

# Comparison of the results of neoadjuvant chemoradiotherapy plus surgery versus surgery for esophageal cancer or esophagogastric junction (CROSS) at the National Cancer Institute- BR

## Introduction

Esophageal adenocarcinoma and esophagogastric junction adenocarcinoma (EGJ) are usually diagnosed at an advanced stage and have an unfavorable prognosis for most patients, resulting in low overall survival rates.

Several randomized clinical trials corroborating meta-analysis results have created strong evidence for the increase in survival rates with neoadjuvant chemoradiotherapy over surgery alone in the initial treatment of those patients.

At the Brazilian National Cancer Institute (INCA), with the scientific proof of the benefit of neoadjuvant therapy, was instituted the protocol based on the CROSS study in the majority of patients enrolled after 2012 with malignant neoplasm of the esophagus and the esophagogastric junction with curative intent.

This project aims to validate the results of CROSS study in the reality of the institution (INCA), thus allowing to analyze if there was improvement in overall survival and disease free survival with the implementation of neoadjuvance.

## Methods and Results

This project consists of a retrospective analysis of 215 patients submitted to esophagectomy with curative intention at the National Cancer Institute (INCA) from 1990 to 2016, and from those patients, to extract for comparative analysis the group who underwent surgery only and those who followed to neoadjuvant therapy in accordance with the CROSS study. Overall survival and disease-free survival will be analyzed using the Kaplan-Meier curves. Survival differences will be compared by the Long-rank test for association with the clinical, surgical, and anatomopathological variables collected from medical records.

## Conclusion

Comparing and analyzing data from the CROSS results with the results of the National Cancer Institute (INCA) will allow us to evaluate the best therapy for the patients of the institution regarding the overall survival and the disease-free survival improvement obtained with the new approach. Besides, it will allow us to extrapolate the findings to the reality of the Brazilian public health system.

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