

**Evaluation of Neoadjuvant Radiochemotherapy Response (RCT) in Squamous Esophageal Cancer (ESC) and Implications in Therapeutic Conduct**

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**Abstract**

The multidisciplinary approach in ESC emerged as a result of efforts to maximize the treatment outcome of this disease. Surgical approach – as the only therapeutic option – is not always followed by a good distance survival. A concomitant neoadjuvant radiochemotherapy in ESC may result in a favourable outcome for responding patients, reducing the size of the tumor and the degree of lymph node damage increasing resectability and the R0 resection rate, improving prognosis. For non-responding patients or if the disease continues to progress under RCT therapy, the surgical time is delayed, adverse effects of radiochemotherapy are added and post-operative morbidity and mortality are increased. The imaging methods for the assessment of response have only limited value and metabolic response; only FDG-PET manages to come close to pathological response. Determining the response degree is very important for the establishment of the surgical conduct: planned or necessity surgery, or non-surgical palliative therapy.

**Key words:** neoadjuvant radiochemotherapy, response, esophageal squamous cancer

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