Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/surgery-gastroesophageal-cancer-surveillance-intervention/49171/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Surgical Insights on Gastroesophageal Cancer: Balancing Surveillance and Intervention

Announcer:
You're listening to *Project Oncology* on ReachMD. On this episode, Dr. Daniela Molena will share insights on surgical decision making in locally advanced gastroesophageal cancer, which she also discussed at the 2026 ASCO Gastrointestinal Cancers Symposium. Dr. Molena is an Associate Professor of Surgery at Weill Cornell Medicine and a Thoracic Surgeon at Memorial Sloan Kettering Cancer Center. Let's hear from her now.

Dr. Molena:
Traditionally, surgery has been the only treatment for this disease that has been able to bring a cure to patients. Now, that was not good enough, and not enough patients were cured. So we have developed over the years additional treatments that together with surgery give patient a better chance for a cure because a lot of the patients with surgery alone had recurrence of disease.

And then when we started to do more advanced diagnostic tests, like, for example, PET scans, we noticed that after treatment, especially combination of chemotherapy and radiation, sometimes we did not see the disease anymore on the PET scan, or we did not see the disease anymore on endoscopy. That's what we call complete clinical response. And, unfortunately, with adenocarcinoma, what looks like the disease is gone is not always true when you actually look under the microscope and you really cut the esophagus in pieces or look at the lymph nodes in detail, and you can find it is actually a lot of residual disease within the tissues that you're really not able to detect on tests. And that's why surgery is important.

I always tell the patients—kind of simplistically—nothing is free of risk. There are risks that you take. If you go with surgery, you definitely take a lesser risk on the cancer but a higher risk on complication potential and quality of life because surgery really will change your anatomy and will change the way you eat and the way you sleep. But if you go with the surveillance, you think the tumor is gone, but we don't know for sure. We're going to watch these patients very carefully, and there are other issues. There is a lot of stress related to that, and we might not be able to detect the cancer that maybe was still there, and by the time we actually find out it was still there, it has spread. It has gone to other organs and has become a much more advanced disease that we cannot cure as effectively as we would have if we'd done the surgery right away. So there are two different types of risk, and everybody has their own principles, values, and ideas of what kind of risk they're willing to take.

When we look at our own data at Memorial Sloan Kettering for patients that undergo salvage esophagectomy, we found that those patients have a worse outcome because the tumor, by the time we find it, is more aggressive. There is more lymph node involvement. There are more poor differentiation features of tumors being more aggressive, so their oncologic outcome is not as good as if you had done the surgery right away. So, for a surgeon, we have a tool that we think is one of the most important tools for curing patient from their cancer, which is removing where the cancer has originated, together with their lymph nodes.

We can still do it in a delayed fashion, but it's not as good as we could have done it right away after treatment was completed. And so sometimes you feel that you have not given the patient the best possible outcomes that they could have had if you had done the surgery immediately after treatment.

I think that what is important to know is that the tools that we have today—and it's just today—to really understand whether a treatment that we offer patients has given us a complete response to a tumor so that we were able to get rid of the cancer completely are not that great. There's a lot of research and a lot of studies that are being done, and we are really doing a much better job for this disease today than we were even three or four years ago, but still we lack those tools to really say, "Do we have actually a complete response?"

Announcer:

That was Dr. Daniela Molena discussing surgery in locally advanced gastroesophageal cancer. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!