The era of personalized multimodal treatments for esophageal cancer

Esophageal cancer is one of the most common cancers worldwide. Surgical resection was considered to be the most important part of treatments, and the only way for complete disease control. Previous studies have focused on the surgical techniques and the approaches, e.g., transthoracic or transhiatal, as well as the extent of lymphadenectomy, e.g., two or three field lymph node dissection. With the understanding of esophageal cancer biology and the evolving of diagnosis and treatment modalities, esophageal cancer is now in the multidisciplinary era. Surgery alone is no longer enough for all kinds of esophageal cancer. The improvements in endoscopic treatment, surgery, chemotherapy and radiotherapy open the possibility for a better selecting patients for personalized treatments.

Esophagectomy, once with high morbidity and mortality, is now mostly completed with minimally invasive surgical techniques. Enhanced postoperative recovery has let us understanding that the value of health-related quality of life (HRQOL) assessment in esophageal cancer patients undergoing curative intent therapy. The role of HRQOL as a prognostic tool and an adjunct in decision making has been studied. There are also evolving evidences in the use of chemotherapy, targeted therapies and immunotherapies in advanced esophageal cancer. Moreover, advances in radiotherapy provide promising prognoses and less toxicities for patients with esophageal cancer.

The task we face now is about the treatment strategy. The question to be answered is how to combine these available modalities for each individual patient. Although neoadjuvant chemoradiotherapy followed by surgery is now the standard for locally advanced esophageal cancer, the role of adjuvant therapy remains to be answered. Do we have evidence from randomized trials and population-based studies? Another question is that can we apply organ preservation strategy and avoid unnecessary surgery in patients who have good response to chemoradiotherapy, i.e. surveillance versus esophagectomy in patients with clinical complete response after neoadjuvant treatments? In addition, can we predict the treatment response by clinical tools, e.g., images-guided personalized therapy?

In this focus issue by *Annals of Translational Medicine* (*ATM*), we collected 10 papers from authors dedicated to treatment of patients with esophageal cancer. Detailed reviews present in-depth discussion on above topics and controversial aspects. Moreover, the discussion about the staging in esophageal cancer is included. The past, present, and exploration of lymph node staging in esophageal cancer is delineated. Two major staging systems released by Union for International Cancer Control and Japanese Esophageal Society are compared. The similarities and differences are sophisticated analyzed.

I am grateful to all the authors who have shared their expertise, experience and knowledge for this excellent issue. We believed that all these outstanding achievements will facilitate education for a broad audience and contribute to future improvements in personalized multimodal treatments for esophageal cancer.

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