followed by esophagectomy with cervical anastomosis in our institute between 1998-2014. Disease-free-survival (DFS) was compared between patients with and those without anastomotic leakage. Cox regression was used to identify independent risk factors for tumor recurrence.

RESULTADOS: Anastomotic leakage (clinical and/or radiological) was seen in 21 of 134 (16%) patients. Tumor recurrence was diagnosed in 67 patients (30% locoregional, 48% distant, 22% both). DFS did not significantly differ between patients with and those without anastomotic leakage (unadjusted HR 0.99; 0.52-1.89; p=0.984). In the adjusted analysis pathological T-stage (p=0.012), pathological N-stage (p

DISCUSSÃO: In this patient series, there was no association between cervical anastomotic leakage and tumor recurrence after esophageal cancer resection. This finding may be taken into account when considering the use of an intrathoracic or cervical anastomosis in esophageal cancer surgery.

HOSPITAL: The Netherlands Cancer Institute -Antoni van Leeuwenhoek Hospital

SERVIÇO: Department of Surgical Oncology (1), Radiation Oncology (2), Medical Oncology and Gastroenterology (3) and Biometrics (4)


CONTACTO: Rosa van der Kaaij
EMAIL: r.vd.kaaij@nki.nl

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TÍTULO: The association between cervical anastomotic leakage and tumor recurrence after esophageal cancer resection

OBJECTIVO/INTRODUÇÃO: Anastomotic leakage has been associated with an increased risk for tumor recurrence in rectal cancer surgery. A similar association has been described for leakage of an intrathoracic anastomosis after esophageal cancer resection. The aim of this study was to evaluate the risk for tumor recurrence in relation to leakage of a cervical anastomosis after esophagectomy for cancer.

MATERIAL E MÉTODOS: Data were analyzed from all esophageal cancer patients who underwent neoadjuvant chemoradiotherapy...