



Editorial for the Inaugural Issue: Clinics in Surgery

Hiroyuki Kato

First Department of Surgery, Dokkyo Medical University, Japan

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Editorial

I am honored to launch the inaugural issue of our new online publication Clinics in Surgery. And I am delighted to be an editorial board member of the newly launched the Clinics in Surgery, the peer-reviewed open access journal of the USA, aims to publish original research articles from all areas of surgery, surgical case reports, internal medicine.

I hope that this journal will link one of the international academic medical communities. Here, I address about current status of esophageal cancer as my contribution for publishing the inaugural issue.

Esophageal cancer has proven to be one of the most difficult malignancies to cure, because of its rapid progression and poor outcomes [1,2], and it is known as the sixth most common cause of death from cancer in the world. During the past four decades, important changes have occurred in the epidemiologic patterns of this disease. The most striking has been the dramatic rise in the West of the incidence of adenocarcinoma of the lower esophagus and cardia, which has surpassed squamous cell cancer as the predominant cell type [1]. In Asia, however, diagnosed esophageal cancers are predominantly squamous cell in type and are mostly located in the middle third of the esophagus. The risk factors for esophageal squamous cell carcinoma (ESCC) are alcohol drinking and smoking. Furthermore World Health Organization prescribed that acetaldehyde associated with alcoholic beverages is a Group 1 carcinogen. In addition, in relation to dietary factors, poor nutritional status and vitamin deficiency due to inadequate intake of fruits and vegetables are also reported as risk factors. By contrast, intake of green and yellow vegetables and fruits are reported as preventive factors [3]. It is generally accepted that esophageal adenocarcinomas (EAC) is a direct consequence of the condition known as Barrett's esophagus (BE), a condition in which the stratified epithelium is substituted by metaplastic columnar epithelium. The treatments for esophageal carcinoma depend on its etiology and stage [2]. For mucosal cancer, endoscopic mucosal resection and endoscopic submucosal dissection are standard treatments in Japan, on the other hand for locally advanced cancer, esophagectomy remains the mainstay. The three most common techniques for thoracic esophagectomy are the transhiatal approach, the Ivor Lewis esophagectomy, and the McKeown technique in the world. Furthermore, minimally invasive esophagectomy (MIE) for the management of esophageal cancer was first described by Cuschieri et al in 1992, and it has been reported their experience with excellent results. The technique has currently been representing the most popular. Neoadjuvant chemotherapy or neoadjuvant chemoradiotherapy is added, if the tumor is more advanced. The theoretical advantages of adding chemotherapy to the treatment of esophageal cancer are potential tumor down-staging prior to surgery, as well as targeting micrometastasis and, thus, decreasing the risk of distant metastasis. Cisplatin- and 5-fluorouracil-based regimes are generally used worldwide. On the other hand, triplet combination chemotherapy is gradually spreading. Chemoradiotherapy is the standard for unresectable esophageal cancer and could also be considered as an option for resectable tumors. Concurrent chemoradiotherapy should be the standard of care in patients with medically or technically inoperable. Although neoadjuvant chemoradiotherapy followed by surgery or salvage surgery after definitive chemoradiotherapy is a practical treatment, judicious patient selection is crucial. Furthermore, molecularly-targeted drug is genuinely expected in the worldwide. It is important to have a thorough understanding of these therapeutic modalities to assist in this endeavor.

Ultimately, our new online journal Clinics in Surgery content will be published on a continuous publication model again. I hope you will agree that this inaugural issue represents a distinguished start for a journal that will feature the cutting-edge ideas of leading.

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*Correspondence:

Hiroyuki Kato, First Department of Surgery, Dokkyo Medical University, 880 Kitakobayashi Mibu-machi, Tochigi, 321-0293, Japan, Tel : +81-282-86-1111,+81-282-87-2157; Fax : +81-282-86-6213,

E-mail: hkato@dokkyomed.ac.jp

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