

The practice of minimally invasive esophagectomy for carcinoma started in 1992 after the pioneer report of Cuschieri, and is still evolving. At that time, only a few surgeons adopted the thoracoscopic approach. Instead, most surgeons decided to take full advantage of their improving expertise in basic and more or less advanced laparoscopic surgery to mobilize the stomach, perform a celiac lymphadenectomy, and prepare the gastric conduit for esophageal replacement; therefore, the laparoscopic approach set the foundation for the hybrid procedures which incorporated the trans-hiatal, the Ivor Lewis, and the McKeown techniques. A fully minimally invasive esophagectomy was performed in 1999. Later on, the first proof of concept that the minimally invasive approach was the way to go came in 2012 with a multicenter randomized clinical trial published on *Lancet* (TIME trial), which showed a significant reduction of respiratory complications compared to open esophagectomy. Today, laparoscopic and thoracoscopic techniques represent the preferred approach in many institutions worldwide and a major component of the enhanced recovery programs after esophagectomy. Yet, the learning curve remains substantial and the reported differences in outcomes may reflect patient selection, selective use of neo-adjuvant therapy, and lack of centralization of this complex operation.

The *Journal of Thoracic Disease*, a relatively young medical publication, already has a well-established reputation among surgeons worldwide and has gained a remarkable impact factor over the past few years. The publisher and the editors of *Journal of Thoracic Disease* have collected a series of recent articles on minimally invasive esophagectomy written by experts from respected international institutions. The final result of this endeavor is a comprehensive, highly educational, state-of-art volume that provides an easy-to consult and updated source of valued information for the surgeon. This book represents a broad overview of the research and clinical work related to minimally invasive esophagectomy, and depicts the evolution and outcomes of the resectional and reconstructive techniques over the past quarter of century. The topics are organized in six main sections spanning from surgical anatomy through preoperative assessment and preparation, endoscopic surgery, thoracoscopic surgery, and robotics, to postoperative care. The innovative contents and the overall quality of data and figures make the book really instructive and worth-reading for both the trainee and the expert surgeon.

I am sure that the reader will especially appreciate the fact that the contents of this publication reflect not only surgical and technological advances, but also the progress in anesthesiology, perioperative care, and medical oncology that have accompanied the extraordinary development of esophageal surgery. As such, this book will represent an important and useful reference for the general and thoracic surgeons and for all components of the multidisciplinary team dedicated to the care and cure of esophageal cancer patients.



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