Preface on minimally invasive treatment of low rectal cancer

Colorectal cancer represents the third most common cancer in men and the second in women in developed countries. Rectal cancer accounts for 28–35% of the global colorectal incidence and it is characterized by low survival rates and high rates of recurrence.

The treatment strategies for colon cancer and rectal cancer are way far from each other. The therapeutic approach of colon cancer has been standardized during the last 20 years. At the moment, laparoscopic colon resections are worldwide performed and its safety and feasibility let it become the Gold Standard for colon cancer surgical removal.

On the contrary, rectal surgical treatment is far from being standardized. As for colon cancer, the treatment of curable retal cancer relies on surgical resection, as the main step of a multimodality treatment process that involves chemo- and radiotherapy. In particular, radiotherapy has made the local excision possible, improving survival and lowering recurrence.

But, at the moment, about curable rectal cancer there is no unanimous opinion on the surgical strategies that allow achieving the best oncologic results.

As a matter of fact, a big step in rectal cancer surgery is represented by the introduction of Total Mesorectal Excision by Hilde in the 80's. He demonstrated that the total removal of the mesorectum is connected to the improvement of the survival as it reduces the rate of recurrence.

This revolutionary technique has as big limit to be quite difficult to perform, slowing down the diffusion of laparoscopy for rectal resection. Technical difficulties in laparoscopic rectal surgery, in fact, have contributed to keep the debate about traditional technique versus minimal-invasive surgery open, moving the attention of surgeons all over the world towards new strategies as robotic surgery and TaTME.

Furthermore, as so difficult to perform, rectal resection can lead to serious complications that can influence negatively the quality of life of patients; it turns on the idea to perform an organ-sparing surgery, as ESD, TEM and TAMIS, for the treatment of early rectal cancer and complete response after neo-adjuvant treatment.

As an answer to this ongoing issue, Rectal Units should be created, where rectal cancer could be faced with a multidisciplinary approach, bringing together the safest surgical techniques and the best oncologic therapies, keeping a 360° view on the treatment of this complex disease.

We have planned a special issue in an effort to give the state of art of surgical technique for the treatment of Rectal Cancer focusing on the minimally invasive treatment.

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