Current and future strategies in the treatment of esophageal cancer

Esophageal cancer is an aggressive and often lethal disease with an increasing incidence worldwide. Originally, the only potentially curative treatment was esophagectomy. However, outcomes of locoregional advanced disease have improved substantially over the last decades by the incorporation of (neo)adjuvant treatment modalities (chemo- and/or radiotherapy). Advances in radiotherapy techniques and modalities (e.g., proton therapy) facilitate 'personalisation' of high dose radiation delivery for patients who are not surgical candidates. As chemoradiation is very effective in a subset of patients leading to pathologically complete responses, the option of active surveillance instead of standard surgery is currently being investigated.

Better patient selection, perioperative care as well as novel surgical techniques have improved the safety and efficacy of surgery. Minimally invasive esophagectomy is increasingly being used and although clear benefits have been described, there is a significant learning curve associated with this complex procedure. How can new surgical innovations be implemented safely now and in the future and what to do with patients who have been treated with definitive chemoradiation therapy?

At some point in time, more than 50% of patients present with metastatic disease. Although survival remains dismal in the majority of these patients, there have been important developments in the treatment of dysphagia and a well selected subgroup of patients might be offered more aggressive multimodal therapy.

Taken together, the treatment of esophageal cancer is rapidly evolving with novel multimodal developments. This special issue highlights the recent progress that has been made and hopefully this will translate into a more bright future for our patients.

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