requirement for quality assurance of radiotherapy based on Patterns of Care Study in Japan. Ministry of Health, Labor and Welfare Cancer Research Grant Planned Research Study 14–6, 2005.
7. Japanese PCS Working Group. Radiation oncology in multidisciplinary cancer therapy – Basic structure requirement for quality assurance of radiotherapy based on Patterns of Care Study in Japan. Ministry of Health, Labor and Welfare Cancer Research Grant Planned Research Study 18–4, 2010.
8. Maeda M. A review of cancer control strategy in Japan. *J Natl Inst Public Health* 2008;57:304–7. (in Japanese with an English abstract).
9. Numasaki H, Teshima T, Shibuya H, et al. National structure of radiation oncology in Japan with special reference to designated cancer care hospitals. *Int J Clin Oncol* 2009;14:237–44.
10. OECD Health Data 2009. Organisation for Economic Co-Operation and Development, Paris: Organisation for Economic Co-Operation and Development. 2009. Accessed April 30, 2010.
11. Rutkowski T, Wygoda A, Hutnik M, et al. Intraoperative radiotherapy (IORT) with low-energy photons as a boost in patients with early-stage oral cancer with the indications for postoperative radiotherapy : treatment feasibility and preliminary results. *Strahlenther Onkol* 2010;186:496–501.
12. SAS Institute Inc. SAS User's Guide: Statistics. Cary, NC: SAS Institute Inc., 1985.
13. Sobue T. Current activities and future directions of the cancer registration system in Japan. *Int J Clin Oncol* 2008;13:97–101.
14. Statistics Bureau, Ministry of Internal Affairs and Communications: the 2007 population census, First basic complete tabulation. Available from: <http://www.stat.go.jp/data/jinsui/2007np/index.htm>. Accessed March 15, 2010.
15. Tanisada K, Teshima T, Ohno Y, et al. Patterns of Care Study quantitative evaluation of the quality of radiotherapy in Japan. *Cancer* 2002;95:164–71.
16. Teshima T, Owen JB, Hanks GE, et al. A comparison of the structure of radiation oncology in the United States and Japan. *Int J Radiat Oncol Biol Phys* 1996;34:235–42.
17. Teshima T. Japanese PCS Working Group. Patterns of Care Study in Japan. *Jpn J Clin Oncol* 2005;35:497–506.
18. Teshima T, Numasaki H, Shibuya H, et al. Japanese structure survey of radiation oncology in 2005 based on institutional stratification of Patterns of Care Study. *Int J Radiat Oncol Biol Phys* 2008;72:144–52.
19. Teshima T, Numasaki H, Shibuya H, et al. Japanese structure survey of radiation oncology in 2007 based on institutional stratification of Patterns of Care Study. *Int J Radiat Oncol Biol Phys* 2010;78:1483–93.
20. United Nations, Statistics Division. Demographic Yearbook. Available from: <http://unstats.un.org/unsd/demographic/products/dyb/dyb2007.htm>. Accessed April 30, 2010.

Address for Correspondence

Teruki Teshima, MD, PhD
 Department of Medical Physics and Engineering
 Osaka University Graduate School of Medicine
 1-7, Yamadaoka, Suita
 Osaka, 565-0871
 Japan
 Phone (+81/6) 6879-2570, Fax -2570
 e-mail: teshima@sahs.med.osaka-u.ac.jp

Comprehensive Registry of Esophageal Cancer in Japan, 2003

Soji Ozawa · Yuji Tachimori · Hideo Baba · Mitsuhiro Fujishiro · Hisahiro Matsubara ·
Hodaka Numasaki · Tsuneo Oyama · Masayuki Shinoda · Hiroya Takeuchi · Otsuo Tanaka ·
Teruki Teshima · Harushi Udagawa · Takashi Uno · J. Patrick Barron

Published online: 24 February 2011
© The Japan Esophageal Society and Springer 2011

Preface

We are very pleased to publish the Comprehensive Registry of Esophageal Cancer in Japan, 2003, and thank all the members of the Japan Esophageal Society who made great contributions in preparing this material.

We would like to review the history of the registry of esophageal cancer cases in Japan. The Registration Com-

mittee for Esophageal Cancer, the Japan Esophageal Society, has annually registered cases of esophageal cancer since 1976 and published the first issue of the Comprehensive Registry of Esophageal Cancer in Japan in 1979. The Act for the Protection of Personal Information was promulgated in 2003, and began to be enforced in 2005. The purpose of this Act is to protect the rights and interests of individuals while taking into consideration the usefulness of personal information, keeping in mind the remarkable increase in the use of personal information arising from the development of today's advanced information and communications society. The registry of esophageal cancer cases has required some adjustments to comply with the Acts. The new registration system has been discussed for several years and was finally completed in 2008. The most important point was

These data were first issued on 1 March, 2011, as the Comprehensive Registry of Esophageal Cancer in Japan, 2003. Not all pages are reprinted here; however, the original table and figure numbers have been kept.

The authors were at the time members of the Registration Committee for Esophageal Cancer, the Japan Esophageal Society, and made great contributions in preparing this material.

S. Ozawa (✉)
Department of Gastroenterological Surgery,
Tokai University School of Medicine,
143 Shimokasuya, Isehara, Kanagawa 259-1193, Japan
e-mail: sozawa@tokai.ac.jp

Y. Tachimori
Department of Surgery,
National Cancer Center Hospital, Tokyo, Japan

H. Baba
Department of Gastroenterological Surgery,
Graduate School of Medical Sciences Kumamoto University,
Kumamoto, Japan

M. Fujishiro
Department of Endoscopy and Endoscopic Surgery,
Graduate School of Medicine,
University of Tokyo, Tokyo, Japan

H. Matsubara
Department of Frontier Surgery, Graduate School of Medicine,
Chiba University, Chiba, Japan

H. Numasaki · T. Teshima
Department of Medical Physics and Engineering,
Osaka University Graduate School of Medicine, Osaka, Japan

T. Oyama
Department of Gastroenterology,
Saku General Hospital, Nagano, Japan

M. Shinoda
Department of Thoracic Surgery,
Aichi Cancer Center Hospital, Aichi, Japan

H. Takeuchi
Department of Surgery,
Keio University School of Medicine, Tokyo, Japan

O. Tanaka
Department of Surgery, Niigata Cancer Center Hospital,
Niigata, Japan

“anonymity in an unlinkable fashion” using encryption with a hash function. Finally, the registry resumed registering cases of esophageal cancer that had been treated in 2001.

In the Comprehensive Registry in 2003, we newly inserted Figure 3: Survival of patients treated by EMR/ESD in relation to the pathological depth of tumor invasion (pT); Figure 4: Survival of patients treated by EMR/ESD in relation to the lymphatic or blood vessel invasion, in order to present the treatment outcome depending on the pathological status.

We briefly summarized the Comprehensive Registry of Esophageal Cancer in Japan, 2003. A total of 4659 cases were registered from 199 institutions in Japan. Comparing the Comprehensive Registry in 2003 to the Comprehensive Registry in 2002, the number of registered cases and surgical cases increased by 378 and 509, respectively, although the number of registered institutions decreased by 23. As for the histologic type of cancer according to biopsy specimens, squamous cell carcinoma and adenocarcinoma accounted for 92.2% and 3.0%, respectively. Regarding clinical results, the 5-year survival rates of patients treated using endoscopic mucosal resection, concurrent chemoradiotherapy, radiotherapy alone, chemotherapy alone, or esophagectomy were 80.0%, 21.9%, 30.3%, 3.0%, and 46.6%, respectively. Concerning the approach used to perform an esophagectomy, 15.5% of the cases were performed endoscopically, that is, thoracoscopically, laparoscopically, or mediastinoscopically. Regarding the reconstruction route, the posterior mediastinal, the retrosternal, and the intrathoracic route were used in 37.3%, 33.3% and 15.7% of cases, respectively. The operative mortality was 1.0% (25 out of 2510 cases).

We hope that this Comprehensive Registry of Esophageal Cancer in Japan for 2003 helps to improve all aspects of the diagnosis and treatment of esophageal cancer.

Contents

I. Clinical factors of esophageal cancer patients treated in 2003

1. Institution-registered cases in 2003
2. Patient Background

H. Udagawa
Department of Gastroenterological Surgery,
Toranomon Hospital, Tokyo, Japan

T. Uno
Department of Radiology, Graduate School of Medicine,
Chiba University, Chiba, Japan

J. Patrick Barron
International Communications Center,
Tokyo Medical University, Tokyo, Japan

Table 1 Age and gender

Table 12 Tumor location

Table 15 Histologic types of cancer according to biopsy specimens

Table 19 Organs with metastasis in cM1 case (JSED-cTNM 9th)

Table 20 Clinical stage (JSED-cTNM 9th)

II. Clinical results of patients treated endoscopically in 2003

Table 21 Treatment modalities in patients receiving endoscopy

Figure 1 Survival of patients treated by EMR/ESD

Figure 2 Survival of patients in relation to type of EMR/ESD

Figure 3 Survival of patients treated by EMR/ESD in relation to the pathological depth of tumor invasion (pT)

Figure 4 Survival of patients treated by EMR/ESD in relation to the lymphatic or blood vessel invasion

III. Clinical results in patients treated with chemotherapy and/or radiotherapy in 2003

Table 34 Dose of irradiation with or without chemotherapy (non-surgically treated and curative cases)

Figure 5 Survival of patients treated by chemotherapy and/or radiotherapy

Figure 6 Survival of patients treated by chemotherapy and/or radiotherapy (cStage I-IIA)

Figure 7 Survival of patients treated by chemotherapy and/or radiotherapy (cStage IIB-IVB)

IV. Clinical results in patients treated by esophagectomy in 2003

Table 45 Tumor location

Table 46 Approaches to tumor resection

Table 47 Endoscopic surgery

Table 48 Fields of lymph node dissection according to the location of the tumor

Table 49 Extent of lymph node dissection

Table 50 Reconstruction route

Table 51 Organs used for reconstruction

Table 58 Histological classification

Table 59 Depth of tumor invasion

Table 60 Subclassification of superficial carcinoma

Table 61 Pathological grading of lymph node metastasis

Table 62 Numbers of the metastatic nodes

Table 63 Pathological findings of distant organ metastasis

Table 64 Residual tumor

Table 75 Causes of death

Table 76 Initial recurrent lesion

Figure 8 Survival of patients treated by esophagectomy

Figure 9 Survival of patients treated by esophagectomy in relation to clinical stage (JSED-cTNM 9th)

Figure 10 Survival of patients treated by esophagectomy in relation to clinical stage (UICC-cTNM 5th)

Figure 11 Survival of patients treated by esophagectomy in relation to the depth of tumor invasion (JSED-pTNM 9th: pT)

Figure 12 Survival of patients treated by esophagectomy in relation to the depth of tumor invasion (UICC-pTNM 5th: pT)

Figure 13 Survival of patients treated by esophagectomy in relation to lymph node metastasis (JSED-pTNM 9th: pN)

Figure 14 Survival of patients treated by esophagectomy in relation to lymph node metastasis (UICC-pTNM 5th: pN)

Figure 15 Survival of patients treated by esophagectomy in relation to pathological stage (JSED-pTNM 9th)

Figure 16 Survival of patients treated by esophagectomy in relation to pathological stage (UICC-pTNM 5th)

Figure 17 Survival of patients treated by esophagectomy in relation to number of metastatic node

Figure 18 Survival of patients treated by esophagectomy in relation to residual tumor (R)

continued

Institution

- Chiba Cancer Center
- Chiba Prefecture Sawara Hospital
- Chiba University Hospital
- Dokkyo Medical University Hospital
- Foundation for Detection of Early Gastric Carcinoma
- Fuchu Hospital
- Fujioka General Hospital
- Fujita Health University
- Fujita Health University Banbuntane Hotokukai Hospital
- Gunma Central General Hospital
- Gunma University Hospital
- Hachinohe City Hospital
- Hachioji Digestive Disease Hospital
- Hakodate Goryokaku Hospital
- Hamamatsu University School of Medicine, University Hospital
- Health Insurance Naruto Hospital
- Hiratsuka City Hospital
- Hiratsuka Kyosai Hospital
- Hiroshima City Asa Hospital
- Hiroshima University Research Institute for Radiation Biology Medicine
- Hofu Institute of Gastroenterology
- Hokkaido University Hospital
- Hyogo Cancer Center
- Hyogo College Of Medicine
- Ida Municipal Hospital
- Inazawa City Hospital
- International University of Health and Welfare Mita Hospital
- Ishikawa Kenritsu Chuo Hospital
- Ishinomaki Red Cross Hospital
- Iwakuni Clinical Center
- Iwakuni Medical Center
- Iwate Medical University Hospital
- JFE Kenpo Kawatetsu Chiba Hospital
- Jichi Medical University Hospital
- Juntendo University Hospital
- Juntendo University Shizuoka Hospital
- Kagawa Prefectural Central Hospital
- Kagawa University Hospital
- Kagoshima Kenritsu Satsunan Hospital
- Kagoshima University Hospital
- Kanagawa Cancer Center
- Kanazawa University Hospital
- Kansai Rosai Hospital
- Kashima Rosai Hospital
- Kashiwa Kousei General Hospital
- Kawasaki Medical School Hospital
- Keio University Hospital

I. Clinical factors of esophageal cancer patients treated in 2003

Institution-registered cases in 2003

Institution

- Aichi Cancer Center
- Aizawa Hospital
- Akita University Hospital
- Asahikawa Kosei general Hospital
- Asahikawa Medical College Hospital

continued

Institution

Keiyukai Sapporo Hospital
 Kikuna Memorial Hospital
 Kin-ikyo Chuo Hospital
 Kinki Central Hospital
 Kinki University Hospital
 Kinki University Nara Hospital
 Kinki University Sakai Hospital
 Kiryu Kosei General Hospital
 Kitakyushu Municipal Medical Center
 Kitano Hospital
 Kitasato University Hospital
 Kitasato University Kitasato Institute Medical Center Hospital
 Kobe City Medical Center General Hospital
 Kobe University Hospital
 Kumamoto University Hospital
 Kurashiki Central Hospital
 Kurume University Hospital
 Kuwana City Hospital
 Kyorin University Hospital
 Kyoto University Hospital
 Kyushu University Hospital
 Matsuda Hospital
 Matsudo City Hospital
 Matsushita Memorial Hospital
 Matsuyama Red Cross Hospital
 Mie University Hospital
 Minoh City Hospital
 Mito Red Cross Hospital
 Murakami General Hospital
 Nagano Red Cross Hospital
 Nagaoka Chuo General Hospital
 Nagayoshi General Hospital
 Nagoya City University Hospital
 Nagoya Daiichi Red Cross Hospital
 Nagoya University Hospital
 Nanpoh Hospital
 Nara Medical University Hospital
 National Cancer Center Hospital
 National Cancer Center Hospital East
 National Defense Medical College Hospital
 National Hospital Organization Chiba Medical Center
 National Hospital Organization Kure Medical Center
 National Hospital Organization Kyushu Cancer Center
 National Hospital Organization Matsumoto National Hospital
 National Hospital Organization Nagano Medical Center
 National Hospital Organization Nagasaki Medical Center
 National Hospital Organization Osaka National Hospital
 National Hospital Organization Tokyo Medical Center

continued

Institution

Nihon University Itabashi Hospital
 Nihonkai General Hospital
 Niigata City General Hospital
 Niigata Prefectural Shibata Hospital
 Niigata University Medical and Dental Hospital
 Nikko Memorial Hospital
 Nippon Medical School Hospital
 Nippon Medical School Musashi Kosugi Hospital
 Nippon Medical School Tama Nagayama Hospital
 Nishi-Kobe Medical Center
 NTT East Japan Kanto Hospital
 NTT West Osaka Hospital
 Numazu City Hospital
 Ohta General Hospital Foundation Ohta Nishinouchi Hospital
 Oita Red Cross Hospital
 Okayama Saiseikai General Hospital
 Okayama University Hospital
 Onomichi Municipal Hospital
 Osaka City University Hospital
 Osaka Koseinenkin Hospital
 Osaka Medical Center for Cancer and Cardiovascular Diseases
 Osaka Medical College Hospital
 Osaka Prefectural Hospital Organization Osaka General Medical Center
 Osaka University Hospital
 Otsu Red Cross Hospital
 Red Cross Society Onoda Hospital
 Saga University Hospital
 Saiseikai Narashino Hospital
 Saitama City Hospital
 Saitama Medical Center Jichi Medical University
 Saitama Medical University Hospital
 Saitama Medical University International Medical Center
 Saitama Red Cross Hospital
 Saitama Social Insurance Hospital
 Saku Central Hospital
 Sano Kousei General Hospital
 Seirojika National Hospital University Hospital
 Sendai City Hospital
 Sendai Medical Center
 Shiga Medical Center for Adults
 Shiga University of Medical Science Hospital
 Shikoku Cancer Center
 Shimane University Hospital
 Shimizu Welfare Hospital
 Shinshu University Hospital
 Shizuoka City Shimizu Hospital
 Shizuoka City Shizuoka Hospital

continued

Institution

Showa Inan General Hospital
 Showa University Fujigaoka Hospital
 Showa University Hospital
 Social Insurance Omuta Tenryo Hospital
 Social Insurance Tagawa Hospital
 Social Insurance Yokohama Central Hospital
 Sonoda Daiichi Hospital
 Southern Region Hospital
 Sugita Genpaku Memorial Obama Municipal Hospital
 Suita Municipal Hospital
 Syowa University Toyosu Hospital
 Tachikawa Hospital
 Takaoka Hospital
 Takasago Municipal Hospital
 Teikyo University School of Medicine Hospital, Mizonokuchi
 Toho University Omori Medical Center
 Tohoku Kosai Hospital
 Tokai University Hospital
 Tokushima Red Cross Hospital
 Tokushima University Hospital
 Tokyo Dental College Ichikawa General Hospital
 Tokyo Jikeikai Medical
 Tokyo Medical and Dental University Hospital
 Tokyo Medical University Kasumigaura Hospital
 Tokyo Metropolitan Cancer and Infectious Center Komagome
 Hospital
 Tokyo Women's Medical University Hospital

continued

Institution

Tokyo Women's Medical University Medical Center East
 Toranomon Hospital
 Tottori Prefectural Central Hospital
 Tottori University Hospital
 Toyama Prefectural Central Hospital
 Toyama University Hospital
 Tsuchiura Kyodo Hospital
 Tsukuba University Hospital
 Tsuruoka Municipal Shonai Hospital
 University of Fukui Hospital
 University of Miyazaki Hospital
 University of Occupational and Environmental Health
 University of the Ryukyus Hospital
 Wakayama Kenritsu University Hospital
 Yamagata Prefectural Central Hospital
 Yamagata Prefectural Shinjo Hospital
 Yamagata University Hospital
 Yamagata University Hospital
 Yamagata University Hospital
 Yamanashi Prefectural Central Hospital
 Yamanashi University Hospital
 Yao Municipal Hospital
 Yokohama City University Hospital
 Yokohama City University Medical Center
 Yokohama Rosai Hospital
 Yuri General Hospital

Patient Background

Table 1 Age and gender

* Excluding 39 missing cases of gender

Age	Male	Female	Unknown	Cases (%)
~29	3	1	0	4 (0.1%)
30~39	10	5	0	15 (0.3%)
40~49	138	26	2	166 (3.7%)
50~59	841	145	0	986 (21.8%)
60~69	1511	187	0	1698 (37.5%)
70~79	1227	193	0	1420 (31.4%)
80~89	151	46	0	197 (4.4%)
90~	31	9	0	40 (0.9%)
Total	3912	612	2	4526
Missing	78	16	0	94

Table 12 Tumor location

* Excluding 185 treatment unknown, missing cases of treatment types

Location of tumor	Endoscopic treatment (%)	Chemotherapy and/or radiotherapy (%)	Surgery		Total (%)
			Palliative operation (%)	Esophagectomy (%)	
Cervical	14 (2.7%)	98 (7.5%)	3 (2.6%)	74 (3.0%)	189 (4.3%)
Upper thoracic	55 (10.7%)	200 (15.3%)	16 (13.9%)	268 (10.8%)	539 (12.2%)
Middle thoracic	289 (56.1%)	650 (49.8%)	59 (51.3%)	1146 (46.2%)	2144 (48.6%)
Lower thoracic	118 (22.9%)	266 (20.4%)	26 (22.6%)	792 (31.9%)	1202 (27.2%)
Abdominal	15 (2.9%)	31 (2.4%)	9 (7.8%)	152 (6.1%)	207 (4.7%)
EG	3 (0.6%)	3 (0.2%)	0	18 (0.7%)	24 (0.5%)
EG-Junction(E=G)	1 (0.2%)	0	1 (0.9%)	19 (0.8%)	21 (0.5%)
Cardia (G)	1 (0.2%)	0	0	3 (0.1%)	4 (0.1%)
Others	0	0	0	0	0
Unknown	19 (3.7%)	57 (4.4%)	1 (0.9%)	8 (0.3%)	85 (1.9%)
Total	515	1305	115	2480	4415
Missing	13	7	0	23	43

EG: esophago-gastric

Table 15 Histologic types of cancer according to biopsy specimens

* Excluding 185 treatment unknown, missing cases of treatment types

Histologic types	Endoscopic treatment (%)	Chemotherapy and/or radiotherapy (%)	Surgery		Total (%)
			Palliative operation (%)	Esophagectomy (%)	
Not examined	5 (1.0%)	8 (0.6%)	1 (0.9%)	5 (0.2%)	19 (0.4%)
SCC	480 (92.5%)	1218 (93.4%)	106 (92.2%)	2225 (91.5%)	4029 (92.2%)
SCC	379 (73.0%)	833 (63.9%)	72 (62.6%)	1355 (55.7%)	2639 (60.4%)
Well diff.	22 (4.2%)	72 (5.5%)	5 (5.0%)	203 (8.3%)	302 (6.9%)
Moderately diff.	66 (12.7%)	208 (16.0%)	21 (18.3%)	494 (20.3%)	789 (18.1%)
Poorly diff.	13 (2.5%)	105 (8.1%)	8 (7.0%)	173 (7.1%)	299 (6.8%)
Adenocarcinoma	16 (3.1%)	7 (0.5%)	3 (2.6%)	103 (4.2%)	129 (3.0%)
Undifferentiated	1 (0.2%)	14 (1.1%)	1 (0.9%)	10 (0.4%)	26 (0.6%)
Carcinosarcoma	0	2 (0.2%)	0	8 (0.3%)	10 (0.2%)
Malignant melanoma	2 (0.4%)	0	0	8 (0.3%)	10 (0.2%)
Other tumors	2 (0.4%)	16 (1.2%)	1 (0.9%)	21 (0.9%)	40 (0.9%)
Dysplasia	0	0	0	0	0
Unknown	13 (2.5%)	39 (3.0%)	3 (2.6%)	53 (2.2%)	108 (2.5%)
Total	519	1304	115	2433	4371
Missing	12	13	1	77	103

SCC: squamous cell carcinoma

Table 19 Organs with metastasis in cM1 case (JSED-cTNM 9th)

* Excluding 185 treatment unknown, missing cases of treatment types

Metastatic organs	Endoscopic treatment (%)	Chemotherapy and/or radiotherapy (%)	Surgery		Total (%)
			Palliative operation (%)	Esophagectomy (%)	
PUL	5 (19.2%)	83 (19.1%)	0	17 (8.6%)	105 (15.7%)
OSS	1 (3.8%)	29 (6.7%)	0	3 (1.5%)	33 (4.9%)
HEP	5 (19.2%)	83 (19.1%)	1 (9.1%)	18 (9.1%)	107 (16.0%)
BRA	0	9 (2.1%)	0	1 (0.5%)	10 (1.5%)
LYM	12 (46.2%)	182 (41.9%)	7 (63.6%)	148 (75.1%)	349 (52.2%)
MAR	0	1 (0.2%)	0	0	1 (0.1%)
PLE	0	2 (0.5%)	0	0	2 (0.3%)
PER	0	3 (0.7%)	0	1 (0.5%)	4 (0.6%)
SKI	1 (3.8%)	4 (0.9%)	0	1 (0.5%)	6 (0.9%)
OTH	1 (3.8%)	18 (4.1%)	0	4 (2.0%)	23 (3.4%)
Unknown	1 (3.8%)	20 (4.6%)	3 (27.3%)	4 (2.0%)	28 (4.2%)
Lesions	26	434	11	197	668
Missing	2	18	0	8	28
One organ	16 (76.2%)	296 (80.2%)	8 (72.7%)	178 (94.2%)	498 (84.4%)
Two organs	3 (14.3%)	46 (12.5%)	0	6 (3.2%)	55 (9.3%)
Three organs	1 (4.8%)	5 (1.4%)	0	1 (0.5%)	7 (1.2%)
Four organs~	0	3 (0.8%)	0	0	3 (0.5%)
Unknown	1 (4.8%)	19 (5.1%)	3 (27.3%)	4 (2.1%)	27 (4.6%)
Total cases	21	369	11	189	590
Missing	2	18	0	8	28

PUL: pulmones, OSS: ossis, HEP: hepar, BRA: brain, LYM: lymph node, MAR: marrow,

PLE: pleural membrane, PER:peritoneal membrane, SKI: skin, OTH: others

Table 20 Clinical stage (JSED-cTNM 9th)

* Excluding 185 treatment unknown, missing cases of treatment types

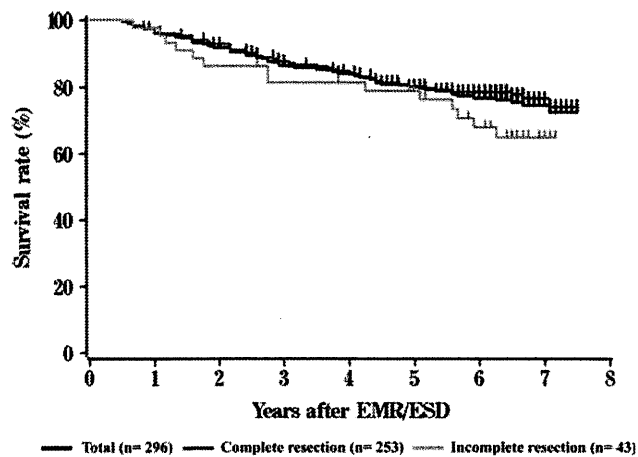
cStage	Endoscopic treatment (%)	Chemotherapy and/or radiotherapy (%)	Surgery		Total (%)
			Palliative operation(%)	Esophagectomy (%)	
0	77 (15.1%)	4 (0.3%)	1 (0.9%)	19 (0.8%)	101 (2.4%)
I	342 (66.9%)	175 (13.7%)	18 (15.5%)	521 (22.0%)	1056 (24.7%)
IIA	6 (1.2%)	122 (9.5%)	23 (19.8%)	455 (19.3%)	606 (14.2%)
IIB	10 (2.0%)	75 (5.9%)	6 (5.2%)	295 (12.5%)	386 (9.0%)
III	24 (4.7%)	463 (36.2%)	52 (44.8%)	816 (34.5%)	1355 (31.7%)
IV	3 (0.6%)	107 (8.4%)	1 (0.9%)	33 (1.4%)	144 (3.4%)
IVA	4 (0.8%)	65 (5.1%)	6 (5.2%)	75 (3.2%)	150 (3.5%)
IVB	11 (2.2%)	198 (15.5%)	5 (4.3%)	92 (3.9%)	306 (7.2%)
Unknown	34 (6.7%)	71 (5.5%)	4 (3.4%)	57 (2.4%)	166 (3.9%)
Total	511	1280	116	2363	4270
Missing	20	37	0	147	204

II. Clinical results of patient treated with endoscopy in 2003

Table 21 Treatment modalities in patients receiving endoscopy

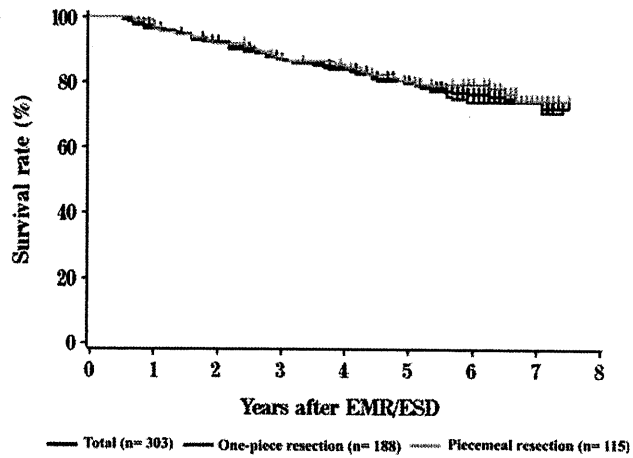
Treatment modalities	Cases (%)
Endoscopic treatment only	440 (82.9%)
Endoscopic treatment + Radiotherapy	23 (4.3%)
Endoscopic treatment + Chemotherapy	15 (2.8%)
Endoscopic treatment + Chemoradiotherapy	52 (9.8%)
Endoscopic treatment + Chemoradiotherapy + Others	0
Endoscopic treatment + Others	1 (0.2%)
Total	531
Missing	0

Fig. 1 Survival of patients treated by EMR/ESD



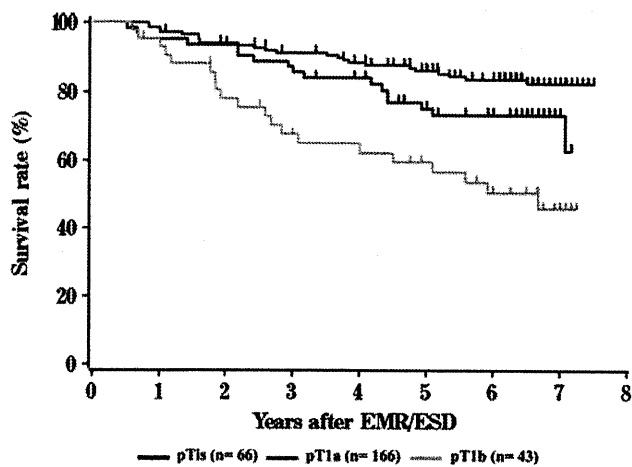
	Years after EMR/ESD							
	1	2	3	4	5	6	7	8
Total	97.1%	91.7%	86.5%	83.8%	80.0%	76.8%	74.6%	72.5%
Complete resection	97.1%	92.7%	87.4%	84.2%	80.2%	78.5%	76.6%	74.2%
Incomplete resection	97.7%	86.0%	81.3%	81.3%	78.8%	67.9%	64.8%	64.8%

Fig. 2 Survival of patients in relation to type of EMR/ESD



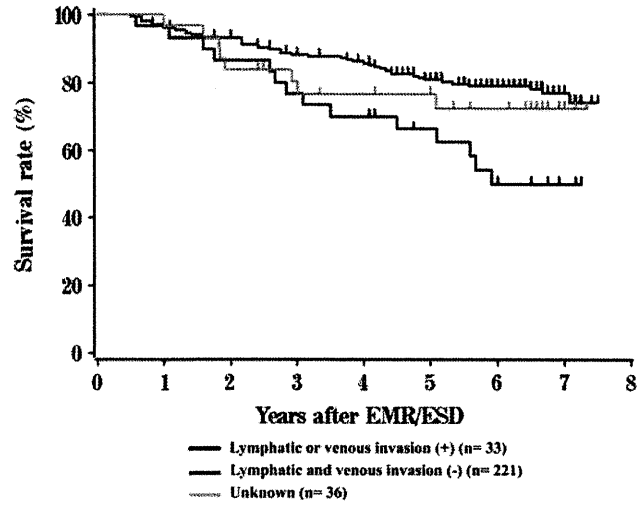
	Years after EMR/ESD							
	1	2	3	4	5	6	7	8
Total (n=303)	97.2%	92.2%	87.1%	84.1%	80.1%	76.4%	72.2%	72.2%
One piece resection (n=188)	96.6%	92.5%	87.1%	84.0%	79.9%	74.1%	74.1%	70.9%
Piecemeal resection (n=115)	98.2%	91.9%	87.3%	84.4%	80.4%	79.4%	74.3%	74.3%

Fig. 3 Survival of patients treated by EMR/ESD in relation to the pathological depth of tumor invasion (pT)



	Years after EMR/ESD							
	1	2	3	4	5	6	7	8
pTis (n=66)	95.2%	93.7%	87.2%	84.0%	75.1%	73.3%	73.3%	62.8%
pT1a (n=166)	98.0%	94.0%	91.3%	88.4%	86.2%	83.6%	82.4%	82.4%
pT1b (n=43)	95.2%	77.9%	67.6%	62.2%	59.5%	50.4%	45.8%	45.8%

Fig. 4 Survival of patients treated by EMR/ESD in relation to the lymphatic or venous invasion



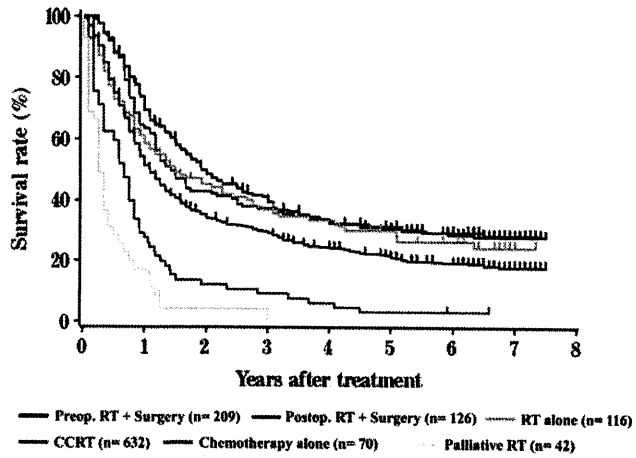
	Years after EMR/ESD							
	1	2	3	4	5	6	7	8
Lymphatic or venous invasion (+)	96.7%	86.7%	76.7%	70.0%	66.3%	49.9%	49.9%	49.9%
Lymphatic and venous invasion (-)	96.7%	93.3%	88.3%	85.8%	80.9%	79.0%	77.0%	74.2%
Unknown	100.0%	83.9%	80.2%	76.6%	76.6%	72.3%	72.3%	72.3%

III. Clinical results in patients treated with chemotherapy and/or radiotherapy in 2003

Table 34 Dose of irradiation with or without chemotherapy (non-surgically treated and curative cases)

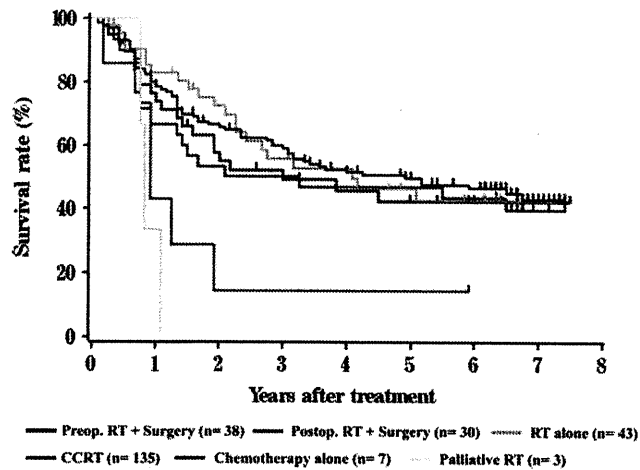
Dose of irradiation (Gy)	Chemotherapy		Preope RT (%)	Postope RT (%)
	with (%)	without (%)		
0	0	0	0	0
-29	5 (1.3%)	6 (7.9%)	10 (4.0%)	7 (4.5%)
30-39	9 (2.3%)	1 (1.3%)	80 (32.1%)	7 (4.5%)
40-49	22 (5.7%)	0	128 (51.4%)	56 (36.4%)
50-59	25 (6.5%)	7 (9.2%)	5 (2.0%)	37 (24.0%)
60-69	303 (78.3%)	52 (68.4%)	22 (8.8%)	44 (28.6%)
70-	23 (5.9%)	10 (13.2%)	4 (1.6%)	3 (1.9%)
Total	387	76	249	154
Median (min - max)	60 (18 - 146)	60 (2 - 120)	40 (2 - 81.4)	50 (2 - 81.4)
Missing	16	4	29	40

Fig. 5 Survival of patients treated by chemotherapy and/or radiotherapy



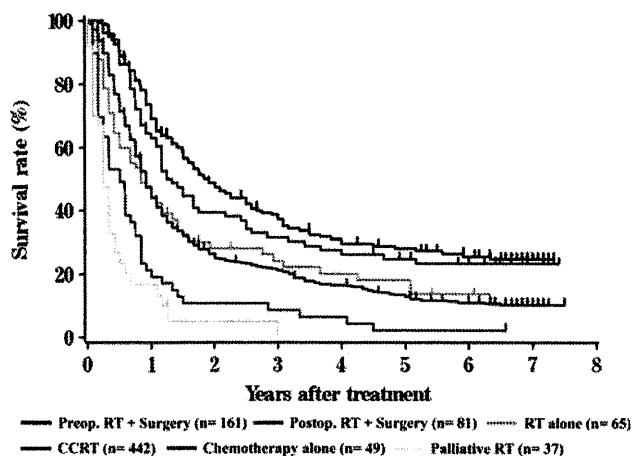
	Years after treatment							
	1	2	3	4	5	6	7	8
Preop. RT + Surgery	72.8%	49.9%	41.1%	32.4%	30.7%	28.7%	27.9%	27.9%
Postop. RT + Surgery	64.4%	42.9%	37.2%	33.0%	31.4%	29.6%	28.5%	28.5%
RT alone	60.2%	45.0%	36.7%	33.4%	30.0%	26.2%	24.4%	24.4%
CCRT	53.7%	35.2%	29.8%	24.4%	21.9%	19.4%	18.1%	18.1%
Chemotherapy alone	28.9%	12.2%	9.1%	6.1%	3.0%	3.0%	3.0%	-
Palliative RT	16.9%	4.2%	4.2%	-	-	-	-	-

Fig. 6 Survival of patients treated by chemotherapy and/or radiotherapy (cStage I-IIA)



	Years after treatment							
	1	2	3	4	5	6	7	8
Preop. RT + Surgery	73.7%	57.6%	52.1%	45.7%	42.2%	42.2%	42.2%	42.2%
Postop. RT + Surgery	66.7%	53.3%	50.0%	46.7%	46.7%	43.3%	39.7%	39.7%
RT alone	82.8%	72.2%	55.6%	52.5%	46.3%	42.5%	42.5%	42.5%
CCRT	79.3%	66.5%	59.9%	51.4%	49.5%	46.5%	42.8%	42.8%
Chemotherapy alone	42.9%	14.3%	14.3%	14.3%	14.3%	14.3%	-	-
Palliative RT	33.3%	-	-	-	-	-	-	-

Fig. 7 Survival of patients treated by chemotherapy and/or radiotherapy (cStage IIB-IVB)



	Years after treatment							
	1	2	3	4	5	6	7	8
Preop. RT + Surgery	72.8%	48.7%	38.5%	29.5%	28.0%	25.6%	24.7%	24.7%
Postop. RT + Surgery	64.4%	39.4%	31.5%	26.3%	24.9%	23.3%	23.3%	23.3%
RT alone	45.5%	28.1%	24.1%	20.1%	18.1%	13.8%	10.3%	-
CCRT	46.9%	26.4%	21.7%	16.6%	13.6%	11.0%	10.3%	10.3%
Chemotherapy alone	21.3%	10.6%	8.5%	6.4%	2.1%	2.1%	2.1%	-
Palliative RT	16.8%	5.0%	5.0%	0.0%	-	-	-	-

IV. Clinical results in patients treated with esophagectomy in 2003

Table 45 Tumor location

Locations	Cases (%)
Cervical	74 (3.0%)
Upper thotacic	268 (10.8%)
Middle thoracic	1146 (46.3%)
Lower thoracic	792 (32.0%)
Abdominal	152 (6.1%)
EG	18 (0.7%)
EG-Junction (E=G)	19 (0.8%)
Unknown	8 (0.3%)
Total lesions	2477
Total cases	2477
Missing	23

Table 46 Approaches to tumor resection

Approaches	Cases (%)
Cervical approach	80 (3.5%)
Right thoracotomy	1832 (81.2%)
Left thoracotomy	46 (2.0%)
Left thoracoabdominal approach	53 (2.4%)
Laparotomy	78 (3.5%)
Transhiatal (without blunt dissection)	33 (1.5%)
Transhiatal (with blunt dissection)	80 (3.5%)
Sternotomy	6 (0.3%)
Others	27 (1.2%)
Unknown	20 (0.9%)
Total	2255
Missing	255

EG: esophago-gastric

Table 47 Endoscopic surgery

Endoscopic surgery	Cases (%)
None	1899 (84.4%)
Thoracoscopy-assisted	187 (8.3%)
Laparoscopy-assisted	73 (3.2%)
Thoracoscopy + Laparoscopy-assisted	64 (2.8%)
Mediastinoscopy-assisted	20 (0.9%)
Thoracoscopy + Mediastinoscopy-assisted	0
Laparoscopy + Mediastinoscopy-assisted	1 (0.0%)
Others	3 (0.1%)
Unknown	4 (0.2%)
Total	2251
Missing	259

Table 48 Fields of lymph node dissection according to the location of the tumor

* Excluding pharynx and missing 38 cases of locations

Locations	Cervical	Upper thoracic	Middle thoracic	Lower thoracic	Abdominal	EGJ	Total
Region of lymphadenectomy	Cases (%)	Cases (%)	Cases (%)	Cases (%)	Cases (%)	Cases (%)	Cases (%)
None	7 (10.3%)	7 (3.0%)	45 (4.3%)	17 (2.4%)	5 (3.6%)	0	81 (3.8%)
C	21 (30.9%)	2 (0.8%)	3 (0.3%)	1 (0.1%)	0	0	27 (1.3%)
C+UM	14 (20.6%)	2 (0.8%)	3 (0.3%)	0	0	0	19 (0.9%)
C+UM+MLM	2 (2.9%)	7 (3.0%)	13 (1.3%)	9 (1.3%)	0	0	31 (1.4%)
C+UM+MLM+A	15 (22.1%)	132 (55.9%)	467 (45.0%)	219 (30.9%)	8 (5.7%)	2 (5.9%)	843 (39.3%)
C+UM+A	3 (4.4%)	1 (0.4%)	1 (0.1%)	2 (0.3%)	0	0	7 (0.3%)
C+MLM	0	0	0	0	0	0	0
C+MLM+A	0	1 (0.4%)	3 (0.3%)	1 (0.1%)	0	0	5 (0.2%)
C+A	0	1 (0.4%)	2 (0.2%)	2 (0.3%)	1 (0.7%)	0	6 (0.3%)
UM	0	3 (1.3%)	1 (0.1%)	3 (0.4%)	0	0	7 (0.3%)
UM+MLM	0	6 (2.5%)	19 (1.8%)	8 (1.1%)	1 (0.7%)	0	34 (1.6%)
UM+MLM+A	3 (4.4%)	57 (24.2%)	404 (38.9%)	334 (47.1%)	28 (20.0%)	3 (8.8%)	829 (38.7%)
UM+A	0	1 (0.4%)	4 (0.4%)	3 (0.4%)	0	0	8 (0.4%)
MLM	0	2 (0.8%)	4 (0.4%)	6 (0.8%)	4 (2.9%)	2 (5.9%)	18 (0.8%)
MLM+A	1 (1.5%)	8 (3.4%)	43 (4.1%)	83 (11.7%)	56 (40.0%)	18 (52.9%)	209 (9.7%)
A	0	0	14 (1.3%)	18 (2.5%)	35 (25.0%)	9 (26.5%)	76 (3.5%)
Unknown	2 (2.9%)	6 (2.5%)	12 (1.2%)	3 (0.4%)	2 (1.4%)	0	25 (1.2%)
Total	68	236	1038	709	140	34	2144
Missing	6	32	108	83	15	3	247

C: bilateral cervical nodes

UM: upper mediastinal nodes

MLM: middle-lower mediastinal nodes

A: abdominal nodes

Table 49 Extent of lymph node dissection

Grade of dissection (D)	Cases (%)
DX	47 (2.1%)
D0	121 (5.4%)
DI	292 (13.1%)
DII	1023 (45.8%)
DIII	751 (33.6%)
Total	2234
Missing	276

Table 50 Reconstruction route

Reconstruction route	Cases (%)
None	30 (1.4%)
Antethoracic	212 (9.6%)
Retrosternal	736 (33.3%)
Intrathoracic	348 (15.7%)
Posterior mediastinal	826 (37.3%)
Others	38 (1.7%)
Unknown	23 (1.0%)
Total	2213
Missing	278

Table 51 Organs used for reconstruction

Organs used for reconstruction	Cases (%)
None	36 (1.5%)
Whole stomach	227 (9.7%)
Gastric tube	1758 (74.9%)
Jejunum	107 (4.6%)
Free jejunum	34 (1.4%)
Colon	101 (4.3%)
Free colon	9 (0.4%)
Skin graft	1 (0.0%)
Others	67 (2.9%)
Unknown	8 (0.3%)
Total lesions	2348
Total cases	2248
Missing	262

Table 58 Histological classification

Histological classification	Cases (%)
Not examined	6 (0.3%)
SCC	1985 (88.9%)
SCC	226 (10.1%)
Well diff.	450 (20.2%)
Moderately diff.	944 (42.3%)
Poorly diff.	365 (16.3%)
Adenocarcinoma	73 (3.3%)
Barrett's adenocarcinoma	37 (1.7%)
Adenosquamous cell carcinoma (Co-existing)	10 (0.4%)
(Mucoepidermoid carcinoma)	1 (0.0%)
Adenoid cystic carcinoma	2 (0.1%)
Basaloid carcinoma	24 (1.1%)
Undiff. carcinoma (small cell)	9 (0.4%)
Undiff. carcinoma	6 (0.3%)
Other carcinoma	1 (0.0%)
Sarcoma	17 (0.8%)
Carcinosarcoma	4 (0.2%)
Malignant melanoma	6 (0.3%)
Dysplasia	5 (0.2%)
Other	22 (1.0%)
Unkown	24 (1.1%)
Total	2233
Missing	277

SCC: Squamous cell carcinoma

Table 59 Depth of tumor invasion

pT-category	Cases (%)
pTX	7 (0.3%)
pT0	35 (1.6%)
pTis	33 (1.5%)
pT1a	175 (7.8%)
pT1b	517 (23.2%)
pT2	314 (14.1%)
pT3	959 (42.9%)
pT4	154 (6.9%)
Other	0
Unknown	39 (1.7%)
Total	2233
Missing	277

Table 60 Subclassification of superficial carcinoma

Subclassification	Cases (%)
Not superficial carcinoma	1487 (66.9%)
m1 (ep)	35 (1.6%)
m2 (lpm)	64 (2.9%)
m3 (mm)	101 (4.5%)
sm1	70 (3.1%)
sm2	113 (5.1%)
sm3	232 (10.4%)
Unknown	122 (5.5%)
Total	2224
Missing	286

ep: epithelium

lpm: lamina propria muosa mm: muscularis mucosa

Table 61 Pathological grading of lymph node metastasis

Lymph node metastasis	Cases (%)
n (-)	910 (41.7%)
n1 (+)	329 (15.1%)
n2 (+)	539 (24.7%)
n3 (+)	181 (8.3%)
n4 (+)	177 (8.1%)
Unknown	44 (2.0%)
Total	2180
Missing	330

Table 62 Numbers of the metastatic nodes

Numbers of lymph node metastasis	Cases (%)
0	1176 (46.9%)
1-3	737 (29.4%)
4-7	288 (11.5%)
8-	223 (8.9%)
Unknown	85 (3.4%)
Total	2509
Missing	1

Table 63 Pathological findings of distant organ metastasis

Distant metastasias (M)	Cases (%)
MX	29 (1.3%)
M0	2171 (96.6%)
M1	48 (2.1%)
Total	2248
Missing	262

Table 64 Residual tumor

Residual tumor (R)	Cases (%)
RX	117 (5.3%)
R0	1797 (82.0%)
R1	141 (6.4%)
R2	124 (5.7%)
Unknown	12 (0.5%)
Total	2191
Missing	319

Table 75 Causes of death

Cause of death	Cases (%)
Death due to recurrence	780 (70.0%)
Death due to other cancer	52 (4.7%)
Death due to other disease (rec+)	41 (3.7%)
Death due to other disease (rec-)	122 (11.0%)
Death due to other disease (rec?)	23 (2.1%)
Death within 30 days after operation	25 (2.2%)
Death 31 days or more after operation	52 (4.7%)
Unknown	19 (1.7%)
Total of death cases	1114
Missing	14

rec: recurrence

Operative death means death within 30 days after operation in or out of hospital.

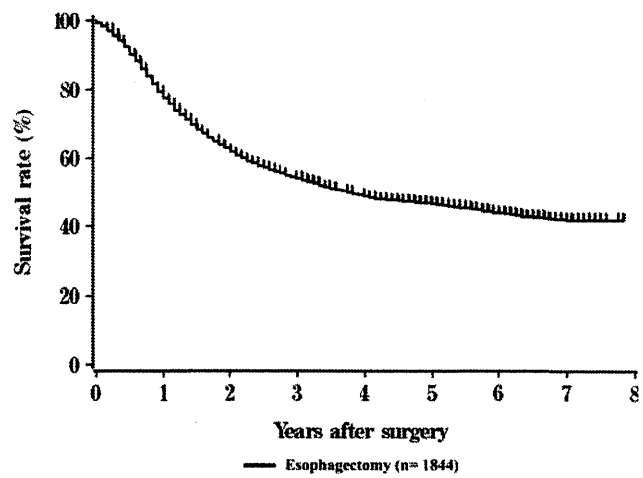
Operative mortality : 1.0%

Follow-up period (years)	
Median (min - max)	2.75 (0.00 - 7.41)

Table 76 Initial recurrent lesion

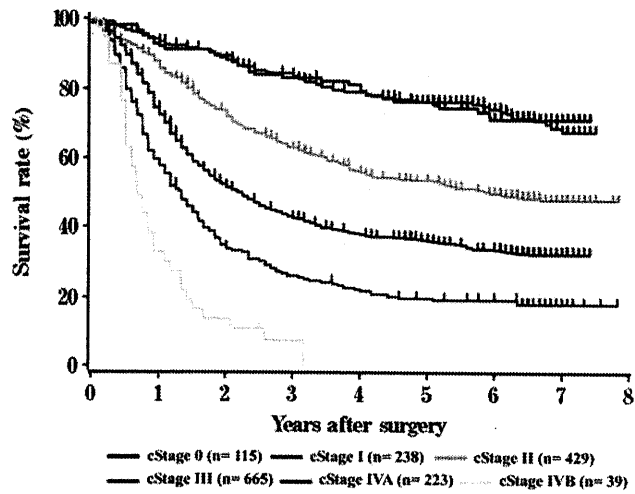
Initial recurrence lesion of fatal cases	Cases (%)
Lymph node	509 (41.4%)
Lung	200 (16.3%)
Liver	176 (14.3%)
Bone	106 (8.6%)
Brain	29 (2.4%)
Primary lesion	95 (7.7%)
Dissemination	56 (4.6%)
Anastomotic region	2 (0.2%)
Others	48 (3.9%)
Unknown	8 (0.7%)
Total of recurrence lesion	1229
Total	1081
Missing	347

Fig. 8 Survival of patients treated by esophagectomy



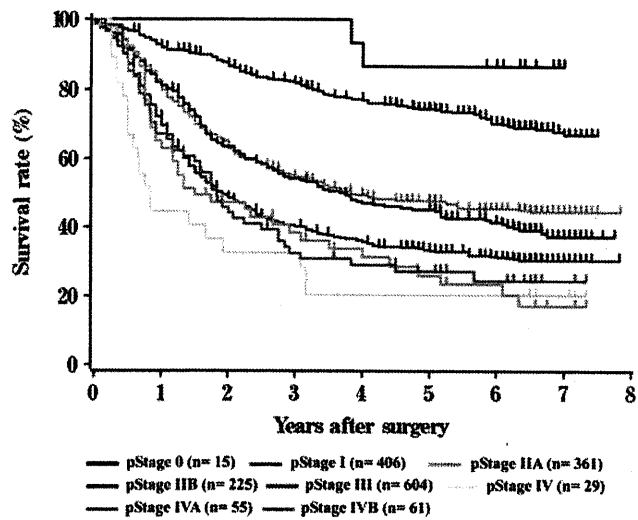
	Years after surgery							
	1	2	3	4	5	6	7	8
Esophagectomy	78.9%	62.8%	54.4%	48.9%	46.6%	44.0%	42.2%	41.9%

Fig. 9 Survival of patients treated by esophagectomy in relation to clinical stage (JSED-cTNM 9th)



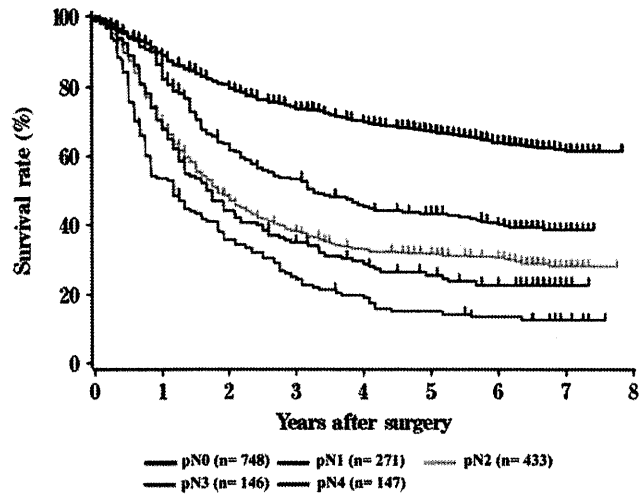
	Years after surgery							
	1	2	3	4	5	6	7	8
cStage 0 (n= 115)	92.9%	89.4%	83.0%	79.3%	76.5%	71.2%	71.2%	71.2%
cStage I (n= 238)	94.2%	89.0%	84.4%	79.3%	76.3%	74.3%	69.1%	67.7%
cStage II (n= 429)	87.5%	73.6%	62.9%	55.8%	53.4%	49.7%	47.9%	47.9%
cStage III (n= 665)	74.3%	52.3%	43.0%	37.9%	36.3%	33.7%	32.4%	32.4%
cStage IVA (n= 223)	59.1%	34.6%	26.2%	21.7%	19.7%	19.2%	17.9%	17.9%
cStage IVB (n= 39)	32.7%	13.6%	7.3%	-	-	-	-	-

Fig. 10 Survival of patients treated by esophagectomy in relation to clinical stage (UICC-cTNM 5th)



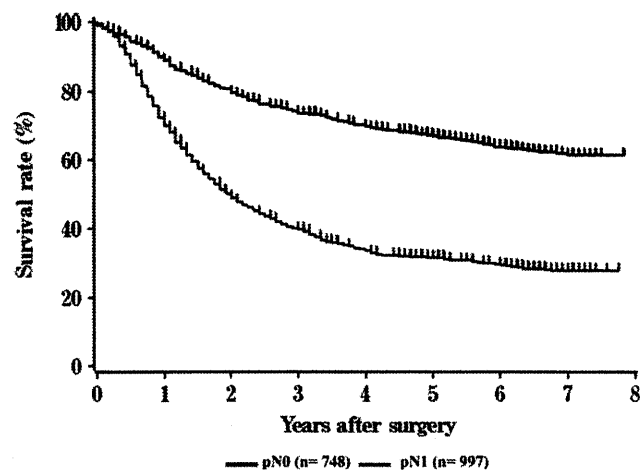
	Years after surgery							
	1	2	3	4	5	6	7	8
cStage 0 (n= 15)	93.3%	93.3%	93.3%	86.7%	86.7%	86.7%	86.7%	-
cStage I (n= 406)	92.9%	87.8%	82.2%	76.9%	74.3%	67.8%	66.8%	-
cStage IIA (n= 361)	81.9%	65.1%	55.0%	49.3%	47.5%	45.3%	44.4%	44.4%
cStage IIB (n= 225)	82.0%	63.6%	54.2%	47.0%	45.1%	41.5%	37.4%	37.4%
cStage III (n= 604)	71.6%	49.3%	40.5%	35.6%	33.3%	31.4%	30.4%	30.4%
cStage IV (n= 29)	44.4%	32.3%	28.3%	20.2%	20.2%	20.2%	20.2%	-
cStage IVA (n= 55)	65.0%	47.2%	38.4%	31.1%	25.9%	23.3%	20.2%	20.2%
cStage IVB (n= 61)	67.2%	45.9%	32.5%	29.0%	27.0%	24.3%	24.3%	24.3%

Fig. 13 Survival of patients treated by esophagectomy in relation to lymph node metastasis (JSED-pTNM 9th: pN)



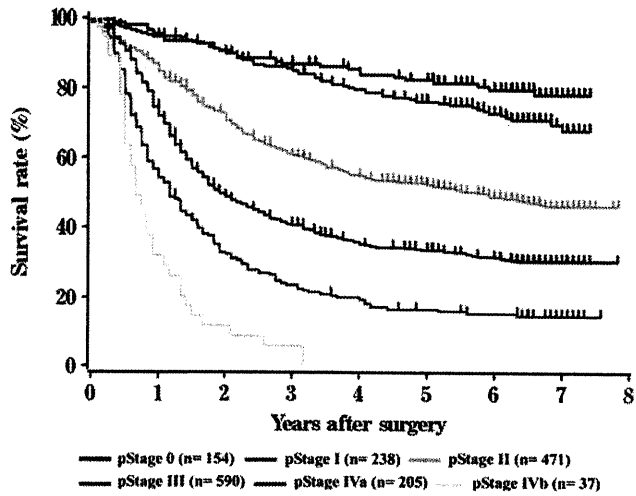
	Years after surgery							
	1	2	3	4	5	6	7	8
pN0	89.8%	80.5%	74.1%	69.6%	67.0%	63.7%	61.8%	61.2%
pN1	86.3%	63.5%	53.4%	45.3%	43.3%	40.6%	38.5%	38.5%
pN2	69.8%	48.4%	38.2%	32.7%	31.7%	30.4%	28.0%	28.0%
pN3	69.7%	44.2%	34.9%	28.8%	25.5%	22.8%	22.8%	22.8%
pN4	53.5%	35.7%	25.0%	18.9%	15.0%	13.3%	12.4%	12.4%

Fig. 14 Survival of patients treated by esophagectomy in relation to lymph node metastasis (UICC-pTNM 5th: pN)



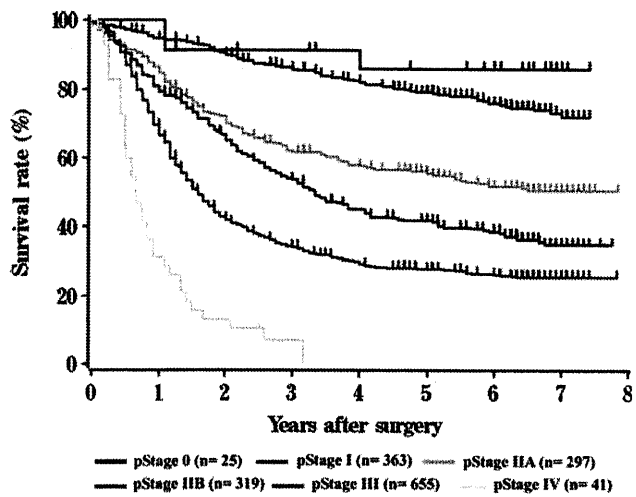
	Years after surgery							
	1	2	3	4	5	6	7	8
pN0	89.8%	80.5%	74.1%	69.6%	67.0%	63.7%	61.8%	61.2%
pN1	72.0%	50.1%	40.0%	33.6%	31.6%	29.6%	27.8%	27.8%

Fig. 15 Survival of patients treated by esophagectomy in relation to pathological stage (JSED-pTNM 9th)



	Years after surgery							
	1	2	3	4	5	6	7	8
pStage 0	95.3%	90.5%	86.9%	83.9%	82.3%	79.6%	78.3%	78.3%
pStage I	94.8%	90.8%	85.8%	79.7%	76.3%	73.0%	69.8%	68.1%
pStage II	86.6%	72.7%	61.1%	54.9%	52.6%	48.9%	46.2%	46.2%
pStage III	74.4%	49.8%	41.0%	35.3%	33.7%	31.7%	30.5%	30.5%
pStage IVa	55.8%	32.7%	23.6%	19.3%	16.5%	15.3%	14.6%	14.6%
pStage IVb	31.7%	11.5%	5.8%	0.0%	-	-	-	-

Fig. 16 Survival of patients treated by esophagectomy in relation to pathological stage (UICC-pTNM 5th)



	Years after surgery							
	1	2	3	4	5	6	7	8
pStage 0	100.0%	91.3%	91.3%	85.9%	85.9%	85.9%	85.9%	-
pStage I	94.6%	90.5%	86.4%	82.0%	79.1%	75.8%	73.2%	72.1%
pStage IIA	86.1%	72.1%	62.0%	57.6%	55.8%	51.6%	50.5%	50.5%
pStage IIB	80.8%	66.7%	54.0%	45.3%	41.8%	38.7%	34.9%	34.9%
pStage III	69.0%	42.9%	34.2%	29.1%	27.7%	26.3%	25.4%	25.4%
pStage IV	31.1%	13.0%	6.9%	-	-	-	-	-