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Abraham El-Sedfy , Savtaj S Brar , and Natalie G Coburn Abraham El-Sedfy, Department of Surgery, Saint Barnabas Medical Center, Livingston, NJ 07039, United States

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Minimally invasive surgery for gastric cancer in USA: current status and future perspectives The World Health Organization (WHO) has declared gastric carcinoma a global health concern and gastric cancer remains the third leading cause of cancer deaths worldwide.

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Author: Ashley Russo, Vivian E. Strong

Publish Year: 2017

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EGJ cancer is traditionally classified by the Siewert classification, despite its limitations. The definition and classification of EGJ cancer is a controversial topic. Thus, the best available strategy for the surgical treatment of EGJ cancer remains controversial. This chapter reviews a minimally invasive approaches for EGJ cancer.

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Current controversies in treating remnant gastric cancer: Are minimally invasive approaches feasible?

Fu-Hai Ma, Hao Liu, Shuai Ma, Yang Li, Yan-Tao Tian

Abstract

The incidence of remnant gastric cancer (RGC) is still increasing. Minimally invasive approaches including endoscopic resection, laparoscopic and robotic approaches, and function-preserving gastrectomy have been utilized as curative treatment methods for primary gastric cancer. However, adhesions and anatomical alterations due to previous gastrectomy make the use of minimally invasive approaches complicated and difficult for RGC. Application of those minimally invasive approaches for the treatment of RGC is still controversial. Endoscopic submucosal dissection (ESD) is a favorable alternative therapy for the resection of early gastric cancer that occurs in the remnant stomach and can prevent unnecessary complications. The majority of retrospective studies have shown that ESD is an effective and oncologically safe treatment modality for RGC. Subtotal gastrectomy (SG) could serve as a function-preserving gastrectomy method for patients with early RGC and

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