

The Society of Thoracic Surgeons 633 N. St. Clair, Suite 2320 Chicago, IL 60611 www.sts.org



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STS Press Release
Media Contact:
Cassie McNulty
312-202-5865
cmcnulty@sts.org

Clinical Practice Guidelines Address Multimodality Treatment for Esophageal Cancer STS adds to its library of evidence-based clinical practice guidelines

Chicago – The Society of Thoracic Surgeons (STS) has released new clinical practice guidelines for treating cancer of the esophagus and gastroesophageal junction (area where the esophagus meets the stomach).

The guidelines, published in the November 2014 issue of *The Annals of Thoracic Surgery*, include nine evidence-based recommendations that address issues related to multimodality care, including neoadjuvant therapy (chemotherapy and radiation therapy given prior to surgery). The goal of neoadjuvant therapy is to reduce the extent of cancer before an operation to maximize the chance of obtaining a cure.

"Despite the widespread enthusiasm for multimodality therapy and the myriad of its aspects, currently available data for each component of care are not truly definitive," said Guideline Task Force Chair Alex G. Little, MD, from the University of Arizona in Tucson. "The recommendations included in our document are guidelines, not mandates, but we feel they identify best current practices."

STS Clinical Practice Guidelines are intended to assist physicians and other health care providers in clinical decision making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. Prior to publication, each guideline undergoes an intense peer-review process, which provides critical, unbiased scientific assessment of the document and helps to identify future areas of investigation.

The Society has 18 current clinical practice guideline documents, including one released in July 2013 on factors affecting the diagnosis and treatment of localized esophageal cancer. Future guidelines on esophageal cancer will address esophageal resection and early stage disease.

"Understanding that technology continues to advance and even biological behavior can be modified, patient care decisions should be made by a multispecialty group with input from all relevant specialists," said Dr. Little.

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A full copy of the Guidelines can be accessed on the STS website at: http://www.sts.org/resources-publications/clinical-practice-credentialing-reporting-guidelines

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For a copy of the guidelines contact Cassie McNulty at 312-202-5865 or cmcnulty@sts.org.

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 6,900 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

The Annals of Thoracic Surgery is the official journal of STS and the Southern Thoracic Surgical Association.

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