

## **Surgical Treatment of Esophago-Gastric Junction (EGJ) Cancer**

**Yasuyuki Seto, Hiroharu Yamashita**

**Department of Gastrointestinal Surgery, The University of Tokyo Hospital**

Recently, the increase of EGJ cancer has been reported worldwide. The standard surgical treatment for its tumor has not, however, been established, so far. Two quite different surgical approaches, i.e., right thoracotomy as an esophageal cancer and through hiatus as a gastric cancer, are clinically applied for the Siewert type II adenocarcinoma. Those procedures are quite different. In the former, gastric tube is usually used for reconstruction. In the latter, total gastrectomy is done. It is confusing for the patients as well as the physicians. Currently in Japan, nationwide study had been performed to solve that problem. The results based on the cases more than 3,000 showed the benefits of lymphadenectomy for No. 1, 2, 3, 7, 9, 11p and the lower mediastinum. Therefore, the right thoracotomy is unnecessary and the proximal gastrectomy is sufficient as for the adequate lymphadenectomy. The reconstruction is usually done by the jejunal interposition in our institute. It can prevent the reflux esophagitis after gastrectomy.