

DCF (DOC+CDDP+5-FU) Therapy Led to Curative Resection in a Patient with Advanced Esophageal Carcinoma after the Failure of CF Therapy

Kazuma Kobayashi^{1*}, Shun Yamaguchi¹, Takuro Fujita¹, Takahiro Ikeda¹, Ayaka Ishii¹, Shunsuke Murakami¹, Kengo Kanetaka¹, Fumihiko Fujita¹, Kosho Yamanouchi¹, Naomi Hayashida¹, Chika Sakimura¹, Sayaka Kuba¹, Fusako Kawakami¹, Taiichiro Kosaka¹, Amane Kitasato¹, Masaaki Hidaka¹, Akihiko Soyama¹, Shinichiro Oono¹, Yusuke Inoue¹, Shinichiro Kobayashi¹, Tamotsu Kuroki¹, Susumu Eguchi¹, Tomonori Tanaka² and Naoe Kinoshita²

¹Department of Surgery, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan

²Department of Pathology, Nagasaki University Hospital, Nagasaki, Japan

*Corresponding author: Kazuma Kobayashi, M.D., Ph.D., Department of Surgery, Nagasaki University Graduate School of Biomedical Sciences 1-7-1 Sakamoto, Nagasaki City, Nagasaki 852-8501, Japan, Tel: 95-819-7316; Fax: 95-819-7319; E-mail: kazuma-k2013@nagasaki-u.ac.jp

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Abstract

In Japan, two courses of CF therapy followed by surgery are accepted as a standard treatment for stage II/III oesophageal cancer according to the result of the JCOG9907 trial. However, some cases experience insufficient anti-tumour effects with CF therapy. We experienced a case with oesophageal cancer that underwent curative resection and DCF therapy after the failure of CF therapy. The patient was a 51-year-old male who visited our department due to heart burn, back pain, and weight loss since July 2014. He was diagnosed with stage III (T3N2M0) oesophageal carcinoma and started neo adjuvant CF therapy on September 19, 2014. After the first course of CF, a CT scan showed enlarged lymph node swelling and swallowing disturbance was worsened. We attempted to start DCF therapy on October 29, 2014. The feasibility of this therapy was high, with manageable grade 2 diarrhoea and a transient high fever. Swallowing disturbance further subsided during the course of treatment. After

and a transient high fever (38.5°C) without leukopenia and grade 2 alopecia after discharge occurred but were manageable.

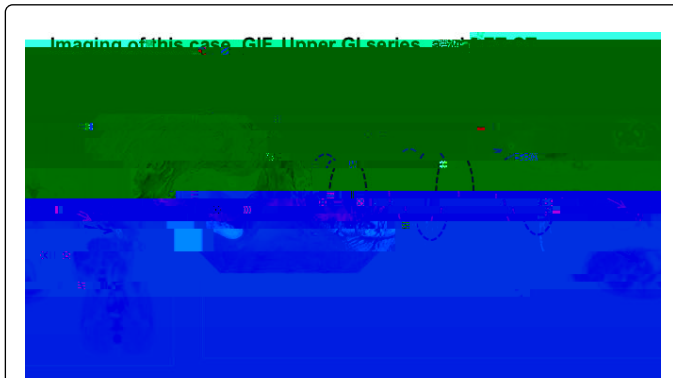


Figure 1: Gastrointestinal fiberoscopy (a) and upper GI series (b) showed that a Borrmann type III tumor was situated in the middle-thoracic area (dotted line). A PET-CT scan showed the high accumulation of FDG in accordance with the primary esophageal lesion and regional lymph nodes (arrows) (c).

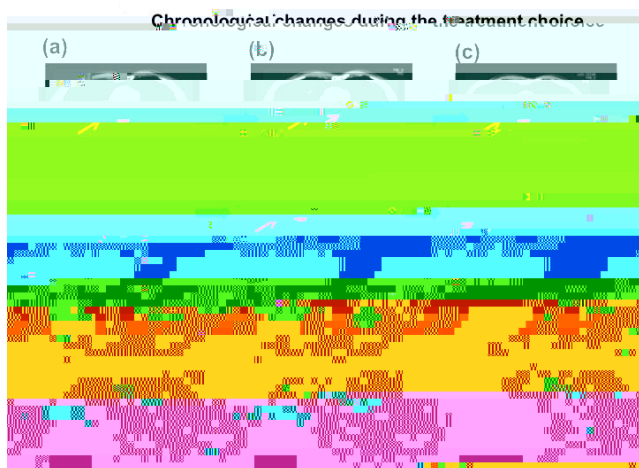


Figure 2 Chronological changes during the treatment choice. Before chemotherapy, esophageal wall thickening (purple arrow) and regional LN swelling (orange arrow) were observed (a). After the first CF treatment, esophageal wall thickening subsided, however, LN swelling progressively enlarged (b). After the one course of DCF treatment, esophageal wall thickening further subsided, as well as a remarkable shrinkage of LN swelling (c).

This case was also the first experience of DCF therapy for the treatment of oesophageal cancer in our hospital. Following this successful experience, we have aggressively used DCF therapy in cases with stage III borderline resectable oesophageal cancer with a good PS.

Conclusions

In conclusion, if there is a discrepancy in the anti-tumour effect between the primary lesion and LNs by NAC therapy for stage II/III