

中文題目：侵犯胃食道交界處之鱗狀細胞食道癌的預後和可能的最佳治療，一個回溯性世代追蹤研究

英文題目：The prognosis and possible optimal treatment for squamous cell carcinoma initially involve Esophago-cardiac junction, a retrospective cohort study

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**Introduction:** The prognostic values and treatment of stomach involvement in esophageal squamous cell carcinoma (ESCC) remain unclear[1]. This study aimed to evaluate the impacts of esophago-cardiac junction (EGJ) involvement on the survival of patients within esophageal squamous cell carcinoma.

**Material and Methods:** We performed a retrospective cohort study of all patients whose pathology-proved esophageal squamous cell carcinoma at Kaohsiung Medical University Hospital, a medical center in southern Taiwan between October 2011 and December 2020. The tumor staging and nodal classification were performed according to the AJCC TNM staging system for esophageal cancer from computed tomography imaging and esophagogastroduodenoscopy. A Nested-case-control study was conducted from our registry, ESCC patients with EGJ involved were selected, and matched control case without EGJ involved was recruited by 1 to 1-3 ratio from our cohort to compare the prognosis of survival time. We also used Kaplan-Meier model to compare the survival curve between operative treatment and non-operative treatment in ESCC involving stomach patients and use questionnaire to evaluate quality of life between with and without operative treatment in two groups

**Result:** In total, 75 patients were enrolled in our study, 21 patients with ESCC had EGJ involving, and 54 patients had ESCC limited to esophageal. Kaplan-Meier analysis revealed that the survival rate was no different in the two groups (Figure1, Crude HR: 1.63, 95% CI: 0.86-3.07, P:0.13; Adjusted HR: 1.65, 95% CI: 0.87,3.15, P:0.13). In terms of management, 12 cases in the EGJ arm received surgical intervention with concurrent chemo-radiotherapy and 9 cases only concurrent chemo-radiotherapy. Kaplan-Meier analysis revealed that the survival rate was significantly lower in the non-operative group (Figure2, Crude HR: 0.25, 95% CI: 0.07-0.82, P:0.04; Adjusted HR: 0.18, 95% CI: 0.03-0.98, P:0.047). Quality of life between operation and non-operation group in two groups were no significant difference in our study.

**Conclusion:** To date, the impact on EGJ involvement of ESCC outcome is yet to be clarified. The study we conducted showed that ESCC with or without EGJ involving as no different survival outcome. However, in the ESCC involving to stomach group, surgical intervention with concurrent chemo-radiotherapy showed a significantly high survival rate.