

A multinational, prospective, randomized, clinical trial comparing transthoracic esophagectomy with transhiatal extended gastrectomy in adenocarcinoma of the gastroesophageal junction (GEJ) type II

## Potential CARDIA patient?

### Inclusion criteria:

- Histologically proven adenocarcinoma of the **GEJ type II**, based on endoscopy and imaging
- Pre-treatment stage cT1-4a, N0/N+, M0
- Resectable by both transthoracic esophagectomy and transhiatal extended gastrectomy
- At least **1 cycle of FLOT...**
- Cardiac history -> cardiology consultation; left ventricular ejection fraction > 50%
- Adequate respiratory function FEV1  $\geq 1.5$  L/s
- ECOG Performance status 0-2
- ASA <4

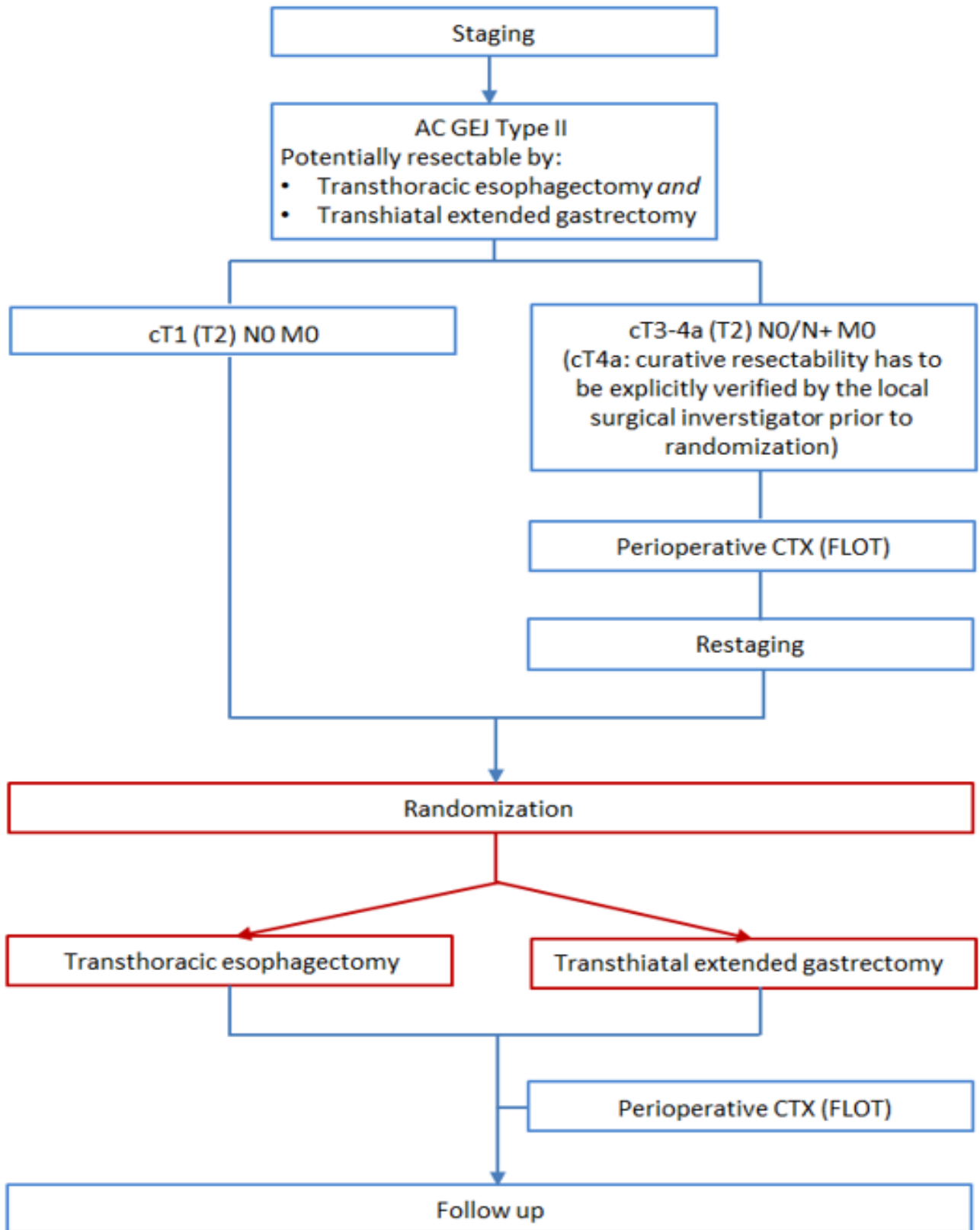
### Exclusion criteria:

- Positive lymph nodes only resectable by transthoracic esophagectomy

## How to inform patients?

1. Standard approach for GEJ type II tumors is Transthoracic Esophagectomy (TTE)
2. Transhiatal Extended Gastrectomy (THG) ↓ postop complications  
quality of life ↑
3. In both types of surgery the function of stomach will be lost
4. Both TTE and THG are effective. The patients' interest comes first
5. Always possible to change the operation based on intraoperative findings

## Flow chart



## Contact

Stefanie Brunner / Lianne Triemstra (study coordinators)  
@ [Stefanie.Brunner@uk-koeln.de](mailto:Stefanie.Brunner@uk-koeln.de) / [l.triemstra@umcutrecht.nl](mailto:l.triemstra@umcutrecht.nl)  
Phone: +491782848780/+31612770209

<https://cardia-trial.uk-koeln.de>