

# World Journal of *Gastrointestinal Oncology*

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**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.*

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## Clinical implications of the latest advances in gastrointestinal tumor research

Wei Dai, Yuan-Qi Li, You Zhou

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### Abstract

In this editorial, we provide commentary on six articles recently published in the *World Journal of Gastrointestinal Oncology*. These articles collectively present the latest findings in the field of gastric and colorectal cancer (CRC) research. The global incidence of gastric cancer varies based on geographical location, age, and sex. The disease predominantly affects middle-aged and elderly individuals, with a slightly higher prevalence in men than in women. CRC is characterized by a low 5-year survival rate and high mortality rate. It primarily affects individuals over the age of 50, and the risk of disease increases with age. Both gastric and CRC pose significant health threats, thus requiring more effective diagnostic, therapeutic, and supportive care strategies to improve patient outcomes. The articles discussed in this editorial encompass topics such as screening, diagnosis, mechanisms of progression, and postoperative recovery in gastric and CRC, and the findings offer valuable insights for clinical decision-making in the diagnosis, treatment, and prognosis of gastrointestinal cancers.

**Key Words:** Gastric cancer; Colorectal cancer; Screening; Diagnosis; Mechanisms of progression; Postoperative recovery

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**Core Tip:** This editorial discusses recent research articles in the *World Journal of Gastrointestinal Oncology* focusing on gastric and colorectal cancer (CRC). The incidence rates of gastric cancer are higher in regions such as Asia and South America, and this disease is more prevalence among middle-aged and elderly individuals. CRC has a low survival rate and primarily affects individuals older than 50 years. The articles reviewed herein cover topics such as screening, diagnosis, progression mechanisms, and postoperative recovery, and the findings provide valuable insights for clinical decision-making during the treatment of gastrointestinal tumors.

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## INTRODUCTION

Risk factors for gastric cancer (GC) include *Helicobacter pylori* infection, a diet high in salt and processed foods, smoking, and family history[1-3]. In contrast, the risk factors for colorectal cancer (CRC) include a diet high in red and processed meats, low physical activity levels, obesity, smoking, and excessive alcohol consumption[4-8]. Screening for both GC and CRC is crucial for early detection and improved treatment outcomes[9,10]. Common screening methods include endoscopy, fecal occult blood tests, and genetic testing for hereditary forms of CRC. Treatment options for GC and CRC may include surgery, chemotherapy, radiation therapy, targeted therapy, and immunotherapy. Multidisciplinary approaches are essential for the customization of comprehensive care to patients with GC and CRC, as they require active participation from experts in various fields, including oncologists, surgeons, gastroenterologists, and other health care professionals[11,12]. A variety of emerging technologies, especially artificial intelligence[13] and bioelectronic medicine [14], are expected to play a role in treating cancer patients. Research efforts continue to focus on developing novel treatment strategies, improving early detection methods, and enhancing patient quality of life during and after cancer treatment. Recently, a plethora of articles[15-20] spanning different topics have been published in the *World Journal of Gastrointestinal Oncology*. These articles present the latest advances through research studies, comprehensive reviews, and insightful case reports. The topics covered in these articles are screening, diagnosis, mechanisms of progression, and postoperative recovery in gastric and CRC, and they offer valuable insights and updates for researchers, clinicians, and health care professionals in the field.

## SCREENING AND DIAGNOSIS BEFORE TREATMENT

Screening and early detection are essential factors in enhancing outcomes for individuals with CRC. In a comprehensive review by Lopes *et al*[15], various screening options for CRC were described in detail. These options include stool-based tests, direct and indirect visualization tests, and promising screening tests, such as colon capsule, blood and stool-based tumor biomarker, stool-based microbial biomarker, and artificial intelligence tests. By providing a detailed overview of the currently acknowledged screening methods and emerging technologies, this study aims to offer reliable evidence and relevant considerations to aid in the selection of the most appropriate CRC screening methods. This comprehensive approach underscores the importance of early detection for the effective management of CRC and highlights the potential of innovative screening techniques for enhancing early diagnosis and improving patient outcomes.

Xu *et al*[16] documented the diagnostic and treatment process of a patient with crawling-type gastric adenocarcinoma, providing valuable insights into the unique histopathological and clinical characteristics of this rare subtype. This case report details the patient's journey from undergoing routine endoscopy and additional examinations to receiving endoscopic submucosal dissection. Subsequent pathological and immunohistochemical analyses confirmed the diagnosis. Given the complexities associated with diagnosing and managing this subtype, this report emphasizes the critical role of advanced endoscopic techniques and thorough pathological examination. This finding also underscores the importance of ongoing research and clinical experience in addressing the challenges posed by this rare variant of GC.

## THE MECHANISMS OF TUMOR PROGRESSION PROVIDE PROMISING TARGETS FOR TREATMENT

Chemotherapy resistance poses a serious challenge for CRC patients, resulting in decreased drug efficacy and unfavorable patient outcomes. In a study by Li *et al*[17], researchers aimed to identify long noncoding RNAs (lncRNAs) associated with oxaliplatin resistance in CRC to elucidate the underlying molecular mechanisms. The findings of the study revealed that the lncRNA prion protein testis specific (PRNT) is upregulated in oxaliplatin-resistant CRC cells, making it easy to regulate the expression of homeodomain interacting protein kinase 2 and promoting CRC progression and resistance to oxaliplatin. Consequently, targeting PRNT may be a promising therapeutic strategy against oxaliplatin resistance in CRC patients when needed.

Zhang *et al*[18] investigated the role of METTL5, an m6A methyltransferase, in the development of GC through an analysis of its expression and clinicopathological characteristics. Their research revealed the significant role of METTL5 in driving GC progression - specifically, METTL5 impacts the sphingomyelin metabolism. Furthermore, the study revealed that increased METTL5 expression is associated with cisplatin resistance and is an indicator of distant lymph node metastasis, advanced cancer stage, high pathological grade, and poor prognosis in GC patients. METTL5 has emerged as an oncogenic driver of GC and is a promising new target for therapeutic interventions.

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## RECOVERY AFTER TREATMENT AFFECTS PATIENT OUTCOMES

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Despite advancements in surgical techniques for GC, such as minimally invasive surgery[21], postoperative complications and mortality rates remain high. Enhanced recovery after surgery (ERAS) is a multimodal strategy that has been shown to effectively reduce postoperative complications in patients with digestive tract cancer. However, there is a lack of conclusive evidence regarding the safety of implementing the ERAS protocol in elderly patients with GC. In a study conducted by Li *et al*[19], the clinical outcomes of 878 patients were analyzed to assess the safety of ERAS in elderly GC patients. The findings revealed that elderly patients who underwent the ERAS protocol had a lower risk of mortality than did those who underwent conventional recovery methods. In conclusion, the ERAS protocol not only promotes postoperative recovery but is also considered to be safe for elderly patients undergoing treatment for GC.

A notable occurrence of postoperative delirium has been observed in elderly patients with abdominal malignant tumors after surgery, significantly affecting their prognosis. Despite the utilization of traditional nonpharmacological methods, the predictive accuracy of these methods has been hindered by imbalanced data. To address this challenge, Hu *et al*[20] employed the synthetic minority oversampling technique to construct a predictive model, which has undergone validation in clinical settings and revealed key risk factors that can greatly enhance clinical care. By incorporating advanced techniques and identifying crucial predictors, this study contributes to improving the management and outcomes of elderly individuals who are undergoing surgical procedures for malignant tumors in the abdominal region.

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## CONCLUSION

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To improve human life and health, efforts have been made to develop new feasible therapeutic modalities to address the complex heterogeneity of gastrointestinal tumors. Both the satisfactory advantages of total neoadjuvant therapy in the treatment of locally advanced rectal cancer[22] and the clinical progress of immunotherapies such as immune checkpoint inhibitors and adoptive cell therapy in advanced GC[23] present renewal and future perspectives in specific fields of oncology treatment. In addition, it is necessary to look beyond the tumor to tissues or organs whose state can affect the treatment and recovery of patients with tumors. For example, the study of angiotensin-converting enzyme 2, which can alleviate liver fibrosis is very valuable[24], considering that hepatic fibrosis and cirrhosis are usually accompanied by portal hypertension[25]. On the one hand, portal hypertension is associated with prolonged cecal intubation time[26], which interferes with colonoscopy. On the other hand, portal vein pulsation can be used as a prognostic marker for hospitalized patients with acute heart failure[27] to prevent abnormal metabolic and nutritional status caused by heart failure from leading to poor treatment outcomes in patients with gastrointestinal tumors. The six articles examined herein have made significant contributions to the study of gastrointestinal tumors from various perspectives, including exploring novel and feasible screening techniques, enhancing the diagnosis of specific tumor subtypes, elucidating the mechanisms underlying tumor progression, and improving postoperative recovery strategies. The insights provided in these articles are highly important for the pretreatment diagnosis, treatment and post-treatment recovery of GC and CRC. By shedding light on diverse aspects of cancer research and treatment, these studies serve as a cornerstone for further advancements in the development of effective therapeutic approaches for gastrointestinal tumors. The publication of these articles underscores the journal's commitment to disseminating cutting-edge research and fostering knowledge exchange in the realm of gastrointestinal oncology.

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## FOOTNOTES

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