#43: Transhiatal Esophagectomy with Transcervical Endoscopic Mobilization is a Minimally Invasive Approach with Favorable Oncologic and Perioperative Outcomes

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Introduction
Transhiatal esophagectomy with transcervical endoscopic esophageal mobilization (THE TEEM) is a novel, minimally-invasive, two-team, approach for esophageal cancer. We evaluated the quality of lymphadenectomy and perioperative outcomes of THE TEEM.

METHODS
Retrospective, 2015 – 2021, adults, esophagectomy
Excluded: diagnosis not adenocarcinoma or squamous cell carcinoma, planned open surgery, and Siewert type-III cancers
Primary outcome: non-inferiority test of lymphadenectomy compared to the NCCN recommendation of 15 lymph nodes. Oncologic and perioperative outcomes are described.

RESULTS
The mean lymph nodes resected (15.3 +/- 5.4) is non-inferior to the NCCN recommended 15 (p = 0.656), primary outcome was met
Mean operative time: 206 minutes (+/- 59.5). Median ICU LoS: 2 days. 40 patients spent no days in the ICU. Median hospital LoS: 6 days. 87% of patients discharged home.
90-day mortality: 3.2%.
65(42%) patients had complications: pulmonary (16%), cardiac (20%), anastomotic leak (6.5%), recurrent laryngeal nerve injury (12.9%). Some outcomes improved from the first quartile to the last quartile of cases. Operative time (249min vs 177min), ICU LoS (3 days vs 0 days), and hospital LoS (9 days vs 5 days).

CONCLUSIONS
The lymphadenectomy THE TEEM is non-inferior to the NCCN recommendation of 15 lymph nodes. Secondary outcomes reveal clinical benefits for patients in operative time and ICU and hospital LoS with favorable morbidity.