



Editorial

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Global cancer incidence is going to increase almost 50% within the next two decades with a predicted rise to 28.4 million new cases in 2040^[1]. Although cancer survivorship could be improved for all entities to over 60% between 2010 to 2020^[2] malignancies of the gastrointestinal (GI) system are becoming an even greater problem. In fact, out of the 10 million cancer deaths observed in 2020 more than 40% of them are due to gastrointestinal malignancies including cancers of the esophagus, stomach, liver, pancreas, colon, and rectum¹. In particular, pancreatic cancer is predicted to overtake colorectal, prostate, and breast cancer to rank as the second place in cancer related deaths in 2030^[3].

Surgical oncology presently represents the backbone of multimodal treatment of the predominant entities of GI malignancies. To further improve outcome and cure from the surgical point of view, firstly, the highest surgical oncological quality standards have to be established worldwide. Secondly, surgical morbidity and mortality have to be further controlled to achieve beneficial outcome. Thirdly, the quality of life after surgical tumor resection needs to be addressed to a greater extent, especially in view of the growing population of cancer survivors².

In order to improve the quality of life and reduce morbidity and mortality, minimally invasive surgical resection techniques become new normal standard of care even for esophageal, liver, and pancreatic cancer^[3,4]. In addition, laparoscopic surgery robotic surgery help accomplish very difficult resections and reconstructions. Despite the higher expenses associated with minimally invasive surgery especially the robotic procedures, the efforts will pay back in the long run due to the improvement of many aspects of quality of life including less frequent abdominal wall hernias and adhesions.

While surgical oncology remains a core position in the management of most malignancies, further significant improvement in the outcome of cancer therapy can only be achieved by optimizing multimodal treatment. On one side, efforts are required to orchestrate the available options of treatment for each entity and possibly include new drugs or

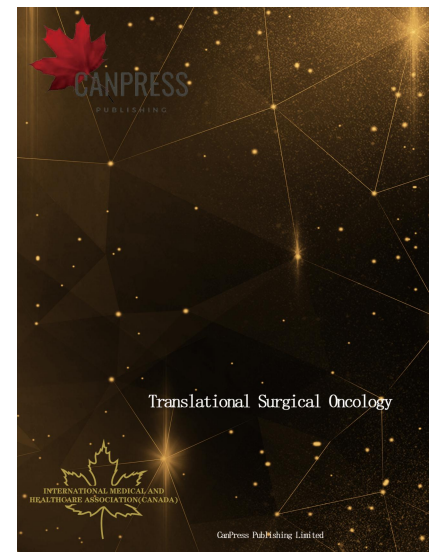
timing of treatment^[5]. On the other side, with the availability of more targeted drugs and the technical feasibility to timely characterize individual tumors, individualized cancer therapy is going to become more attractive and effective. Such pre-treatment characterization will help develop new strategies possibly including non-resection strategies for certain subtypes of colon cancer which have been already demonstrated. The requirement of fresh tumor tissue for chemosensitivity testing and characterization of the individual molecular alterations will possibly open up a new field of minimally invasive surgery in the future.

Based on the pivotal role of surgical oncology in the management of most cancers, and the up-coming interdisciplinary multimodal challenges that need to be addressed to generate the next milestone to successfully cure cancer in the future, we decided to launch a new journal Translational Surgical Oncology (TSO). With the inauguration of TSO, we aim to facilitate the transfer of novel breakthroughs from the laboratories to clinical practice, and promote the cooperation between experimental and clinical oncologists for the benefits of cancer patients. Therefore, TSO is going to be established as an internationally peer-reviewed journal that publishes original research, review article and case report in clinical, experimental and translational surgical oncology covering a broad spectrum of fields such as molecular and cellular basis of cancer, clinical diagnosis, therapy and prognosis of cancer.

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