While the incidence of esophageal squamous cell cancer and of distal gastric cancer is decreasing in many European countries, esophage-gastric junction cancers have been increasing in their incidence within the last decades.

Still, many patients in Europe are diagnosed at locally advanced and metastatic stages, as systematic screening or early detection programs are not established in Europe.

European Society of Medical Oncology guidelines therefore focus on the treatment of locally advanced stages. For esophageal squamous cell cancer, ESMO recommends neoadjuvant chemoradiotherapy followed by esophagectomy. As an alternative, definitive chemoradiotherapy may be used (with optional salvage surgery in case of tumor persistence or local relapse). In esophageal adenocarcinoma, both neoadjuvant chemoradiotherapy or perioperative chemotherapy together with surgery are recommended. Ongoing studies are comparing these approaches with overall survival as endpoint.

For locally advanced gastric cancer, perioperative chemotherapy with a platinum-fluoropyrimidine-based chemotherapy, preferentially using the FLOT Regimen (SFU, leucovorin, oxaliplatin, docetaxel) is recommended.

Standard Treatment for metastatic or recurrent stages is systemic chemotherapy with the objectives of prolonged overall survival and improved quality of life. HER2 overexpression is currently the only established biomarker for Treatment selection which ESMO can recommend, but more biologically stratified Treatments may eventually arise, such as deficient mismatch repair status and others.