

Management of foregut malignancies and hepatobiliary tract and pancreas malignancies

The term foregut arises from the common embryologic origin of this part of the gastrointestinal tract. These include tumors of the esophagus, stomach, pancreas, liver, and bile duct and can be particularly difficult to treat. Complex operations are often required for those few who are candidates; however, patients more often present at advanced stages and have a worse prognosis than their hindgut counterparts. Multidisciplinary management has improved outcomes with a neoadjuvant approach being adopted for many of these tumors. While adjuvant therapies have improved, recurrences are high and response rates are marginal at best. Surgery is pivotal for any chance of cure in these malignancies; however, morbidities remain high. Minimally invasive techniques and regionalization to high volume centers has consistently demonstrated superior post-operative and oncologic outcomes.

This focused issue of the *Journal of Gastrointestinal Oncology* will be divided into 3 sections: (I) esophagus; (II) HPB; and (III) enhancing outcomes. In section I, Dr. Takahashi will address the controversial topic of T0N1 esophageal cancer and should these patients be treated as complete responders. She will discuss the outcomes from these patients and the role of adjuvant therapy. Dr. Shridhar will discuss T2N0 esophageal cancer from accuracy of endoscopic ultrasound to neoadjuvant therapy and up-front surgical resection. Dr. Shridhar will also discuss anastomotic leak after esophagectomy investigating the impact of leak rates with neoadjuvant therapy. Finally, Dr. Takahashi will take us on a journey over time to discuss the historical surgical management of esophageal cancer and bring us to the present with minimally invasive and robotic techniques.

In section II (HPB), Dr. Takahashi will discuss the relevance of size and outcomes with pancreatic cancer. She will elucidate the role for a neoadjuvant approach and discuss outcomes compared to an upfront surgical approach. Dr. Melis will discuss locally advanced pancreatic cancer and our ability to downstage to surgical resection. Dr. Meredith will discuss the role of robotics for resection of the pancreas. Finally, Dr. Jensen will elaborate on the current survival and treatment trends for surgically resected intrahepatic cholangiocarcinoma.

In section III (enhancing recovery), Dr. McLoughlin will discuss the importance of enhanced recovery pathways and walking protocols to improve post-operative outcomes. Dr. Chuong will address proton beam therapy for gastrointestinal cancers. He will review historical outcomes and bring us up to date on the current role for this therapy in the management of gastrointestinal malignancies. Finally, Dr. Nora will evaluate neutrophil to lymphocyte ratio and platelet to lymphocyte ratio as a marker for disease burden and predictor of recurrence for patients with gastrointestinal malignancies.

It has been a tremendous honor to work with this exceptional group of experts who have invaluable experience and knowledge in their respective fields. Besides the updated and comprehensive understanding on the management of foregut and HPB malignancies, readers will have the opportunity to learn the unique perspectives and approaches from these experts. On behalf of all contributors, we would like to thank Mira Wu, science editor for JGO, for coordinating the tremendous amount of work that led to the birth of this focus issue, Dr. Gary Yang, Editor-in-Chief, for his full support, and the entire editorial team of JGO for facilitating the process.

In short, we believe this issue dedicated to the management of foregut and HPB malignancies will be extremely appealing to all oncologists and surgeons who are involved in the care of patients with these malignancies as well as clinical researchers, residents and fellows who are interested in getting a concise and comprehensive update on the cutting-edge management from a multidisciplinary approach to surgical technique.

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