

Gastrointestinal stromal tumor (GIST) is an uncommon tumor that occurs in the wall of the gastrointestinal (GI) tract and it can be malignant or benign. GIST can be found anywhere along the GI tract but up to 50% of GIST occur in stomach while the others occur in small intestine and other areas near GI tract. Though GIST has a long history of discovery, the prevalence of GIST is still not available and it is believed that the prevalence of it must be higher than people thought (between 6.5 and 14.5 per million per year) (1). In order to increase the knowledge of GIST, this new book, *Gastrointestinal Stromal Tumor*, begins with the introduction of GIST. Specially, a paper regarding the disparities between the clinical practice and profiles of malignancies in Asia and those in Europe & North America was included to review the global guidelines for GIST in order to help physicians better understand the global diagnosis and treatment of GIST.

GIST was once appeared as a poorly understood pathologic entity, but in the past few decades we have witnessed an explosion of research into the pathogenesis of GIST since the late 1990s (2). The recognition of KIT-activating mutations or the platelet-derived growth factor receptor alpha gene (PDGFRA) in GIST has led to better understanding of tumorigenesis. The second chapter of the book gives a detailed review on the molecular pathogenesis of GIST, including KIT mutations, PDGFRA mutations, familial GIST, SDH-deficient GIST, RAS signaling gene mutations, tumor suppressor genes, chromosomal alterations, epigenetic abnormalities and noncoding RNAs in GIST (3).

There is no effective way to detect GIST at its early stage and it is usually found unexpectedly when one is checking for other physical problems. To differentiate it from other diseases, the most common ways to diagnose GIST are computed tomography (CT), fecal occult blood test, MR Imaging scan, endoscopic ultrasound and biopsy. In recent years, the rapid development of CT technique and TKI target therapy for GIST has brought the significance of CT scan and pre-treatment histopathological and immunocytochemical diagnosis of GIST (4). Therefore, the third chapter of the book describes CT and MRI of GIST and compares the diagnostic accuracy of conventional ultrasound (US)—guided *vs.* contrast-enhanced ultrasound (CEUS)-guided core needle biopsy for GIST (4).

It is well known that surgical resection is the first-line treatment for GIST, but there is a chance that tumor may recur after the surgery or other treatments like chemotherapy and radiation. With this regard, neoadjuvant therapy and targeted therapy are playing a more and more important role. In the last two chapters of the book, we give a comprehensive review on the treatment options for GIST and presents eight case reports to further introduce the diagnosis and treatment of GIST.

Hopefully this book will be available to oncologists and gastroenterologists as it provides a reliable way for physicians to learn the cutting-edge researches in this field.

References

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