

## Note on esophageal cancer

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Meyer S. Note on esophageal cancer. *J Hepato Gastroenterol.* 2021;5(1):1.

### DESCRIPTION

Cancer of the esophagus is the seventh most common malignant tumor in the world. The standard treatment for patients with advanced CE is systemic chemotherapy, but few effective cytotoxic drugs are available. Recently, nivolumab, a human monoclonal immunoglobulin G4 antibody that inhibits programmed cell death protein 1, has been tested for the treatment of patients with advanced squamous cell carcinoma. The ATTRACTION1 trial demonstrated that nivolumab monotherapy has a good effect in patients with advanced ESCC after prior chemotherapy. The phase III ATTRACTION3 trial showed that, as a second-line treatment for patients with advanced ESCC, nivolumab monotherapy is superior to paclitaxel monotherapy. The CheckMate577 trial also showed the survival benefit of nivolumab monotherapy in patients with respectable ES after surgery. Recent studies have shown that for all patients with obstructive jaundice, preoperative biliary drainage should not be performed routinely before pancreatic surgery. The severity of jaundice requiring PBD has not been determined. The evaluation document examined the effect of PBD on intraoperative and postoperative outcomes in patients with initially severe obstructive jaundice (bilirubin  $\geq 250 \mu\text{mol/L}$ ). In this article, the impact of PBD and direct surgery methods is discussed. The arguments for and against each method take into account the morbidity and mortality associated with drainage, resection rates, survival rates, and the effects of chemotherapy and malnutrition. This brief review focuses on respectable pancreatic head tumors and aims to carefully review the author's recommendations and recommendations from articles known in the field. Introduction: Hepatic stellate cells are essential for the physiological homeostasis of the hepatic extracellular matrix. Excessive trans differentiation of HSC from the resting phenotype to the activated phenotype disrupts this balance and can lead to liver fibrosis.

Growing evidence that nuclear receptors are involved in the regulation of HSC activation, proliferation, and function. Therefore, these NRs can become therapeutic targets for balancing ECM homeostasis and inhibiting HSC activation in liver fibrosis.

Esophageal cancer is cancer that starts in the food pipe between the esophagus, esophagus, throat, and stomach. Symptoms usually include difficulty swallowing and weight loss. Other symptoms may include painful swallowing, hoarseness, swollen lymph nodes around the collarbone ("gland"), dry cough, and possibly coughing up or vomiting blood. The two main subtypes of the disease are esophageal squamous cell carcinoma, it is more common in developing countries, and esophageal adenocarcinoma is more common. It is very common in developed countries. There are also several fewer common types. Squamous cell carcinoma originates from epithelial cells that line the esophagus. Adenocarcinoma originates in the gland cells in the lower third of the esophagus, where they usually have transformed into a type of intestinal cell (a disease called Barrett's esophagus). Causes of squamous cell types include smoking, alcohol, very hot drinks, poor diet, and chewing betel nut. The most common causes of adenocarcinoma are smoking, obesity, and acid reflux.

The disease is diagnosed by using an endoscope (fiber camera) to perform a biopsy. Prevention includes smoking cessation and healthy eating. Treatment is based on the stage and location of the cancer, as well as the patient's general condition and personal preferences. Small localized squamous cell carcinoma can be cured with surgery alone. In most other cases, chemotherapy with or without radiation therapy is combined with surgery. Chemotherapy and radiation therapy may slow the growth of larger tumors. If there is widespread disease or the affected person is not suitable for surgery, palliative care is usually recommended.

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