Certain Symptom Clusters Experienced After Surgery For Esophageal Cancer Predict Poor Prognosis

A new study has found that several months after surgery for esophageal cancer, different symptoms cluster together in different types of patients. In addition, patients with certain symptom clusters have an increased risk of dying from their disease. The findings are published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society.

Esophageal cancer is an aggressive cancer with a very poor prognosis, and surgery to remove the esophagus offers the only chance of a cure. Only about a quarter of patients who are diagnosed receive surgery—in the rest, the tumor is too advanced to remove or the patient is not fit for such extensive surgery. In patients who do undergo surgery, only 30 percent are alive five years after the surgery. The surgery is very extensive, and patients experience severe post-operative symptoms and limitations that affect their quality of life and daily living. Common symptoms include eating and swallowing problems, reflux, pain, and fatigue.

Research of symptoms in other cancers suggests that symptoms experienced by patients may present in specific groupings or clusters, and that these clusters may have an important impact on patient outcomes. In the current study of 402 patients who underwent surgery for esophageal cancer, Anna Wikman, PhD, of the Karolinska Institutet in Stockholm, Sweden, and her colleagues found that symptoms reported by patients six months after surgery clustered together in three groups: one symptom cluster included symptoms related to fatigue and pain, another cluster included symptoms related to reflux and cough, and a third cluster included symptoms related to eating difficulties. The patients who experienced the reflux/cough symptom cluster and the eating difficulties cluster were more likely to die within five years than patients who did not experience these symptom clusters.

"As this is the first study of symptom clusters in surgically treated esophageal cancer patients, further work is needed to confirm the existence of these symptom clusters in this patient population; however, the present findings do suggest that post-operative symptoms should not be considered in isolation but that clusters of symptoms must be considered," said Dr. Wikman. "It seems that patients who experience clustering of certain symptoms also have an increased mortality risk over and above the effect of other known prognostic factors. These findings suggest that it may be important to address these symptom clusters in the clinical setting in order to potentially reduce the increased mortality risk associated with them."

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