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We commend the article by Türkyılmaz and colleagues about metastatic esophageal cancer (1), but we have some questions about the study. As we understand, 15 of 50 patients had received chemotherapy, but what about the other 35? What were the criteria for choosing the patients suitable for chemotherapy; and for those that were not treated with chemotherapy, was it their performance status or comorbidities that led to this? We want to learn more about the dose, interval, and cycle number of the chemotherapy given. We agree that squamous cell carcinoma responds better to chemotherapy; so what were the percentages of patients receiving chemotherapy in the squamous cell and adeno-carcinoma group and what were the response rates in each group? In our opinion, the adverse effects of chemotherapy and, if present, treatment related deaths are important results to be shared. Since the number of patients is quite small, the statistical power of the study is questionable and for the non-homogeneous results it would have been better to have given medians instead of means. In this article survivals are all given as means.

As is well known, the treatment of choice is chemotherapy or best supportive care in metastatic stage esophageal cancer according to the performance status of the patient. In randomized trials no consistent benefit was seen for any specific chemotherapy regimen and chemotherapy showed no survival benefit compared with best supportive care (2). Still adequately powered phase III studies are lacking. At present there are some problems regarding studies on metastatic esophageal cancer: i) generally a small number of cases were examined; ii) different chemotherapeutic agents and combinations, some of which are no longer in use, were used; iii) in the old studies old agents were used for treatment, which had lower response rates. Currently, novel agents (irinotecan, taxanes, oxaliplatin) are being studied and it seems that promising results are being published (3-6). An example of this is a recent study by Qin et al. about oxaliplatin plus capecitabine efficacy as palliative chemotherapy in esophageal squamous cell carcinoma patients. Median overall survival was 10 months; 1 and 2 year survival rates were 38.1% and 8.2% respectively. Although it was not a randomized trial the results are promising when compared to older ones (7).

Should mortality be the main point of therapy? What about the quality of life? It is a general opinion that the quality of life is as important as its length. The main aspect of chemotherapy in metastatic cancer is palliation of symptoms and increase in life quality. We think it would be better if life quality in the treatment groups were examined.

In the guidelines palliative chemotherapy is regarded as the rational treatment for metastatic esophageal cancer patients with good performance status (8,9), but well designed, controlled, randomized clinical trials with large patient numbers are still needed.

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