To the Editor:

I have read with interest the monographic issue of Cancer Control on esophageal cancer. The manuscript with a review of the literature on the impact of age on morbidity and mortality following esophagectomy for cancer is very well done and comes to the relevant conclusion that “elderly patients in good physical condition can tolerate optimal management approaches for esophagectomy for cancer.” In our experience, advanced age is not associated with adverse outcomes after esophagectomy for cancer.2-4

High-volume esophageal cancer centers frequently report that 30-day and in-hospital mortality rates are less than 5%.5 Also in our experience, the mortality rate of elderly patients following esophagectomy for cancer is actually less than 3%.2 In this respect, I must highlight and underline that in Table 2 of this article, our data are reported incorrectly.1 Table 2 erroneously reports the number of patients who died rather than the mortality rates: in patients < 70 years of age, 30-day and in-hospital mortality rates are 1.9% (11/580) and 2.7% (16/580), respectively, and in patients ≥ 70 years of age, both 30-day and in-hospital mortality rates are 1.9% (3/159). The correct data are included in the Table below.

Table. — Advanced Age is Not a Predictor of Esophagectomy Outcomes

<table>
<thead>
<tr>
<th>Author</th>
<th>Age (yrs)</th>
<th>No. of Patients</th>
<th>Morbidity (%)</th>
<th>30-day Mortality Rate (%)</th>
<th>In-Hospital Mortality Rate (%)</th>
<th>Overall Survival Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruol</td>
<td>≥ 70</td>
<td>165</td>
<td>49.1</td>
<td>1.9</td>
<td>1.9</td>
<td>35.4</td>
</tr>
<tr>
<td></td>
<td>&lt; 70</td>
<td>599</td>
<td>48.6</td>
<td>1.9</td>
<td>2.7</td>
<td>33.6</td>
</tr>
</tbody>
</table>

I agree with the authors that risk assessment for esophagectomy and an accurate selection of patients undergoing surgery, along with multidisciplinary perioperative management, a high-volume environment and surgeon-specific techniques, might be significant contributors to good outcomes in elderly patients following esophagectomy for cancer.

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Disclosures: I have no financial relationship or affiliation to disclose.

References