

**TUMOR RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN
CARDIOESOPHAGEAL JUNCTION CANCER**

Yakhyo Sheraliyevich Khakimov

Independent Researcher (Doctoral Candidate), Bukhara State Medical Institute.

Bekzod Boymatovich Usmonov

*Thoracic Department Physician, Republican Specialized Scientific and Practical
Medical Center of Oncology and Radiology.*

Otabek Dilshodovich Tuychiev

*Deputy Director for Clinical Affairs, Republican Specialized Scientific and Practical
Medical Center of Oncology and Radiology.*

Abstract. *Neoadjuvant chemotherapy (NACT) plays an important role in the multimodal treatment of cardioesophageal junction cancer (CEJC), particularly in locally advanced stages. This study evaluated the clinical and pathological effectiveness of neoadjuvant chemotherapy administered according to FLOT and DCF regimens in patients with stage IIIb–IVa disease. Forty-seven patients received 4–6 cycles of chemotherapy, and treatment response was assessed using MSCT or PET-CT imaging and repeat histological examination. Overall treatment response was achieved in 87.2% of patients, including complete regression in 19.1% and partial regression in 68.0% of cases. Pathological response assessment according to Lavnikova's criteria demonstrated grade III–IV therapeutic pathomorphosis in 12.8% of patients. Although adverse effects were observed in 59.4% of cases, severe toxicity (grade III) was rare and manageable. The findings confirm the clinical effectiveness of neoadjuvant chemotherapy in locally advanced cardioesophageal junction cancer, while indicating its partial but not definitive impact on tumor regression.*

Key words: *Cardioesophageal junction cancer, neoadjuvant chemotherapy, FLOT regimen, DCF regimen, tumor regression, pathological response, Lavnikova criteria, multimodal treatment*

Aim of study. To evaluate the clinical and pathological effectiveness of neoadjuvant chemotherapy using FLOT and DCF regimens in patients with locally advanced cardioesophageal junction cancer.

Materials and Methods. A total of 47 patients (18.1%) with locally advanced cardioesophageal junction cancer (stage IIIb–IVa) received neoadjuvant chemotherapy based on standard oncological indications. Chemotherapy was administered according to the FLOT regimen (mean of 4 cycles, 15-day interval) or the DCF regimen (4–6 cycles, 21-day interval).

Treatment response was assessed 2–3 weeks after completion of four chemotherapy cycles using multislice computed tomography (MSCT) or positron emission

tomography–computed tomography (PET-CT). Additionally, repeat histological examination of tumor biopsy specimens was performed to evaluate therapeutic pathomorphosis according to Lavnikova's criteria.

Results. Neoadjuvant chemotherapy (NACT) was administered to 47 (18.1%) patients with locally advanced cardioesophageal junction cancer (stage IIIb–IVa) using FLOT (4 cycles, 15-day intervals) or DCF regimens (4–6 cycles, 21-day intervals). Treatment response was evaluated 2–3 weeks after completion of four cycles using MSCT or PET-CT, along with repeat histological examination.

Overall response was achieved in 87.2% of patients, including complete regression in 19.1% and partial regression in 68.0%. Stabilization and progression were observed in 6.4% of cases each. In patients with progression, chemotherapy regimens were modified and extended.

Adverse events occurred in 59.4% of patients, with grade III toxicity in 4.2%; all were managed with supportive therapy. Clinically, dysphagia improved in 48.9% of patients, and pain decreased in 25.5%. Histological assessment according to Lavnikova's criteria demonstrated grade III–IV pathomorphosis in 12.8% of patients, while grade II response predominated, indicating significant but incomplete tumor regression.