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# Updates in Surgery



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Giovanni Maria Romano  
Editor

# Multimodal Treatment of Recurrent Pelvic Colorectal Cancer

*In collaboration with*  
Francesco Bianco

Forewords by  
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 Springer

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## Foreword

In recent decades, remarkable advances have been achieved in the treatment of rectal cancer due to the enhanced knowledge of anaesthetic agents and techniques, radiation therapy, and use of minimally invasive approaches. Nevertheless, to date rectal cancer surgery remains burdened with a significant recurrence rate. This poses a surgical challenge, since the recurrence does not represent the same disease, but a new and more serious disease, requiring a completely different approach.

In light of the high level of specialization required in the management of rectal cancer, it should be considered the paradigm of a multidisciplinary approach. For this reason, we are very grateful to Giovanni Romano, Director of the Surgical Department of the Pascale Foundation, who has successfully confronted the challenge of editing a volume that addresses the diverse aspects of rectal cancer, from diagnosis to therapy.

Although rectal cancer is relatively uncommon compared with other gastrointestinal neoplasms, it should not be considered less important. Rather, this disease should be treated in highly specialized centres where complications and other sequelae can be managed in the best way.

In this volume all the important aspects of rectal cancer are analysed, from the need for early diagnosis to the current more advanced diagnostic workup, from surgical indications and complications to the different oncological approaches, including evaluation of patient quality of life, palliative care and the important and innovative perineal reconstructions. Coverage of all these topics is accompanied by excellent illustrations and up-to-date references.

This book without doubt highlights the importance of a multidisciplinary team, including surgeons, radiologists, oncologists, radiotherapists and nuclear medicine physicians, for optimal treatment of this disease.

In my opinion, this volume represents a valid update for the specialized surgeon thanks to all the new and complete data presented, while for the non-specialized surgeon it will be a helpful tool in understanding the evolution of surgery in this field and gaining an insight into an often neglected disease.

On behalf of the Italian Society of Surgery, I would like to express thanks to all the eminent surgeons who collaborated in producing the volume for their valuable support.

Rome, September 2015

Francesco Corcione  
President, Italian Society of Surgery

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## Foreword

It is a pleasure to be invited to offer some words of introduction to this concise text on multimodal treatment of recurrent colorectal cancer in the pelvis. Although the title is very specific, the book naturally deals with the problem of recurrent cancer in the context of modern overall investigation and treatment of rectal cancer, which fortunately has reduced the incidence of recurrence to a relatively small percentage of patients. Nevertheless, when it occurs, local recurrence is a formidable challenge for the treating physicians and a potentially gruesome scenario for the unfortunate patient. It is therefore very instructive for the reader to obtain the most up-to-date opinions from expert surgeons involved in the treatment of rectal cancer and also input from other disciplines involved in the complex care of such patients. It is particularly important that issues such as quality of life and palliative therapy are covered, as arguably these aspects of care are as important as chemotherapy, radiotherapy and radical surgical excision. The text is well referenced and illustrated. The editor and authors are recognized experts in the treatment of rectal cancer, and although all practice in Italy, the evidence and opinions presented reflect contemporary European practice. All involved in treating rectal cancer will find this volume insightful and a useful reference source.

Dublin, September 2015

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## Preface

*[...] non est ars quae ad effectum casu venit.  
Sapientia ars est: [...] in ipsa desperatione  
extrema remedia temptet.*

Lucius Annaeus Seneca

I sincerely thank the board of the Italian Society of Surgery (S.I.C.) for the privilege of presenting herein the topic of multimodal treatment of recurrent rectal cancer, which — although involving a select group of patients — represents a significant challenge for surgical oncologists.

In recent decades, there has been extraordinary improvement in treatment modalities for rectal cancer, leading to a marked reduction in local recurrence rates. Thanks to the introduction into clinical practice of total mesorectal excision (TME) and the implementation of adjuvant and, in particular, neoadjuvant therapies, the incidence of local pelvic recurrence has dropped dramatically. Nevertheless, the treatment of this recurrence remains a major issue and clinical challenge, necessitating a multidisciplinary approach and careful patient allocation to the most appropriate treatment strategy.

Tumors with more aggressive biology and new presentation patterns now appear in clinical practice and — in turn — demand aggressive and tailored treatment.

New imaging tools, such as magnetic resonance imaging and positron emission tomography, have also entered routine clinical practice. Their roles in staging recurrence and guiding therapy are analyzed in this volume, as are the roles of neoadjuvant and iterative radiotherapy. Particular focus is given to indications for and techniques of surgical treatment; morbidity, mortality, and oncologic outcomes are reassessed using the most recent scientific evidence; and reconstructive techniques after major exenterative surgery and indications for systemic therapy and palliative care are also addressed.

Major surgery is often necessary in patients with locally recurrent rectal cancer in order to achieve radical resection, which remains the strongest prognostic factor associated with the patient's long-term survival. The modern surgical approach resembles the principles applied in sarcoma surgery and follows unconventional dissecting planes, with pelvic dissection generally conducted beyond the fascia propria and the mesorectal envelope. The surgical decision-making process must consider an appropriate balance between its potential benefits and the high incidence of associated morbidity. To date, only one third of

patients selected for surgery will undergo an R0 resection, and many of them will experience complications that require long-term hospitalization, resulting in poor quality of life both from a functional and psychological perspective.

There are as yet no uniform guidelines for treating locally recurrent rectal cancer, and patients should — if at all possible — be referred exclusively to tertiary centers where the necessary expertise is available to provide optimal treatment. All pertinent aspects of multimodal treatment options are covered herein to offer the reader a panoramic scenario, by which to determine the benefits and drawbacks of those options. Also presented is a national survey on state-of-the-art surgical treatment in Italy for these patients.

Special thanks is due to all contributors to this volume for investing their time to present the many different aspects of this difficult topic. Most of them practice at the Istituto Nazionale Tumori “G. Pascale” in Naples, Italy. However, significant input was provided by eminent colleagues from across the country, as I felt it highly appropriate that past presidents of the Italian Society of Colorectal Surgery (S.I.C.C.R.) take part in this effort to produce an extensive review of the subject for the entire Italian surgical community — and beyond.

Naples, September 2015

Giovanni Maria Romano



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