
For surgeons proficient in performing minimally invasive esophagogastrectomies, the learning curve for a robotic-assisted procedure appears to begin near proficiency after 20 cases. However this may be increased in surgeons transitioning from an open approach.


Preoperative chemoradiotherapy improved survival among patients with potentially curable esophageal or esophagogastric-junction cancer. The regimen was associated with acceptable adverse-event rates.


Overall survival, locoregional control, and noncancer-related death were significantly better after intensity-modulated radiotherapy (IMRT) than after 3-dimensional conformal radiotherapy. Although these results need confirmation, IMRT should be considered for the treatment of esophageal cancer.


Pathologic nonresponders (pNR) to neoadjuvant chemoradiation therapy for esophageal cancer receive no benefit in disease-free survival (DFS) or overall survival (OS) compared with patients treated with primary esophagectomy. For patients with stage II disease, DFS and OS are, in fact, significantly decreased in the pNR.


These findings provide evidence for the short-term benefits of minimally invasive oesophagectomy for patients with resectable oesophageal cancer.


This updated meta-analysis provides strong evidence for a survival benefit of neoadjuvant chemoradiotherapy or chemotherapy over surgery alone in patients with oesophageal carcinoma. A clear advantage of neoadjuvant chemoradiotherapy over neoadjuvant chemotherapy has not been established. These results should help inform decisions about patient management and design of future trials.


In subjects with dysplastic Barrett's esophagus, radiofrequency ablation therapy has an acceptable safety profile, is durable, and is associated with a low rate of disease progression, for up to 3 years.


Piecemeal endoscopic resection with multiband mucosectomy (MBM) is faster and cheaper than with endoscopic resection-cap. Despite the lack of submucosal lifting, MBM appears not to be associated with more perforations. Although MBM results in slightly smaller specimens, the clinical relevance of this may be limited because depth of resections does not differ between both techniques. MBM may thus be preferred for piecemeal endoscopic resection of early Barrett's neoplasia.


Esophageal cancer patients frequently succumb to their disease. However, patients treated with neoadjuvant therapy who achieve pathological complete response have a higher rate of R0 resections, fewer recurrences, and improved 5-year overall survival and disease-free survival.


Trastuzumab in combination with chemotherapy can be considered as a new standard option for patients with HER2-positive advanced gastric or gastro-oesophageal junction cancer.