



How can we improve outcomes for esophageal cancer?

The radical treatment of esophageal cancer includes an esophagectomy (1). Historically, this procedure is associated to a high index of morbidity and mortality. Earlam and Cunha Mello, in his classical review in 1980, calculated a mean mortality of 33% for an esophagectomy (2). This figure certainly improves due to a better understanding of perioperative physiology and advances in equipment and drugs. Modernly; however, the index is still imperfect. Mean rates as high as 11% are still reported (3).

Apart from morbidity and mortality, survival after esophagectomy for cancer is still dismal. Most series show that less than half of the patients will endure 5 years after an esophagectomy (4).

Low *et al.* in a landmark and prized paper (5) pointed out that results of esophagectomy for cancer has typically focused on the surgical team and issues such as mortality, complications and length of stay but there is no much more than can be done with a scalpel. Surgeons must also learn about perioperative care to improve outcomes. This motivated this *Annals of Esophagus* special issue on how we can improve outcomes for esophageal cancer. We invited a team of worldwide experts on the topic to review the best care to achieve better results in the treatment of esophageal cancer. Subjects include papers from the preparation for an esophagectomy with implementation of standardized clinical pathways by Dr. Low and his experienced team from the Virginia Mason Medical Center in Seattle, USA and simulation by Dr. Schlottmann from Buenos Aires, Argentina; to the application of robotic surgery by Drs. Domene and Volpe from São Paulo, Brazil; passing through specific topics such as the operation in obese patients, as reviewed by Dr. Molena and her team from the esteemed Memorial Sloan-Kettering Cancer Center.

We hope this issue will be valuable to not only surgeons but also all professionals, medical and non-medical, involved in the care of patients with esophageal cancer.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Esophagus* for the series “How Can We Improve Outcomes for Esophageal Cancer?”. The article did not undergo external peer review.

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/aoe.2020.03.02>). The series “How Can We Improve Outcomes for Esophageal Cancer?” was commissioned by the editorial office without any funding or sponsorship. FAH, RMLN and RCK served as the unpaid Guest Editors of the series. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Received: 01 March 2020; Accepted: 12 March 2020; Published: 25 June 2020.

doi: 10.21037/aoe.2020.03.02

View this article at: <http://dx.doi.org/10.21037/aoe.2020.03.02>

doi: 10.21037/aoe.2020.03.02

Cite this article as: Herbella FAM, Katayama RC, Laurino Neto RM. How can we improve outcomes for esophageal cancer? *Ann Esophagus* 2020;3:10.