



Endoscopic Characters are Identified in Treatment of Tumours and Improved in Molecular Basis of Esophageal Cancer

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DESCRIPTION

With more than 600,000 new cases diagnosed each year, esophageal cancer is the eighth most common malignancy worldwide. Although curative approaches for early-stage esophageal cancer have historically been surgical, advances in endoscopic technology have identified patients who may benefit from minimally invasive endoscopic treatment. This exhibition describes the identification of patients who are candidates for endoscopic resection and discusses various aspects of endoscopic treatment techniques for esophageal tumors. Extensive genomic profiling has improved our understanding of the molecular basis of esophageal cancer. Prominent genomic heterogeneity between individual patients and her two major histological subtypes of esophageal cancer likely contributes to poor survival and lack of universally effective therapies. Esophageal adenocarcinoma and squamous cell carcinoma are molecularly and biologically distinct entities, with unique risk factors and geographic distributions that may benefit from individualized therapeutic strategies. Molecular characterization of tumors provides prognostic information and enables personalized care by identifying those most likely to benefit from targeted and/or immunotherapy.

It is important that surgeons are familiar with the complexities of surgery, including preoperative preparation and decision making, surgical interventions and technical variations, and recognition and timely management of postoperative complications. This article presents technical details of the procedure, an overview of selected published studies, long-term outcomes, indications and outcomes for revision surgery. Esophageal cancer is the 6th most common cause of cancer-related deaths worldwide and is recognized as a major public health challenge worldwide. Most patients diagnosed with esophageal cancer require extensive work-up and treatment strategies. Several clinical trials have been conducted to evaluate the

role of preoperative or postoperative chemotherapy, chemoradiation, and most recently immunotherapy for localized esophageal cancer. A triple therapy approach that includes preoperative chemoradiation followed by surgery or perioperative chemotherapy is widely accepted for the treatment of localized esophageal cancer. However, adding immunotherapy to current triple therapy approaches improved disease-free survival.

CONCLUSION

One of the most serious late effects of radiation is accelerated tumorigenesis. Radiation-induced esophageal cancer (RIEC) can arise in previously irradiated areas, most commonly breast cancer, Hodgkin and non-Hodgkin lymphoma, head and neck cancer, lung cancer, or previous Esophageal cancer. RIEC is rare, accounting for less than 1% of all esophageal cancers. Few data are available in the current literature regarding the etiology, diagnosis, treatment, and outcome of esophageal cancer arising in previously irradiated fields. RIEC appears to be a biologically aggressive disease with a poor prognosis. Although radical surgery is difficult to perform in previously irradiated fields, R0 resection remains the mainstay of treatment. The use of neoadjuvant and adjuvant chemoradiotherapy remains very useful in RIEC, as in conventional esophageal cancer protocols. Esophageal cancer is difficult to diagnose and treat due to the luminal nature of the disease. The majority of patients usually present with dysphagia, by which time the disease is often locally advanced.

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CONFLICTS OF INTERESTS

The authors declare that they have no conflict of interest.

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