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Colorectal cancer is the third most common cancer in the world. In the USA, 150,000 new cases are diagnosed annually, whereas in Europe the respective incidence is 400,000 [1]. The ratio of colonic to rectal cancer is 2:1. Colorectal cancer is more common in males than females [2].

Colorectal cancer is highly a preventable disease. Screening and removal of premalignant polyps have contributed to the decline of the incidence during the past three decades.

Early diagnosis is extremely important which results in a 5-year survival of 90%. The 5-year survival of patients with this disease has improved significantly during the past 10 years due to the improved surgical techniques and novel molecular agents.

However, the contribution of new imaging technology is of paramount importance. The early detection of polyps, the accurate staging and

restaging, the assessment of response to treatment, and the surveillance are issues directly related to imaging techniques. In particular, imaging contribution for residual liver metastatic lesions and evaluation of response following radio-chemotherapy for rectal cancer are important information to the oncologist for decision-making process. CT, CT colonography, MRI, PET-CT, and endorectal ultrasound are useful and necessary techniques which make the radiologist's role great and his cooperation with the oncologist mandatory.

## References

1. World Health Organization. Global burden of disease. [http://www.who.int/entity/healthinfo/global\\_burden\\_disease](http://www.who.int/entity/healthinfo/global_burden_disease)
2. Parkin DM, Bray F, Ferlay J et al (2005) Global cancer statistics, 2002. *CA Cancer J Clin* 55:74–108

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