

## Introduction to the focused issue on esophageal cancer of the *Journal of Thoracic Disease*

Incidence of esophageal cancer is increasing all over the world with numbers around half a million of new patients every year. Concomitantly, diagnostic and treatment modalities are becoming more sophisticated and so creating the possibility for a better selecting patients for neoadjuvant therapy and surgery and so leading to a better survival. Yet, If nowadays a patient is considered resectable, his/her prognosis has increased importantly over the last 15 years.

There are two different forms of esophageal cancer, the squamous cell cancer, found more than 90% in the Eastern World and the distal adenocarcinoma occurring in increasing rate in the Western World. Various factors are of influence here, being in the Western World the increasing obesity and the gastroesophageal reflux in combination with smoking and use of alcohol.

Significant boosts for survival have been the adoption of neoadjuvant treatment modalities in advanced stages of the esophageal cancer, chemotherapy and chemoradiotherapy. In current European practice, such entails that 5 year survival after neoadjuvant therapy followed by surgery may reach more than 45%, hence approaching the survival rate obtained only with extended form of surgical treatment as in Japan and China.

Surgical treatment knows different controversial subjects such as transthoracic or transhiatal approaches, the location of anastomosis in the thorax or in the cervical area, but also the extension of the mediastinal and abdominal lymphadenectomy, generating important discussions. Consensus about those points should be reached in the near future in order to perform the ideal surgical resection in every patient.

In this special number of the *JTD*, dedicated to the esophageal cancer, many aspects have been treated by chosen authors dedicated to treatment of patients with Esophageal cancer.

We have through invitation collected 25 dedicated papers from authors on different subjects. These include surgical anatomy, the proper anaesthesia during the intervention, diagnostic aspects, the selection of patients for neoadjuvant therapy, the best neoadjuvant therapy, the extension of mediastinal lymphadenectomy, the proper surgical treatment for squamous cell cancer and adenocarcinomas, as well as esophagogastric junctional tumors, the issue of the adequate checklist and fast track modalities, and the issue when to start with feeding of patients after operation. Moreover, extensively depicted in different papers are aspects as how to implement minimally invasive esophageal resection in their two modalities: the total minimally invasive esophagectomy and the hybrid form including the reasons for doing this implementation and the advantages thereby obtained.

We are pleased that the collected items reflect not only the most modern aspects of diagnosis and selection of patients for treatment of esophageal cancer but also treat many other controversial aspects.

We congratulate all the authors for the quality of their contribution. Also, we are grateful for their effort to contribute to this special issue. Doing so, we concertedly reflect in this issue on significant advantages for our patients with esophageal cancer, now and in the future.



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