Introduction

Dig Surg 1993;10:134

Surgery for Esophageal Carcinoma: How Radical Should It Be?

J.R.

Siewert

Prof. Dr. J.R. Siewert, Department of Surgery, Technische Universität München, Ismaninger Strasse 22, D-81675 Munich (FRG)

More or less radicality in surgical resection is currently the key question in oncologic surgery, particularly in surgery for esophageal carcinoma. In contrast to surgery for gastric or colonic carcinoma, extension of the surgical radicality in the treatment of esophageal carcinoma – e.g. three-field lymphadenectomy rather than two-field lymphadenectomy – is, with the exception of very few specialized centers, associated with increased morbidity and mortality. Furthermore, advances in combined modality therapy raise new questions which are awaiting an answer:

Is surgical resection an essential component in the combined modality approach?

Who should be resected?

How extensive should surgical resection be after neoadjuvant therapy? The International Surgical Week of the International Society of Surgery in

Stockholm provided an ideal opportunity to discuss some of these questions under the guidance of the International Society for Diseases of the Esophagus in a small circle of experienced esophageal surgeons. There was no competent answer to any of the questions, but an inventory of opinions and an exchange of ideas. Nevertheless, it seemed of interest to publish some of the statements because they reflect the state of discussion in this evolving field.

We would like to thank the editors of this Journal for the opportunity to do this.