PREFACE

Rectal Cancer

The patient with rectal cancer remains one of our most challenging management problems. The stakes are high as we attempt to develop a curative strategy that limits morbidity and mortality. Our armamentarium continues to expand with a myriad of treatment options available, increasing the complexity of our ever-evolving care paths. In this issue of *Clinics in Colon and Rectal Surgery* we seek to outline the spectrum of rectal cancer management, emphasizing the importance of a dedicated specialist surgeon guiding a multidisciplinary team.

We begin with an article that I co-authored with Dr. Vincent Obias from University Hospitals of Cleveland Case Medical Center, outlining the components necessary for establishing a successful multidisciplinary team and discussing our own experiences at Case. Dr. James Wu, a staff surgeon at the Cleveland Clinic, with great experience in rectal cancer staging and treatment, then discusses the options available for both preoperative staging and postoperative monitoring. The pathologist's critical role in the management team follows in a succinct review by Dr. Joseph Willis on the proper assessment of the surgical specimen and how

pathologic staging impacts therapy and establishes prognosis. Dr. Willis is an Associate Professor at Case Western Reserve University and is the acting Chief of Pathology at University Hospitals of Cleveland Case Medical Center. He was instrumental in establishing the Multidisciplinary Gastrointestinal Tumor Board of the Case Comprehensive Cancer Center.

The use of neoadjuvant chemotherapy and radiation has become the standard for stage II and III rectal cancers. The evidence for the use of adjuvant therapy is well organized and outlined in the article by Drs. Smitha Krishnamurthi, Yuji Seo, and Tim Kinsella from the Departments of Medical Oncology and Radiation Oncology at University Hospitals of Cleveland, Case Comprehensive Cancer Center. Dr. Krishnamurthi is an Assistant Professor of Medicine at Case Western Reserve University in the Department of Medical Oncology; his special interest is colorectal cancer. Dr. Kinsella is Professor and Chairman of the Department of Radiation Oncology at Case and is a world renowned clinician and researcher.

Dr. Dan Geisler, Staff Surgeon at the Cleveland Clinic, explores the role of local therapy for rectal cancer. Dr. Geisler reviews the variety of local options available; he has extensive experience with local excision and transanal endoscopic microsurgery. Drs. David Stewart and David Dietz from Washington University in St. Louis, Missouri, have provided a superb summary of the technical aspects of total mesorectal excision. Dr. Kirk Ludwig, Chief, Section of Colorectal and Gastrointestinal Surgery from Duke University Medical School in Durham, North Carolina, has provided an outstanding review of techniques for sphincter preservation.

Lieutenant Colonel Brian Perry and Major Christopher Connaughton from the Lackland Air Force Base, Wilford Hall Medical Center (San Antonio, TX) have outlined how to perform an abdominoperineal resection and its results. Dr. Perry's contributions are particularly appreciated as he completed this contribution while serving in Iraq, where he is currently deployed on his second tour of duty, providing his surgical expertise to our injured troops.

¹Section of Colorectal Cancer Surgery, Case Western Reserve University, University Hospitals of Cleveland Case Medical Center, Cleveland, Ohio.

Address for correspondence and reprint requests: Harry L. Reynolds, Jr., M.D., Section of Colorectal Cancer Surgery, Case Western Reserve University, University Hospitals of Cleveland Case Medical Center, 11100 Euclid Ave., Cleveland, OH 44106 (e-mail:

harry.reynolds@uhhospitals.org).

Rectal Cancer; Guest Editor, Harry L. Reynolds, Jr., M.D.

Clin Colon Rectal Surg 2007;20:141-142. Copyright © 2007 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662.

DOI 10.1055/s-2007-984857. ISSN 1531-0043.

Dr. Ludwig's partners Dr. Christopher Mantyh, Associate Professor of Surgery at Duke, and Dr. Sebastian de la Fuente have examined the use of reservoir reconstruction techniques following proctectomy and their efficacy.

Dr. James Merlino, a colorectal staff surgeon at Metrohealth Medical Center in Cleveland, and Assistant Professor of Surgery at Case Western Reserve University, has given us insight into the relationship of surgeon volume and experience to treatment outcomes in rectal cancer.

The laparoscopic approaches to rectal cancer are thoroughly reviewed by Drs. Brad Champagne and Conor Delaney from University Hospitals of Cleveland Case Medical Center. Dr. Delaney is the Chief of the Division of Colon and Rectal Surgery and an internationally known expert in laparoscopic colorectal surgery.

Dr. David Margolin and Dr. Kerry Hammond from the Ochsner Clinic Foundation in New Orleans have looked carefully at the literature on follow-up strategies following colorectal cancer resection and presented us with an evidence-based, logical follow-up strategy summarizing current guidelines.

Finally, Johannes H.W. de Wilt, M.D., Ph.D., Maarten Vermaas, M.D., Floris T.J. Ferenschild, M.D., and Cornelis Verhoef, M.D., from the Department of Surgical Oncology Erasmus MC-Daniel den Hoed Cancer Center, Rotterdam, The Netherlands have written an outstanding summary on their approach to patients presenting with recurrent rectal cancers. Their extensive experience with these most difficult patients is shared with us, providing an excellent algorithm for care.

I am thrilled to complete this issue as I have learned a great deal reviewing our contributors' works. I hope that this volume of *Clinics in Colon and Rectal Surgery* will assist others in dealing with this group of patients with a potentially devastating problem. It has been a true privilege to interact with such a fine group of experts in rectal cancer. All of us who are dedicated to, and passionate about, providing excellent care to our patients will be able to gain new insights as these experts share their pearls with the reader.

Harry L. Reynolds, Jr., M.D.¹
Guest Editor