

2015 Public Outcomes Report

Each year Commission on Cancer (CoC) – accredited programs are required to review their quality of patient care using benchmark reports. The purpose of these reports is to:

- evaluate care within and across disciplines
- discuss successful processes
- evaluate how processes can be improved based on evidence-based practice.

Management of esophageal cancer is complex and requires multidisciplinary care and a team approach across a spectrum of cancer specialists. The Virginia Piper Cancer Institute – Abbott Northwestern Hospital has been providing this type of care through our Esophageal Cancer Program for the past 10 years.

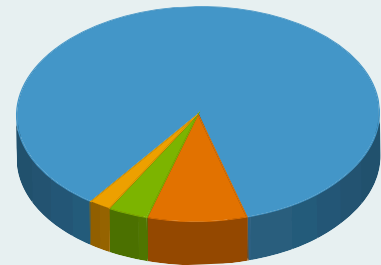
The best practice for treating stage II and III esophageal cancer, based on large clinical trials and reflected in national consensus guidelines, is to initially treat it with a combination of chemotherapy and radiation followed by surgical resection. This is a very intensive treatment that requires comprehensive support of patients but offers the best chance of cure.

This report reflects the management of patients with stage II and III esophageal cancer at the Virginia Piper Cancer Institute – Abbott Northwestern Hospital in 2013 and 2014.

In 2012, the CROSS trial was published in the New England Journal of Medicine. This study compared outcomes of patients with stage II or III esophageal cancer who underwent a combination of chemotherapy plus radiation followed by surgery, to patients who underwent surgery alone. The study demonstrated a significant decrease in the risk of the cancer recurring and improved chances of being alive five years later for patients who received chemotherapy and radiation. Based on this trial, preoperative chemotherapy and radiation followed by surgery was recommended for patients with stage II and III esophageal cancer by national consensus guidelines such as the National Comprehensive Cancer Network (NCCN) and has become the standard of care at Abbott Northwestern Hospital.

Stage II or III Esophageal Cancer Management Abbott Northwestern Hospital

N = 56



- Received preoperative chemotherapy and radiation
- Patient declined therapy
- Medical contraindication to chemotherapy
- Proceeded directly to surgery

- 56 patients were diagnosed with clinical stage II or III esophageal cancer in 2013-2014
- 48 underwent preoperative chemotherapy and radiation
- 5 patients declined treatment
- 2 proceeded directly to surgery and were found to have stage I cancer
- 1 patient had a medical contraindication to chemotherapy (pregnancy)