

Table 1: Reported cases of oesophageal malignancy following oesophageal atresia repair or replacement

Author	Setting and study type	No of patients	Age at diagnosis (years)	Malignancy type, site and grade	Clinical details	Outcome
LaQuaglia (1987) ³⁷	Case report (USA)	1	45	Squamous cell carcinoma Proximal oesophagus/skin tube, T4N0M0	F, Gross Type C Antethoracic skin tube conduit Non-smoker, No ETOH	Resection & colonic interposition Local proximal recurrence: re-resection and local radiotherapy
Adzick (1989) ³	Case report (USA)	1	20	Adenocarcinoma Distal oesophagus/GOJ, T2N0M0	F, Gross Type C Non-smoker, No ETOH No evidence of Barrett's /oesophagitis	Oesophagogastrectomy & colonic interposition Alive at 1 year - no recurrence
Deurloo (2001) ⁶	Case report (Netherlands)	1	38	Squamous cell carcinoma Mid-oesophageal (2cm distal to previous anastomosis) T3N1M0	M, Gross Type C Anastomotic stricture resection 18mo Occasional smoker, 4 units ETOH/day	Neo-adjuvant chemotherapy Subtotal oesophagectomy & gastric tube interposition Post-operative radiotherapy Alive at 2 years – no recurrence
Alfaro (2005) ²	Case report (USA)	1	46	Adenocarcinoma (Barrett's and high-grade dysplasia) Mid-oesophagus Moderately invasive	F, Primary repair	Neoadjuvant chemoradiotherapy Oesophagectomy & gastric transposition Alive at 2 months
Pultrum (2005) ¹	Case report (Netherlands)	1	22	Adenocarcinoma (& Barrett's) At site of anastomosis T3N1M1 – moderate to highly differentiated	F, Gross Type C Nissen fundoplication for GORD Endoscopic surveillance – No Barrett's	Palliative radiotherapy & intraluminal stenting Died
Jayasekera (2012) ⁵	Case series (Australia)	4	44, 46, 46, 44	Squamous cell carcinoma 1. At site of anastomosis, T3N0M0 2. Mid/distal oesophagus (and associated sub-carinal mass) TXN2M0	1. F, Gross Type C Primary repair Heavy smoker 4 years (15-19yo), non -smoker 25 years, No ETOH 2. F, Gross Type C Primary repair Non-smoker and no ETOH	1. Oesophagectomy, no chemoradiotherapy 2. Recurrent local and metastatic disease 4yrs later – died 3. Chemoradiotherapy – ongoing at time of publication 4. Unsuccessful endoscopic resection,

				<p>3. SCC in situ, mid/distal oesophagus</p> <p>4. Mediastinal mass eroding through ribs and sternum</p>	<p>3. M, Gross Type C 2x anastomotic stricture resection 20 pack years, 10 ETOH/week Barrett's and low-grade dysplasia (annual surveillance for 10yrs)</p> <p>4. M, Gross Type C Repair of recurrent fistula and resection of stricture</p>	ongoing chemoradiotherapy
Vergouwe (2018) ⁴	Case series (Netherlands)	4	36, 42, 45, 47	<p>Squamous cell carcinoma</p> <p>1. Distal oesophagus (25-32cm) pT1bN0M0</p> <p>2. Proximal oesophagus, with invasion of surrounding structures (trachea) T4N2M0</p> <p>3. 3cm distal to anastomosis, pT2N0M0</p> <p>Adenocarcinoma in colonic interposition pT2N1M0, moderately differentiated</p>	<p>1. F, Gross Type A Primary repair (Livaditis elongation) Non-smoker and no ETOH</p> <p>2. M, Gross Type A Delayed primary repair VACTERL Smoker, moderate ETOH</p> <p>3. M, Gross Type C Primary repair Heavy smoker (27 pack years) and ETOH</p> <p>M, Gross Type C Gastrostomy and oesophagostomy Colonic interposition (7mo) VACTERL Smoker, minimal ETOH</p>	<p>1. Subtotal oesophagectomy, gastrectomy, colon interposition – metastatic disease at 12 months</p> <p>2. Chemotherapy (tumour unresectable) – Alive at 6 years, no recurrence</p> <p>3. Oesophagectomy and gastric tube reconstruction Further tumour in native cervical oesophagus 15 years later – died</p> <p>Chemotherapy, resection and gastric tube pull-up Alive at 1 year</p>

M = male. F = female. GOJ = gastro-oesophageal junction. ETOH = alcohol consumption. FH = family history.

MO = months old. YO = years old.