

Evidence-tabel bij hoofdstuk Palliatie

Evidence-tabel 17: Follow-up bij het oesofaguscarcinoom

Auteurs, jaartal	Mate van bewijs	Instituut/ Organisatie	Interval van polikliniek-bezoek	Type onderzoek
Goodnight et al. ² , 1996	D	UC Cancer Care Consortium, USA	Elke 3 maanden	Elk bezoek (asymptomatisch): X-thorax Indien symptomatisch: X-oesofagus of endoscopie
Marsh ³ , 1996	D	Connecticut State Medical Society USA	Jaar 1: elke 10 weken Jaar 2-5: elke 4 maanden	Elk bezoek: hemogram, leverenzymen, feces occult bloed Jaar 1 (elke 3 maanden), daarna elke 4 maanden: X-thorax Jaar 1 (maand 3, 6 en 12), daarna jaarlijks: X-oesofagus
Nava ⁴ , 1997	D	Roswell Park Cancer Institute Buffalo, USA	Jaar 1: elke maand Jaar 2: elke 2-3 maanden Jaar 3-5: elke 3-6 maanden	Elk bezoek: hemogram, leverenzymen Jaar 1 (elke 2 maanden), jaar 2 (elke 2-3 maanden), jaar 3-5 (elke 3-6 maanden): X-thorax Jaar 1 (elke 3 maanden), jaar 2 (elke 6 maanden), daarna jaarlijks: CT-thorax/abdomen
Page ⁵ , 1997	D	Cardiothoracic Centre, NHS Trust UK	Jaar 1+2: elke 3 maanden daarna jaarlijks	Indien symptomatisch: CT-thorax/abdomen, endoscopie
Rusch ⁶ , 1997	D	Memorial Sloan-Kettering Cancer Center, New York, USA	Jaar 1+2: elke 3 maanden Jaar 3+4: elke 6 maanden daarna jaarlijks	Elk bezoek: X-thorax Indien hoog risico voor lokaal recidief: tijdens elk bezoek endoscopie, CT-thorax/abdomen
Saito ⁷ , 1997	D	National Kyushu Cancer Center Japan	Jaar 1+2: elke maand daarna 3 maanden	Elk bezoek: 'squamous cell cancer antigen' (bloed-onderzoek) Jaar 1+ 2 (elke 6 mnd.), daarna elk jaar: CT thorax/abdomen Jaar 1- 5 (jaarlijks): X-thorax, bot scan, endoscopie
Wood et al. ⁸ , 1997	D	Univ. Of Washington, Seattle, USA	Jaar 1+2: elke 3 maanden Jaar 3+4: elke 6 maanden daarna jaarlijks	Op indicatie: endoscopie, CT-thorax/abdomen

Auteur, jaar	Mate van bewijs	Type onderzoek	Aantal patiënten	Patiëntkenmerken	Interventie (incl. duur, dosering)	Verbetering dysfagie	Complicaties	Hernieuwde passageklachten	Overleving	Bronnen Financiering	Overige opmerkingen
Siersema et al. (2001)	A2	Rand.	100	Inoperable oes. ca.	Cov. Ultraflex (n = 34) vs. Cov. Flamingo Wallstent (n = 33) vs. Cov. Z-stent (n = 33)	Cov. Ultraflex: 3.3 → 0.7 vs. Cov. Flamingo Wallstent: 3.2 → 0.5 vs. Cov. Z-stent: 3.2 → 0.7	Cov. Ultraflex: 8 (24%) vs. Cov. Flamingo Wallstent: 6 (18%) vs. Cov. Z-stent: 11 (33%)	Cov. Ultraflex: 9 (26%) vs. Cov. Flamingo Wallstent: 11 (33%) vs. Cov. Z-stent: 8 (24%)	Cov. Ultraflex: 104 days (med.) vs. Cov. Flamingo Wallstent: 113 days (med.) vs. Cov. Z-stent: 110 days (med.)	Invest. initiated	
Sabharwal et al. (2005)	A2	Rand.	53	Inoperable distal oes. ca.	Cov. Ultraflex (n = 31) vs. Cov. Flamingo Wallstent (n = 22)	Cov. Ultraflex: 2.7 → 1.0 vs. Cov. Flamingo Wallstent: 2.9 → 0.9	Cov. Ultraflex: 7 (23%) vs. Cov. Flamingo Wallstent: 5 (23%)	Cov. Ultraflex: 3 (10%) vs. Cov. Flamingo Wallstent: 2 (9%)	30-days mortality: Cov. Ultraflex: 5 (16%) vs. Cov. Flamingo Wallstent: 4 (18%)	Invest. initiated	
Homs et al. (2004)	C	Prosp.	200	Inoperable oes. + cardia ca.	Prior chemo-/radiotherapy (CRT) (n = 49) vs. Prior CRT	Prior CRT: 3 → 0 (med.) vs. No prior CRT: 3 → 0 (med.)	Major complications: Prior CRT: 15 (29%) vs. No prior CRT: 33 (21%) Pain: Prior CRT: 24 (41%) vs. No prior CRT: 24 (15%)	Prior CRT: 21 (35%) vs. No prior CRT: 46 (27%)	Prior CRT vs. No prior CRT: no difference	Invest. Initiated	
Reed et al. (1991)	B	Rand.	27	Inoperable oes. Squamous cell ca.	Plastic endoprostheses (n = 10) vs. Plastic endoprost. + Radiotherapy (RT) (n = 8) vs. Laser + RT (n = 9)	Improvement: Plastic endoprostheses: 2.3 units vs. Plastic endoprost. + RT: 1.8 units vs. Laser + RT: 1.4 units	Plastic endoprostheses: 5 (50%) vs. Plastic endoprost. + RT: 8 (100%) vs. Laser + RT: 0 (0%) (p = 0.02)	Further therapy: Plastic endoprostheses: 3 (30%) vs. Plastic endoprost. + RT: 1 (12%) vs. Laser + RT: 1 (11%)	Plastic endoprostheses: 119 days (mean) vs. Plastic endoprost. + RT: 72 days (mean) vs. Laser + RT: 169 days (mean)	Invest. initiated	
Schmid et al. (1993)	A2	Rand.	127	Inoperable oes. Squamous cell ca.	Intubation followed by: radiotherapy (n = 41) vs. chemotherapy (5-FU/ leucovorin + methotrexate + ifosfamide) (n = 40) vs. no further treatment (n = 46)	No differences	No differences	Not recorded	Intubation followed by Radiotherapy: 9 weeks vs. Chemotherapy: 11 weeks vs. no further treatment: 15 weeks		
Sargeant et al. (1997)	A2	Rand.	67	Inoperable oes. and gastric cardica.	Laser (n = 30) vs. Laser + External Beam Radiotherapy (EBRT) (n = 37)	Laser: 3 → 1 vs. Laser + EBRT: 3 → 1	Squam. cell ca. only, stricture formation (+ fistula) Laser: 3/11 (27%) vs. Laser + EBRT: 10/14 (71%)	Requiring endoprostheses: Laser: 14 (38%) vs. Laser + EBRT: 11 (37%) Period with no dysphagia: Laser: 5 weeks vs. Laser + EBRT: 9 weeks (p < 0.01)	Survival: not different between Laser vs. Laser + EBRT	Invest. Initiated.	

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Kharadi et al. (1998)	C	Obser.	104	Inoperable oes. Squamous cell ca. (n = 90); Idem + fistula (n = 14)	Radiotherapy (n = 51) vs. Dilation/Intubation (n = 53)	Improvement in all groups, with p < 0.01 for cancer group in favor of radiotherapy	Radiotherapy: 19 (37%) vs. Dil./Intubation: 11/32 (34%)	Not recorded	Radiotherapy: 7 mon. (cancer group) and 4.2 months (ca. + fistula group) vs. Dil./Intubation: 3 mon. (cancer group) + 3.6 mon. (ca. + fistula group) (p < 0.01 for cancer group in favor of radiotherapy)	Invest.-initiated	
Flores et al. (1989)	C	Obser.	171	Inoperable cancer of esophagus and cardia	40 Gy EBRT followed by 15 Gy MDR	Subj. improvement: 90%	52 (30%)	Not recorded	Med.: 11 m	Invest.-initiated	
Hishikawa et al. (1991)	C	Obser.	148	Inoperable esoph. ca.	60 Gy EBRT followed by 12 Gy HDR	Local control: 64%	63 (43%)	Not recorded	5 yr.: 0-18%	Invest.-initiated	
Taal et al. (1996)	C	Obser.	74	Inoperable T4- squam. cell ca. (n = 36) and adnoca. (n = 38)	10 Gy HDR Brachy followed by 40 Gy EBRT	Improvement: 70%	Acute: 32 (42%) and Late: 13 (18%)	Recurrence: 40 (54%)	Med.: 9 m	Invest.-initiated	
Jager et al. 1995	C	Obser.	88	Inoperable esoph. ca.	15 Gy/1x	67%	Retrosternale pijn: 34%; Haematemesis: 1%; Fistulae: 6%	37%	Med.: 5,5 m	Invest.-initiated	
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Sur et al. (1998)	C	Obser.	172	Inoperable esoph. ca.	A: 12 Gy/2x B: 16 Gy/2x C: 18 Gy/3x	Not recorded	A: 34% B: 28% C: 53%	A: strictures: 14% B: strictures: 25% C: strictures: 42%	A: 1 year: 10% B: 1 year: 22% C: 1 year: 35%	Invest.-initiated	
Homs et al. (2005)	C	Obser.	149	Inoperable oes. ca.	6-20 Gy/1-2x	Improvement: 51%	20%	37%	Med.: 160 days	Invest.-initiated	
Homs et al. (2004)	A2	Rand.	209	Inoper. oes. ca.	Brachytherapy (12 Gy) (n = 101) vs. Ultraflex stent (n = 108)	Period with no dysphagia: Brachytherapy: 115 days vs. Stent: 82 days (p = 0.015)	Brachytherapy: 21% vs. Ultraflex stent: 33% (p = 0.02)	Brachytherapy: 43% vs. Ultraflex stent: 40%	Brachytherapy: Med: 155 days Ultraflex stent: Med: 145 days	Invest.-initiated	
Sandler et al. (1991)	A2	Rand.	39	Inoper. oes. ca.	Laser (n = 20) vs. Laser + Brachytherapy (n = 19)	Period with no dysphagia (squam. cell ca. only): Laser: 30 days vs. Laser + Brachytherapy: 65 days (p = 0.001)	Laser: 4 (20%) vs. Laser + Brachytherapy: 7 (37%)	Endosc. interventions: Laser: mean: 1.8/month vs. Laser + Brachytherapy: mean: 3.0/month	Laser: Mean: 165 days vs. Laser + Brachytherapy: Mean: 112 days	Invest.-initiated	

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Spencer et al. (2002)	B	Rand.	22	Inoperable adenoca. distal esophagus/cardia	Laser (n = 11) vs. Laser + Brachytherapy (n = 11)	Laser: 3 → 1 vs. Laser + Brachytherapy: 3 → 1	Laser: 0 (0%) vs. Laser + Brachytherapy: 3 (27%)	Period with no dysphagia: Laser: 5 weeks vs. Laser + Brachytherapy: 19 weeks (p < 0.001) Further intervention: Laser: 10/11 (91%) vs. Laser + Brachytherapy: 7 (63%)	Laser: Med.: 20 weeks vs. Laser + Brachytherapy: Med.: 26 weeks	Invest.-initiated	
Adam et al. (1997)	A2	Rand.	60	Inoperable esoph. ca.	Laser (n = 18) vs. Uncov. stent (n = 19) vs. Cov. stent (n = 23)	Median improvement in dysphagia score: Laser: 2 vs. Uncov. stent: 2 vs. Cov. stent: 2	Laser: 2 (11%) vs. Uncov. stent: 1 (5%) vs. Cov. stent: 2 (9%)	Laser: 2 (12%) vs. Uncov. stent: 5 (24%) vs. Cov. stent: 9 (39%) p < 0.02	Median survival: Laser: 56 days vs. Uncov. stent: 60 days vs. Cov. stent: 48 days	Invest.-initiated	
Dallal et al. (2001)	A2	Rand.	65	Inoperable esoph. and cardia ca.	Laser (n = 34) vs. Stent (n = 31)	Median improvement in dysphagia score: 0 in both groups	Laser: 13 (38%) vs. Stent: 12 (39%)	Laser: 7 (21%) vs. Stent: 4 (13%)	Median survival: Laser: 125 days vs. Stent: 68 days p < 0.05	Invest.-initiated	
Heier et al. (1995)	B	Rand.	42	Inoperable esoph. ca.	PDT (n = 22) vs. Laser (n = 20)	Both PDT and Laser improved dysphagia. Karnofsky: PDT: +7.2 vs. Laser: -7.2 (p < 0.001)	PDT: 15 (68%) vs. Laser: 10 (50%)	Mean response duration: PDT: 84 days vs. Laser: 52 days (p = 0.008)	Median survival: PDT: 145 days vs. Laser: 128 days	Invest.-initiated	
Lightdale et al. (1995)	A2	Rand.	218	Advanced esoph. ca.	PDT (n = 110) vs. Laser (n = 108)	Mean improvement in dysphagia score: PDT: -0.75 vs. Laser: -0.68 Objective tumor response (1 month) PDT: 32% vs. Laser: 20% p < 0.05	PDT: 54 (49%) vs. Laser: 16 (15%) p < 0.05	Not recorded	Not recorded	Invest.-initiated	
Levard et al. (1998)	B	Rand.	161	Advanced esoph. Squamous cell ca.	5-FU + CDDP (max. 8 cycles) (Chemo) (n = 84) vs. controls (n = 72)	Chemo vs. controls: no difference	Chemo vs. controls: more neurological (p = 0.003), hematological (p < 0.0001) and renal (p = 0.002) complications in chemo-group	Not recorded	Chemo vs. controls: no difference	Invest.-initiated	
Mannell et al. (1986)	B	Rand.	170	Advanced adenoca. or undiff. ca. oesofagus	Prosthetic tube (n = 71) vs. Dilatation + Bleomycin (n = 79)	Better initial response for Dilatation + Bleomycin compared to Tube placement (p < 0.001)	Prosthetic tube: 28 (40%) vs. Dilatation + Bleomycin: 7 (9%)	Prosthetic tube vs. Dilatation + Bleomycin: no difference	Mean survival Prosthetic tube: 92 days vs. Dilatation + Bleomycin: 105 days	Invest.-initiated	
Webb et al. (1997)	A2	Rand.	274	Advanced esoph (n = 51), esophago-gastric (n = 60) and gastric (n = 145) ca.	Epirubicin + Cisplatin + 5-FU (ECF) (n = 126) vs. 5-FU + doxorubicin + methotrexate (FAMTX) (n = 130)	Overall response: ECF: 45% vs. FAMTX: 21% (p = 0.0002)	FAMTX: more hematologic toxicity and infections ECF: more emesis and alopecia	Not recorded	Median survival: FAMTX: 5.7 mon. vs. ECF: 8.9 mon. (p = 0.0009)	Invest.-initiated	

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Ross et al. (2002)	A2	Rand.	580	Advanced esoph. (n = 188), esophago-gastric (n = 125) and gastric (n = 261) ca.	Epirubicin + Cisplatin + 5-FU (ECF) (n = 289) vs. Mitomycin + Cisplatin + 5-FU (MCF) (n = 285)	Overall response: ECF: 42% vs. MCF: 44%	ECF: more neutopenia and alopecia MCF: thrombocytopenia and erythema	Not recorded	Median survival: ECF: 9.4 mon. vs. MCF: 8.7 mon.	Invest.-initiated	
Bleiberg et al. (1997)	B	Rand.	92	Advanced esoph. Squam. cell ca.	CDDP + 5-FU (n = 44) vs. CDDP (n = 44)	Overall response: CDDP + 5-FU: 35% vs. CDDP: 19%	Side effects more severe with CDDP + 5-FU	Not recorded	Median survival: CDDP + 5-FU: 33 weeks vs. CDDP: 28 weeks	Invest.-initiated	