

Esophageal cancer is the 6th most common cancer in the world and the incidence of gastro-esophageal cancer will increase by 24% by 2027. Esophageal cancer is a rather common disease but is challenging not only for patients but also for physicians, and it requires particular knowledge and technique of the physicians who treat it. Because of its high potential of malignancy and anatomical features, the treatment insults the patients substantially. Therefore, minimally invasive approaches confer great benefit to patients. Recently, multimodality therapy has been developing rapidly, but resection of the esophageal lesion remains a mainstay for curative-intent treatment of this disease. This book covers all aspects of minimally invasive treatment of esophageal cancer and presents the state of the art in this field. It consists of 24 chapters, assorted into 4 categories, ranging from a general overview of this disease, to endoscopic treatment, thoracoscopic esophagectomy including robot-assisted surgery, and even pre- and post-treatment care. The contributing authors, who are all authorities and experts in their fields, come from all over the world (USA: 19; China: 18; Japan: 17; Netherlands: 17; Belgium: 9; Argentina: 6; Italy: 5; Republic of Korea: 2; and Turkey: 1).

As I am a surgeon, I would like to give special mention to the surgical issue which comprises the major portion of this book. Esophageal cancer has two main subtypes. One is adenocarcinoma, which is dominant in the West, and the other is squamous cell carcinoma, which accounts for the majority of cases in the East. The surgical strategy, therefore, differs between the West and the East. This book completely covers the surgical techniques on the basis of both concepts. Each chapter is well documented with comprehensive figures and tables. On the other hand, minimally invasive esophagectomy (MIE) may not be fully accepted at all surgical institutes. For example, a little over 30% of esophagectomies are performed thoracoscopically in Japan. Randomized trials and meta-analyses have concluded that MIE is associated with less blood loss, fewer postoperative complications, and shorter hospital stay, despite the longer duration of the procedure compared with open esophagectomy. However, a National Clinical Database survey conducted in the UK and Japan revealed that MIE was associated with a significantly higher incidence of complications. Probably, the disadvantage of MIE in the survey study was due to poor outcomes obtained through low-volume centers. It is well known that operative mortality after esophagectomy is inversely related to hospital volume. Esophagectomy itself requires surgeons to have substantial skill, but when done thoracoscopically, it requires additional skill. Proficiency is, therefore, essential to performing MIE efficiently. This book provides up-to-date detailed information on procedures and techniques.

This book is sure to help surgeons and endoscopists who intend to perform high-quality minimally invasive treatment for esophageal cancer to overcome the steep learning curve required.



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