

World Journal of *Gastrointestinal Oncology*

World J Gastrointest Oncol 2024 August 15; 16(8): 3368-3740



EDITORIAL

- 3368 Remazolam combined with transversus abdominis plane block in gastrointestinal tumor surgery: Have we achieved better anesthetic effects?
Cao J, Luo XL, Lin Q
- 3372 Immune-related gene characteristics: A new chapter in precision treatment of gastric cancer
Gao L, Lin Q
- 3376 Navigating the labyrinth of long non-coding RNAs in colorectal cancer: From chemoresistance to autophagy
Yu JM, Sun CQ, Xu HH, Jiang YL, Jiang XY, Ni SQ, Zhao TY, Liu LX
- 3382 Importance of early detection of esophageal cancer before the tumor progresses too much for effective treatment
Ono T
- 3386 Early diagnosis of esophageal cancer: How to put “early detection” into effect?
Pubu S, Zhang JW, Yang J
- 3393 Colon cancer screening: What to choose?
Gomez Zuleta MA

REVIEW

- 3397 Research progress on the development of hepatocyte growth factor/c-Met signaling pathway in gastric cancer: A review
Wei WJ, Hong YL, Deng Y, Wang GL, Qiu JT, Pan F
- 3410 Research progress on the effect of pyroptosis on the occurrence, development, invasion and metastasis of colorectal cancer
Wang X, Yin QH, Wan LL, Sun RL, Wang G, Gu JF, Tang DC

MINIREVIEWS

- 3428 Importance of diet and intestinal microbiota in the prevention of colorectal cancer - colonoscopy early screening diagnosis
Jovandaric MZ

ORIGINAL ARTICLE**Retrospective Cohort Study**

- 3436 Analysis of vascular thrombus and clinicopathological factors in prognosis of gastric cancer: A retrospective cohort study
Chen GY, Ren P, Gao Z, Yang HM, Jiao Y

- 3445** Application of fecal immunochemical test in colorectal cancer screening: A community-based, cross-sectional study in average-risk individuals in Hainan

Zeng F, Zhang DY, Chen SJ, Chen RX, Chen C, Huang SM, Li D, Zhang XD, Chen JJ, Mo CY, Gao L, Zeng JT, Xiong JX, Chen Z, Bai FH

- 3457** Effect of perioperative chemotherapy on resection of isolated pulmonary metastases from colorectal cancer: A single center experience

Gao Z, Jin X, Wu YC, Zhang SJ, Wu SK, Wang X

Retrospective Study

- 3471** Microvascular structural changes in esophageal squamous cell carcinoma pathology according to intrapapillary capillary loop types under magnifying endoscopy

Shu WY, Shi YY, Huang JT, Meng LM, Zhang HJ, Cui RL, Li Y, Ding SG

- 3481** Camrelizumab, apatinib and hepatic artery infusion chemotherapy combined with microwave ablation for advanced hepatocellular carcinoma

Zuo MX, An C, Cao YZ, Pan JY, Xie LP, Yang XJ, Li W, Wu PH

- 3496** Serum ferritin and the risk of early-onset colorectal cancer

Urback AL, Martens K, McMurry HS, Chen EY, Citti C, Sharma A, Kardosh A, Shatzel JJ

- 3507** Combining lymph node ratio to develop prognostic models for postoperative gastric neuroendocrine neoplasm patients

Liu W, Wu HY, Lin JX, Qu ST, Gu YJ, Zhu JZ, Xu CF

Observational Study

- 3521** Efficacy of chemotherapy containing bevacizumab in patients with metastatic colorectal cancer according to programmed cell death ligand 1

Kang SW, Lim SH, Kim MJ, Lee J, Park YS, Lim HY, Kang WK, Kim ST

- 3529** Endoscopic detection and diagnostic strategies for minute gastric cancer: A real-world observational study

Ji XW, Lin J, Wang YT, Ruan JJ, Xu JH, Song K, Mao JS

Clinical and Translational Research

- 3539** Targeting colorectal cancer with Herba Patriniae and Coix seed: Network pharmacology, molecular docking, and *in vitro* validation

Wang CL, Yang BW, Wang XY, Chen X, Li WD, Zhai HY, Wu Y, Cui MY, Wu JH, Meng QH, Zhang N

Basic Study

- 3559** Expression and significant roles of the long non-coding RNA CASC19/miR-491-5p/HMGA2 axis in the development of gastric cancer

Zhang LX, Luo PQ, Wei ZJ, Xu AM, Guo T

- 3585** Insulin-like growth factor 2 targets IGF1R signaling transduction to facilitate metastasis and imatinib resistance in gastrointestinal stromal tumors

Li DG, Jiang JP, Chen FY, Wu W, Fu J, Wang GH, Li YB

- 3600** Dysbiosis promotes recurrence of adenomatous polyps in the distal colorectum
Yin LL, Qi PQ, Hu YF, Fu XJ, He RS, Wang MM, Deng YJ, Xiong SY, Yu QW, Hu JP, Zhou L, Zhou ZB, Xiong Y, Deng H
- 3624** Effect of acacetin on inhibition of apoptosis in *Helicobacter pylori*-infected gastric epithelial cell line
Yao QX, Li ZY, Kang HL, He X, Kang M
- 3635** Curcumin for gastric cancer: Mechanism prediction *via* network pharmacology, docking, and *in vitro* experiments
Yang PH, Wei YN, Xiao BJ, Li SY, Li XL, Yang LJ, Pan HF, Chen GX
- 3651** Lecithin-cholesterol acyltransferase is a potential tumor suppressor and predictive marker for hepatocellular carcinoma metastasis
Li Y, Jiang LN, Zhao BK, Li ML, Jiang YY, Liu YS, Liu SH, Zhu L, Ye X, Zhao JM

META-ANALYSIS

- 3672** Efficacy of hepatic arterial infusion chemotherapy and its combination strategies for advanced hepatocellular carcinoma: A network meta-analysis
Zhou SA, Zhou QM, Wu L, Chen ZH, Wu F, Chen ZR, Xu LQ, Gan BL, Jin HS, Shi N

SCIENTOMETRICS

- 3687** Current trends and hotspots of depressive disorders with colorectal cancer: A bibliometric and visual study
Yan ZW, Liu YN, Xu Q, Yuan Y
- 3705** Research status and hotspots of tight junctions and colorectal cancer: A bibliometric and visualization analysis
Li HM, Liu Y, Hao MD, Liang XQ, Yuan DJ, Huang WB, Li WJ, Ding L

CASE REPORT

- 3716** Aggressive fibromatosis of the sigmoid colon: A case report
Yu PP, Liu XC, Yin L, Yin G
- 3723** Jejunal sarcomatoid carcinoma: A case report and review of literature
Feng Q, Yu W, Feng JH, Huang Q, Xiao GX

LETTER TO THE EDITOR

- 3732** Current and future research directions in cellular metabolism of colorectal cancer: A bibliometric analysis
Jiang BW, Zhang XH, Ma R, Luan WY, Miao YD
- 3738** Risk factors for the prognosis of colon cancer
Wu CY, Ye K

ABOUT COVER

Editorial Board of *World Journal of Gastrointestinal Oncology*, Salem Youssef Mohamed, MD, Professor, Gastroenterology and Hepatology Unit, Department of Internal Medicine, Zagazig University, Zagazig 44516, Egypt. salemyousefmohamed@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Gastrointestinal Oncology* (*WJGO*, *World J Gastrointest Oncol*) is to provide scholars and readers from various fields of gastrointestinal oncology with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJGO mainly publishes articles reporting research results and findings obtained in the field of gastrointestinal oncology and covering a wide range of topics including liver cell adenoma, gastric neoplasms, appendiceal neoplasms, biliary tract neoplasms, hepatocellular carcinoma, pancreatic carcinoma, cecal neoplasms, colonic neoplasms, colorectal neoplasms, duodenal neoplasms, esophageal neoplasms, gallbladder neoplasms, *etc.*

INDEXING/ABSTRACTING

The *WJGO* is now abstracted and indexed in PubMed, PubMed Central, Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, Reference Citation Analysis, China Science and Technology Journal Database, and Superstar Journals Database. The 2024 edition of Journal Citation Reports® cites the 2023 journal impact factor (JIF) for *WJGO* as 2.5; JIF without journal self cites: 2.5; 5-year JIF: 2.8; JIF Rank: 71/143 in gastroenterology and hepatology; JIF Quartile: Q2; and 5-year JIF Quartile: Q2. The *WJGO*'s CiteScore for 2023 is 4.2 and Scopus CiteScore rank 2023: Gastroenterology is 80/167; Oncology is 196/404.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Si Zhao*; Production Department Director: *Xiang Li*; Cover Editor: *Jia-Ru Fan*.

NAME OF JOURNAL

World Journal of Gastrointestinal Oncology

ISSN

ISSN 1948-5204 (online)

LAUNCH DATE

February 15, 2009

FREQUENCY

Monthly

EDITORS-IN-CHIEF

Monjur Ahmed, Florin Burada

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/1948-5204/editorialboard.htm>

PUBLICATION DATE

August 15, 2024

COPYRIGHT

© 2024 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Importance of early detection of esophageal cancer before the tumor progresses too much for effective treatment

Takashi Ono

Specialty type: Oncology

Provenance and peer review:

Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's classification

Scientific Quality: Grade B, Grade B

Novelty: Grade B, Grade C

Creativity or Innovation: Grade B, Grade C

Scientific Significance: Grade B, Grade B

P-Reviewer: Gragnaniello V, Italy; Liu Y, China

Received: March 7, 2024

Revised: May 2, 2024

Accepted: May 17, 2024

Published online: August 15, 2024

Processing time: 152 Days and 21.2 Hours



Takashi Ono, Radiation Oncology, Faculty of Medicine, Yamagata University, Yamagata 990-9585, Japan

Corresponding author: Takashi Ono, MD, PhD, Doctor, Radiation Oncology, Faculty of Medicine, Yamagata University, 2-2-2, Iida-Nishi, Yamagata 990-9585, Japan.

abc1123513@gmail.com

Abstract

This editorial comments on an article by Qu *et al* published in the *World Journal of Gastrointestinal Oncology*. It focuses on the importance of early detection of esophageal cancer, including recurrence or secondary malignancy after chemoradiotherapy (CRT). Endoscopic resection is the first choice for treatment for esophageal cancer remaining within the mucous membrane, while surgery or radical CRT are treatment options for advanced stages depending on the patient's general condition and desire. Although these treatments are potentially curative, they are more invasive than endoscopic resection. Early-stage esophageal cancer is often asymptomatic and difficult to detect. Uniform periodic endoscopy is unrealistic. Although less burdensome tests exist, including liquid biopsy and urinary biomarkers, these have not yet been widely used in clinical practice. Early detection is important after radical CRT because the local recurrence rate is higher than that after surgery. However, endoscopic resection or photodynamic therapy is indicated if detected in the early stages, and positive results have been reported. Early detection of esophageal cancer is crucial. Endoscopy is the main diagnostic method; however, new and less burdensome methods should be established to ensure early treatment for patients with esophageal cancer.

Key Words: Esophageal neoplasms; Screening; Endoscopy; Prognosis; Endoscopic mucosal resection; Endoscopic submucosal dissection; Photodynamic therapy

©The Author(s) 2024. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Surgery and chemoradiotherapy (CRT) for esophageal cancer are more invasive than endoscopic resection. However, early esophageal cancer is often asymptomatic and difficult to detect at an early stage. Uniform periodic endoscopy is unrealistic. This is a challenging problem. Regular endoscopy after CRT is also important, and if detected early, a complete cure can be expected with less burdensome endoscopic treatment. Currently, endoscopy is the main diagnostic method, but the hope is that new and less burdensome diagnostic methods will be established to ensure early treatment.

Citation: Ono T. Importance of early detection of esophageal cancer before the tumor progresses too much for effective treatment.

World J Gastrointest Oncol 2024; 16(8): 3382-3385

URL: <https://www.wjgnet.com/1948-5204/full/v16/i8/3382.htm>

DOI: <https://dx.doi.org/10.4251/wjgo.v16.i8.3382>

INTRODUCTION

Esophageal cancer has a poor prognosis and is the sixth leading cause of mortality (544000 deaths annually) globally. For instance, esophageal cancer was responsible for one out of every 18 cancer deaths in 2020[1]. Esophageal cancer is the most common malignancy in Eastern Asia, including China and Japan, with an age-standardized rate of 12.2 per 100000 person-years. This can partly be explained by varying distributions of the two main histologic subtypes of esophageal cancer, namely adenocarcinoma (AC) and squamous cell carcinoma (SCC). The latter histologic subtype is linked to tobacco smoking, heavy alcohol consumption, air pollution, and diet. SCC is the most common, accounting for > 90% of all esophageal cancer cases in high-risk regions. Other contributors to the high incidence observed in some countries remain to be elucidated[2]. The prognosis of SCC and AC differs slightly. The five-year overall survival (OS) rate for patients with SCC and AC was 21.1% and 24.2%, respectively, in 2010. After 1985, the OS rates for AC increased compared to SCC[3]. If patients with stage 1 esophageal cancer do not receive any treatment, the five-year OS rate is only ≤ 10%. Additionally, advanced stages show poorer prognoses[4].

Treatment for esophageal cancer varies depending on the disease progression. Endoscopic resection is recommended for esophageal cancer that remains within the mucosa without lymph node metastasis. In contrast, surgery with or without preoperative chemotherapy or chemoradiotherapy (CRT) is recommended for patients with more advanced-stage and resectable esophageal cancer. Radical CRT is a treatment option if preserving the esophagus is desirable or if surgery is difficult for any reason, such as older age and comorbidities. Radical CRT is indicated for cases of unresectable esophageal cancer[5-8]. Although concurrent chemotherapy is preferred, radiation therapy alone may be curative[9]. Treatment with immune checkpoint inhibitors is indicated as a postoperative treatment after preoperative CRT followed by surgery, and its results are improving[10]. However, patients find themselves with fewer options as the disease progresses towards the discovery stage. This editorial focuses on the importance of early detection of esophageal cancer, including recurrence or secondary malignancy after CRT.

IMPACT OF EARLY DETECTION ON INITIAL TREATMENT

At an early stage, when esophageal cancer remains within the mucous membrane, endoscopic resection, such as endoscopic mucosal resection or endoscopic submucosal dissection, is the first choice for treatment because it requires local excision and imposes the least burden on the patient's body[5-7]. Surgery requires the removal of the esophagus, resulting in a loss of function. However, with CRT, the esophagus is retained but does not possess the same function as before. Although the decline in quality of life diminishes compared to surgery, especially in terms of loss of appetite and diarrhea, it is not completely eliminated[11]. Proton beam therapy reduces the total toxicity burden by more than half compared to intensity-modulated radiotherapy[12] but is more invasive than endoscopic resection.

The five-year OS rate after endoscopic resection is 87.2%, which is considered a good rate, and is based on actual clinical data, including cases ineligible for clinical trials[9]. Completing the treatment with less invasive methods is important; however, the disease is often asymptomatic in the early stages[2], and detecting the cancerous lesion in a state that can be resected endoscopically without some kind of examination is challenging. The report by Wei *et al*[13] serves as proof of this concept. In their study, the reduction in cumulative mortality in the intervention and control groups was 3.35% and 5.05%, respectively ($P < 0.001$)[14]. However, the mortality rate reduction due to intervention is not robust, and routine endoscopy for uniform screening is difficult to recommend in practice. If less invasive tests, such as liquid biopsy and urinary biomarkers are established as previous studies[14-16] and Qu *et al*[17] said, identifying separate groups for which endoscopy should be performed may be possible, allowing the realization of more realistic screening methods.

IMPORTANCE OF REGULAR ENDOSCOPY AFTER CRT FOR EARLY DETECTION

Early detection is important for initial treatment and recurrence or secondary malignancy after radical CRT. Local

recurrence is inevitably more common after CRT than after surgery, posing a significant problem. A clinical trial revealed that the local recurrence rate within the irradiation field was 15.1% in stage 1[18] and increased to 32% in stage 2/3[19]. Even in rigorous clinical trials, the incidence of treatment-related death after salvage surgery was 4%[19]. In a systematic review, the treatment-related death rate after salvage surgery for recurrence after CRT was reported at 10.3%[20]. After salvage surgery, the three-year OS was only 33.5%, and 9.6% of patients experienced grade 3 toxicities, including anastomosis leak[18].

In contrast, the five-year OS rate was 49.1%, with no severe toxicity after salvage endoscopic mucosal resection for recurrence after CRT[21]. Photodynamic therapy, which is considered more useful than endoscopic resection, is indicated if local recurrence occurs without lymph node metastasis and the invasion of the muscularis mucosae. This treatment's local complete response rate is 58.4%, and the five-year OS rate is 35.9%[22]. This treatment is less invasive than salvage surgery; however, the tumor must be detected early before its progression. Sudo *et al*[23] reported that 93% of cases of local recurrence after radical CRT were diagnosed within three years. The annual odds of a secondary malignancy diagnosed using endoscopy did not decrease over time. These results indicate the need to exercise caution during the first three years after radical CRT; however, even after three years, regular endoscopy is necessary to detect secondary malignancy before it advances.

CONCLUSION

Early detection of esophageal cancer is crucial. Endoscopy is the main diagnostic method; however, new and less burdensome diagnostic methods should be established to ensure early treatment for patients with esophageal cancer.

FOOTNOTES

Author contributions: Ono T designed the overall concept and outline of the manuscript, wrote, and edited the manuscript and review of literature.

Conflict-of-interest statement: The author reports no relevant conflicts of interest for this article.

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country of origin: Japan

ORCID number: Takashi Ono [0000-0002-9711-1158](https://orcid.org/0000-0002-9711-1158).

S-Editor: Wang JJ

L-Editor: A

P-Editor: Cai YX

REFERENCES

- 1 **Sung H**, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin* 2021; **71**: 209-249 [PMID: [33538338](https://pubmed.ncbi.nlm.nih.gov/33538338/) DOI: [10.3322/caac.21660](https://doi.org/10.3322/caac.21660)]
- 2 **Arnold M**, Abnet CC, Neale RE, Vignat J, Giovannucci EL, McGlynn KA, Bray F. Global Burden of 5 Major Types of Gastrointestinal Cancer. *Gastroenterology* 2020; **159**: 335-349.e15 [PMID: [32247694](https://pubmed.ncbi.nlm.nih.gov/32247694/) DOI: [10.1053/j.gastro.2020.02.068](https://doi.org/10.1053/j.gastro.2020.02.068)]
- 3 **He H**, Chen N, Hou Y, Wang Z, Zhang Y, Zhang G, Fu J. Trends in the incidence and survival of patients with esophageal cancer: A SEER database analysis. *Thorac Cancer* 2020; **11**: 1121-1128 [PMID: [32154652](https://pubmed.ncbi.nlm.nih.gov/32154652/) DOI: [10.1111/1759-7714.13311](https://doi.org/10.1111/1759-7714.13311)]
- 4 **Keshava HB**, Rosen JE, DeLuzio MR, Kim AW, Detterbeck FC, Boffa DJ. "What if I do nothing?" The natural history of operable cancer of the alimentary tract. *Eur J Surg Oncol* 2017; **43**: 788-795 [PMID: [28131669](https://pubmed.ncbi.nlm.nih.gov/28131669/) DOI: [10.1016/j.ejso.2016.12.006](https://doi.org/10.1016/j.ejso.2016.12.006)]
- 5 **Obermannová R**, Alsina M, Cervantes A, Leong T, Lordick F, Nilsson M, van Grieken NCT, Vogel A, Smyth EC; ESMO Guidelines Committee. Electronic address: clinicalguidelines@esmo.org. Esophageal cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. *Ann Oncol* 2022; **33**: 992-1004 [PMID: [35914638](https://pubmed.ncbi.nlm.nih.gov/35914638/) DOI: [10.1016/j.annonc.2022.07.003](https://doi.org/10.1016/j.annonc.2022.07.003)]
- 6 **Porschen R**, Fischbach W, Gockel I, Hollerbach S, Hölscher A, Jansen PL, Miehke S, Pech O, Stahl M, Vanhoefer U, Ebert MPA. Updated German guideline on diagnosis and treatment of squamous cell carcinoma and adenocarcinoma of the esophagus. *United European Gastroenterol J* 2024; **12**: 399-411 [PMID: [38284661](https://pubmed.ncbi.nlm.nih.gov/38284661/) DOI: [10.1002/ueg2.12523](https://doi.org/10.1002/ueg2.12523)]
- 7 **Kitagawa Y**, Uno T, Oyama T, Kato K, Kato H, Kawakubo H, Kawamura O, Kusano M, Kuwano H, Takeuchi H, Toh Y, Doki Y, Naomoto Y, Nemoto K, Booka E, Matsubara H, Miyazaki T, Muto M, Yanagisawa A, Yoshida M. Esophageal cancer practice guidelines 2017 edited by the Japan Esophageal Society: part 1. *Esophagus* 2019; **16**: 1-24 [PMID: [30171413](https://pubmed.ncbi.nlm.nih.gov/30171413/) DOI: [10.1007/s10388-018-0641-9](https://doi.org/10.1007/s10388-018-0641-9)]
- 8 **Kato K**, Ito Y, Daiko H, Ozawa S, Ogata T, Hara H, Kojima T, Abe T, Bamba T, Watanabe M, Kawakubo H, Shibuya Y, Tsubosa Y,

- Takegawa N, Kajiwara T, Baba H, Ueno M, Machida R, Nakamura K, Kitagawa Y. A randomized controlled phase III trial comparing two chemotherapy regimen and chemoradiotherapy regimen as neoadjuvant treatment for locally advanced esophageal cancer, JCOG1109 NExT study. *J Clin Oncol* 2022; **40**: 238 [DOI: [10.1200/JCO.2022.40.4_suppl.238](https://doi.org/10.1200/JCO.2022.40.4_suppl.238)]
- 9 **Watanabe M**, Toh Y, Ishihara R, Kono K, Matsubara H, Miyazaki T, Morita M, Murakami K, Muro K, Numasaki H, Oyama T, Saeki H, Tanaka K, Tsushima T, Ueno M, Uno T, Yoshio T, Usune S, Takahashi A, Miyata H; Registration Committee for Esophageal Cancer of the Japan Esophageal Society. Comprehensive registry of esophageal cancer in Japan, 2015. *Esophagus* 2023; **20**: 1-28 [PMID: [36152081](https://pubmed.ncbi.nlm.nih.gov/36152081/) DOI: [10.1007/s10388-022-00950-5](https://doi.org/10.1007/s10388-022-00950-5)]
 - 10 **Kelly RJ**, Ajani JA, Kuzdzal J, Zander T, Van Cutsem E, Piessen G, Mendez G, Feliciano J, Motoyama S, Lièvre A, Uronis H, Elimova E, Grootsholten C, Geboes K, Zafar S, Snow S, Ko AH, Feeny K, Schenker M, Kocon P, Zhang J, Zhu L, Lei M, Singh P, Kondo K, Cleary JM, Moehler M; CheckMate 577 Investigators. Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer. *N Engl J Med* 2021; **384**: 1191-1203 [PMID: [33789008](https://pubmed.ncbi.nlm.nih.gov/33789008/) DOI: [10.1056/NEJMoa2032125](https://doi.org/10.1056/NEJMoa2032125)]
 - 11 **Ariga H**, Nemoto K, Miyazaki S, Yoshioka T, Ogawa Y, Sakayauchi T, Jingu K, Miyata G, Onodera K, Ichikawa H, Kamei T, Kato S, Ishioka C, Satomi S, Yamada S. Prospective comparison of surgery alone and chemoradiotherapy with selective surgery in resectable squamous cell carcinoma of the esophagus. *Int J Radiat Oncol Biol Phys* 2009; **75**: 348-356 [PMID: [19735862](https://pubmed.ncbi.nlm.nih.gov/19735862/) DOI: [10.1016/j.ijrobp.2009.02.086](https://doi.org/10.1016/j.ijrobp.2009.02.086)]
 - 12 **Lin SH**, Hobbs BP, Verma V, Tidwell RS, Smith GL, Lei X, Corsini EM, Mok I, Wei X, Yao L, Wang X, Komaki RU, Chang JY, Chun SG, Jeter MD, Swisher SG, Ajani JA, Blum-Murphy M, Vaporciyan AA, Mehran RJ, Koong AC, Gandhi SJ, Hofstetter WL, Hong TS, Delaney TF, Liao Z, Mohan R. Randomized Phase IIB Trial of Proton Beam Therapy Versus Intensity-Modulated Radiation Therapy for Locally Advanced Esophageal Cancer. *J Clin Oncol* 2020; **38**: 1569-1579 [PMID: [32160096](https://pubmed.ncbi.nlm.nih.gov/32160096/) DOI: [10.1200/JCO.19.02503](https://doi.org/10.1200/JCO.19.02503)]
 - 13 **Wei WQ**, Chen ZF, He YT, Feng H, Hou J, Lin DM, Li XQ, Guo CL, Li SS, Wang GQ, Dong ZW, Abnet CC, Qiao YL. Long-Term Follow-Up of a Community Assignment, One-Time Endoscopic Screening Study of Esophageal Cancer in China. *J Clin Oncol* 2015; **33**: 1951-1957 [PMID: [25940715](https://pubmed.ncbi.nlm.nih.gov/25940715/) DOI: [10.1200/JCO.2014.58.0423](https://doi.org/10.1200/JCO.2014.58.0423)]
 - 14 **Yuan Z**, Wang X, Geng X, Li Y, Mu J, Tan F, Xue Q, Gao S, He J. Liquid biopsy for esophageal cancer: Is detection of circulating cell-free DNA as a biomarker feasible? *Cancer Commun (Lond)* 2021; **41**: 3-15 [PMID: [33264481](https://pubmed.ncbi.nlm.nih.gov/33264481/) DOI: [10.1002/cac2.12118](https://doi.org/10.1002/cac2.12118)]
 - 15 **Okuda Y**, Shimura T, Iwasaki H, Fukusada S, Nishigaki R, Kitagawa M, Katano T, Okamoto Y, Yamada T, Horike SI, Kataoka H. Urinary microRNA biomarkers for detecting the presence of esophageal cancer. *Sci Rep* 2021; **11**: 8508 [PMID: [33879806](https://pubmed.ncbi.nlm.nih.gov/33879806/) DOI: [10.1038/s41598-021-87925-1](https://doi.org/10.1038/s41598-021-87925-1)]
 - 16 **Chidambaram S**, Markar SR. Clinical utility and applicability of circulating tumor DNA testing in esophageal cancer: a systematic review and meta-analysis. *Dis Esophagus* 2022; **35** [PMID: [34286823](https://pubmed.ncbi.nlm.nih.gov/34286823/) DOI: [10.1093/dote/doab046](https://doi.org/10.1093/dote/doab046)]
 - 17 **Qu HT**, Li Q, Hao L, Ni YJ, Luan WY, Yang Z, Chen XD, Zhang TT, Miao YD, Zhang F. Esophageal cancer screening, early detection and treatment: Current insights and future directions. *World J Gastrointest Oncol* 2024; **16**: 1180-1191 [PMID: [38660654](https://pubmed.ncbi.nlm.nih.gov/38660654/) DOI: [10.4251/wjgo.v16.i4.1180](https://doi.org/10.4251/wjgo.v16.i4.1180)]
 - 18 **Kato K**, Ito Y, Nozaki I, Daiko H, Kojima T, Yano M, Ueno M, Nakagawa S, Takagi M, Tsunoda S, Abe T, Nakamura T, Okada M, Toh Y, Shibuya Y, Yamamoto S, Katayama H, Nakamura K, Kitagawa Y; Japan Esophageal Oncology Group of the Japan Clinical Oncology Group. Parallel-Group Controlled Trial of Surgery Versus Chemoradiotherapy in Patients With Stage I Esophageal Squamous Cell Carcinoma. *Gastroenterology* 2021; **161**: 1878-1886.e2 [PMID: [34389340](https://pubmed.ncbi.nlm.nih.gov/34389340/) DOI: [10.1053/j.gastro.2021.08.007](https://doi.org/10.1053/j.gastro.2021.08.007)]
 - 19 **Takeuchi H**, Ito Y, Machida R, Kato K, Onozawa M, Minashi K, Yano T, Nakamura K, Tsushima T, Hara H, Okuno T, Hironaka S, Nozaki I, Ura T, Chin K, Kojima T, Seki S, Sakanaka K, Fukuda H, Kitagawa Y; Japan Esophageal Oncology Group of the Japan Clinical Oncology Group. A Single-Arm Confirmatory Study of Definitive Chemoradiation Therapy Including Salvage Treatment for Clinical Stage II/III Esophageal Squamous Cell Carcinoma (JCOG0909 Study). *Int J Radiat Oncol Biol Phys* 2022; **114**: 454-462 [PMID: [35932949](https://pubmed.ncbi.nlm.nih.gov/35932949/) DOI: [10.1016/j.ijrobp.2022.07.007](https://doi.org/10.1016/j.ijrobp.2022.07.007)]
 - 20 **Kumagai K**, Mariosa D, Tsai JA, Nilsson M, Ye W, Lundell L, Rouvelas I. Systematic review and meta-analysis on the significance of salvage esophagectomy for persistent or recurrent esophageal squamous cell carcinoma after definitive chemoradiotherapy. *Dis Esophagus* 2016; **29**: 734-739 [PMID: [26316181](https://pubmed.ncbi.nlm.nih.gov/26316181/) DOI: [10.1111/dote.12399](https://doi.org/10.1111/dote.12399)]
 - 21 **Yano T**, Muto M, Hattori S, Minashi K, Onozawa M, Nihei K, Ishikura S, Ohtsu A, Yoshida S. Long-term results of salvage endoscopic mucosal resection in patients with local failure after definitive chemoradiotherapy for esophageal squamous cell carcinoma. *Endoscopy* 2008; **40**: 717-721 [PMID: [18773340](https://pubmed.ncbi.nlm.nih.gov/18773340/) DOI: [10.1055/s-2008-1077480](https://doi.org/10.1055/s-2008-1077480)]
 - 22 **Hatogai K**, Yano T, Kojima T, Onozawa M, Daiko H, Nomura S, Yoda Y, Doi T, Kaneko K, Ohtsu A. Salvage photodynamic therapy for local failure after chemoradiotherapy for esophageal squamous cell carcinoma. *Gastrointest Endosc* 2016; **83**: 1130-1139.e3 [PMID: [26608125](https://pubmed.ncbi.nlm.nih.gov/26608125/) DOI: [10.1016/j.gie.2015.11.016](https://doi.org/10.1016/j.gie.2015.11.016)]
 - 23 **Sudo K**, Kato K, Kuwabara H, Sasaki Y, Takahashi N, Shoji H, Iwasa S, Honma Y, Okita NT, Takashima A, Hamaguchi T, Yamada Y, Ito Y, Itami J, Fukuda T, Tobinai K, Boku N. Patterns of Relapse after Definitive Chemoradiotherapy in Stage II/III (Non-T4) Esophageal Squamous Cell Carcinoma. *Oncology* 2018; **94**: 47-54 [PMID: [29080886](https://pubmed.ncbi.nlm.nih.gov/29080886/) DOI: [10.1159/000480515](https://doi.org/10.1159/000480515)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: office@baishideng.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

