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Why Use the Robotic System for the Esophageal Cancer in Minimally Invasive Surgery Era?—Current Status of Robotic Esophagectomy in the World—

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Message from the Guest Editors

Minimally Invasive Esophagectomy (MIE) in the left lateral and prone position was first reported in the 1990s. The prone position can provide direct viewing of the esophagus without organ compression and provides a stable and wide operative field, the anatomy of the mediastinum has become better understood in esophagectomy. Therefore, the transthoracic approach of MIE in the prone position has been widely accepted and has helped standardize esophagectomy, even in complicated operations. Moreover, MIE has already begun a paradigm shift toward robotic esophagectomy. This is because the robotic surgical system can facilitate precise surgical techniques by the robotic end-list function and provide magnified microanatomy by the robotic 3D high solution endoscopy. Robotic esophagectomy is still in the implementation phase overseas, and several robotic advantages over OPEN and thoracoscopic esophagectomy have been reported. *Cancers* will feature robotic-assisted MIE in the double 20 era and inform the current status of robotic esophagectomy in each country, but why use a robotic system for esophageal cancer in the era of minimally invasive surgery?



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Message from the Editor-in-Chief

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