

## Current status and future expectations in the management of gastrointestinal cancer

According to data from the Global Cancer Observatory, in 2018 there were 18,078,957 new cases diagnosed with cancer in the world. From these, colorectal, gastric and liver cancer are in  $3^{rd}$  and  $6^{th}$  places. It is expected that by 2030 there will be an incidence of 22 million cases annually. As we can see, gastrointestinal (GI) cancers have an important presence worldwide with important demographic differences depending on the features of the population, lifestyles, marginalization, socio-cultural level and economic resources of each country. Although we currently have more efficient diagnostic/therapeutic methods for the approach of cancer such as high-resolution endoscopy or radiological methods like computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography/computerized tomography (PET/CT), in addition to an increased knowledge of cancer genetics by the identification of HER-2 expression in gastric adenocarcinoma or mutations of *KRAS*, *NRAS* and *BRAF* in colon cancer with the consequent improvement in therapeutic decisions, the picture is still discouraging since a recent study found that in high-income countries and in some upper-medium-income countries deaths from cancer in adults aged 35–70 years are now most common than cardiovascular diseases suggesting that we are currently going through a transition period in the predominant causes of deaths in middle-age people. In this sense, the understanding of the current status and the future expectation of GI cancer is an issue that all clinicians and surgeons must know and apply as a multidisciplinary team in order to offer the best options based on scientific evidence for the benefit of our patients.

In this series we have included some interesting topics such as hepatocellular carcinoma (HCC), cholangiocarcinoma, liver transplantation for HCC. The risk of colorectal cancer in patients with inflammatory bowel disease. The relationship between bile acids and GI cancer. Finally, two fascinating case reports are part of this series the first one is on hepatocellular adenoma and the second one about advanced pancreatic cancer. Investigators from China, Germany, Italy and Mexico have collaborated in this series with a great enthusiasm.

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