

Preface

The management of esophageal cancer represents one of the most controversial topics in thoracic oncology. Esophageal cancer represents one of the few cancers that is increasing in incidence in the US, and it is even more prevalent in Asia. Despite established treatment guidelines, outcomes in the management of esophageal cancer are still suboptimal.

Recent updates in the staging system have clarified the understanding of investigating the extent of disease, assessing prognosis, and assigning therapy. The importance of the role of multidisciplinary evaluation and management is becoming increasingly recognized, including but not limited to the use of combined modality therapy. However, important questions remain unanswered. What is the role of the various minimally invasive operative techniques? How can minimally invasive techniques best be utilized to accomplish esophagectomy? Is there a role for robotics?

In addition, there is also debate over specific technical issues, such as the optimal conduit to use when the stomach is not available, as well as the conduct role of salvage esophagectomy. Finally, in addition to the aggressiveness of esophageal cancer, other factors contribute to the suboptimal outcomes, specifically the morbidity of the operation and the incidence of postoperative complication.

This issue of *Journal of Thoracic Disease* provides in-depth analyses of the most current scientific data regarding the surgical management of esophageal cancer by internationally renowned experts, including the use of endoscopic and conventional resection. Various surgical techniques are described in detail, including open, thoracoscopic, and robotic approaches. The role of alternative conduits is discussed, including jejunal and colonic options. Finally, the various postoperative complications are discussed, including strategies for prevention and management.

This issue is dedicated to the worldwide effort to improve the outcomes of the surgical treatment of esophageal cancer. In order to improve outcomes, a better understanding of preoperative, operative, and postoperative issues is required. The authors have produced an outstanding review of the current best practices, and they offer hope for the future.

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