

MEETING ABSTRACT

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Experience in reverse sequence procedures for esophageal cancer surgery

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Background/Introduction

Despite different surgical techniques, conventional approaches for esophageal cancer surgery comprise of tumor resection followed by esophageal reconstruction.

Aims/Objectives

Been a high volume cancer center, we aim to investigate the efficacy and safety of reverse sequence procedures (reconstruction first followed by resection) in treating esophageal cancer patients.

Method

Being a high volume cancer center, we aim to investigate the efficacy and safety of reverse sequence procedures (reconstruction first followed by resection) in treating esophageal cancer patients.

Results

After excluding 13 conversions (5 in reverse group, 8 in non-reverse group), the operation time, blood loss, and retrieved lymph nodes number, cervical anastomotic leak, and hospital stay were 468.6 vs. 506.3 min ($p = 0.004$), 420.1 vs. 286.7 cc. ($p = 0.012$), 37.4 vs. 29.6 ($p = 0.002$), 20 vs. 15 cases ($p = 0.008$), and 14.4 vs. 17.0 days ($p = 0.034$), in reverse group and non-reverse group, respectively. There were 2 hospital mortalities, complete pathologic response was obtained in 44 of the 119 neoadjuvant patients (37.0%), and the cumulative 5-yr survival rates were 45.3%.

Discussion/Conclusion

Reverse sequence MIE is an efficient and safe procedure in treatment of esophageal patient cancers, which also greatly facilitates the procedure of esophagectomy.

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