Esophageal Cancer

Serum Albumin is an Independent Predictor of Early Mortality in Veteran Patients With Esophageal Cancer

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Introduction: For patients with esophageal cancer, identification of useful predictors of outcome early in their clinical course could help in directing treatment options. The purpose of this study was to identify independent factors that could predict mortality within 6 months in a cohort of veteran patients with esophageal cancer.

Methods: We reviewed the medical records of all patients diagnosed with esophageal cancer at the Dallas VA Medical Center between the years 2005-2010. Patients were grouped into early (≤ 6 months, n=38) and late (>6 months, n=84) mortality groups. We retrospectively analyzed multiple demographic and clinical factors by univariate analysis (AU) (Fisher's Exact Test or χ² for dichotomous variables and Student's t-test for continuous variables). Significant factors (p=0.05) were included in a multivariable analysis (MVA) regression model to identify independent predictors of early mortality in esophageal cancer.

Results: We identified 122 patients with esophageal cancer: (97.5% male, 75.4% white, 20.5% black, 61.4% adenocarcinoma vs. 35.4% squamous cell carcinoma, 26.2% upper esophageal tumors vs. 73.8% lower esophagus). Stage at presentation was: I (13.9%); II (14.8%); III (25.4%); IV (40.2%). Elevated albumin level (3.2 ± 0.1 g/dl vs. 3.8 ± 0.06 g/dl; p<0.001) and ECOG performance status (0-1 vs. 2 or greater) were associated with early mortality. With the introduction of new developed ultrathin endoscope, the GIF-XP290N, makes possible a resolving power of 4.9 μm, benefiting the endoscopist to take a look to microstructure details of the target area. This endoscope contributed to the endoscopist to better evaluate the variceal veins and detect the presence of EMR in patients with pharyngeal varices. EMR is an effective endoscopic treatment for pharyngeal varices. However, there other endoscopic procedures are needed to achieve the complete eradication of these varices. To perform EMR we need a new developed technology that can facilitate the procedures, such as an endoscopic liver resection system for the treatment of pharyngeal varices. This endoscopic liver resection system has been designed to be used in combination with other conventional endoscopic devices to achieve a better outcome for patients with pharyngeal varices.