Esophageal adenocarcinoma is a leading cause of cancer-related mortality. Ongoing research aims to elucidate the molecular mechanisms underlying the tumorigenesis and progression of esophageal adenocarcinoma and to identify novel therapeutic targets. The abnormal expression of lncRNAs and miRNAs may play an important role in various biological processes in cancer, including immune response, differentiation, angiogenesis, apoptosis, cell proliferation and autophagy. A total of 50 patients who were operated for esophageal adenocarcinoma in our Department from January 2015 to December 2018, were enrolled in the study. Twenty-six healthy individuals that underwent upper gastrointestinal endoscopy were recruited as controls in the study. Total RNA was extracted from esophageal adenocarcinoma tumors, lymph nodes and healthy esophageal tissues using the reverse transcription and qRT-PCR. The expression of different lncRNAs (MALAT1, MANCR, PSMA3-AS1) and miRNA (miR-101) were determined by the 2-ΔΔct method and presented using Fold-Regulation. MALAT1 expression was upregulated in esophageal adenocarcinoma tumors and positive lymph nodes compared to non-cancerous tissues (1.9 and 2.0 times higher than controls respectively). Higher expression of MANCR was also found in esophageal adenocarcinoma tumors and positive lymph nodes compared to controls (2.6 and 2.1 times respectively). MiR-101 was downregulated in esophageal adenocarcinoma tumors and positive lymph nodes compared to controls (16.0 and 7.8 times lower respectively). No significant difference was observed in PSMA3-AS1 expression between esophageal adenocarcinoma tumors or positive lymph nodes and relevant healthy tissues. MALAT1 and MANCR are upregulated in esophageal adenocarcinoma patients while miR-101 is downregulated. Further research in lncRNAs, miRNAs and their interactions with oncogenic pathways may offer new options for the diagnosis, prognosis and therapy of esophageal adenocarcinoma patients.

Esophageal cancer typically requires multimodal treatment, with neoadjuvant chemotherapy and radiation followed by esophagectomy, which has helped improve the 5-year survival of this disease. Short-term quality of life (QOL) has been previously evaluated in patients who have undergone esophagectomy. As survival rates improve and patients are living longer after having multimodal therapy, there exists a need to better understand how long-term QOL is impacted after esophagectomy.

A single-center cross-sectional QOL study was performed on a cohort of patients who underwent esophagectomy for esophageal cancer (2010–2017) with a post-operative survival period of at least four years. Patients who met inclusion criteria were contacted by phone in 2021–2022 to complete the European Organisation for Research and Treatment of Cancer (EORTC) OES-30 and OES-18 questionnaires, after standardization of interviews via a telephone script. Descriptive statistics were performed. One hundred and fifty-five patients met inclusion criteria, and 64 (41.3%) completed the QOL questionnaires. Mean age was 64 years, the majority were white (98.4%) men (82.3%), and 82% underwent preoperative chemoradiotherapy. All patients underwent a minimally invasive surgical approach. At the time of QOL surveillance, the mean time from operation was 6.9 years. The median global QOL score in this population was 79.2 (Max 100). The population had median reported severity scores for dysphagia (100), reflux (33.3) trouble eating (16.7), and pain (11.1) (Max 100). A median score of 0 was found for all other esophageal symptom categories. In patients surviving at least four years from esophagectomy for esophageal cancer, symptom severity scored highest for dysphagia. Elevated severity scores were also seen in descending order for reflux, difficulty eating, and pain. Despite these continued symptoms, long-term overall QOL remained high for this population after esophagectomy.