



Redefining Pathologic Complete Response through Standardized Assessment and Molecular Surveillance in Esophageal Squamous Cell Carcinoma

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The recent multicenter study by Yuan and colleagues provides a valuable real-world perspective on pathologic complete response (pCR) in esophageal squamous cell carcinoma [1]. However, the reported 12.7% recurrence rate among pCR patients underscores the limitations of current response assessments. We suggest that pCR reproducibility may be hindered by non-standardized pathological protocols [2]. In retrospective settings, insufficient or non-systematic tumor-bed sampling creates a significant risk of sampling bias, where undetected microscopic residual disease leads to the misclassification of pCR.

Regarding lymph node evaluation, the robust median of 25 dissected nodes suggests that recurrence is driven more by occult micrometastatic disease than by inadequate surgical clearance [3]. The finding that advanced clinical nodal stage remains an independent prognostic factor confirms that morphological clearing at the primary site does not equate to systemic

eradication. Consequently, there is a critical need for sensitive techniques beyond routine hematoxylin and eosin staining. Integrating minimal residual disease (MRD) monitoring via circulating tumor DNA (ctDNA) could bridge this gap, offering a dynamic systemic view that complements static regional pathology [4].

Given the lack of clear survival benefit from routine adjuvant treatment in pCR patients, a nuanced approach is essential to identify those at high risk of relapse. Future prospective investigations should synchronize standardized pathological sampling with longitudinal molecular tracking. Such a multi-dimensional framework will refine post-surgical risk stratification and enable truly individualized surveillance strategies for this unique population.

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Conflicts of Interest

The authors declare no conflicts of interest.

AI Use Statement

The authors declare that no generative AI was used in the preparation of this manuscript.

Ethical Approval and Consent to Participate

Not applicable.

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