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Combined and Complex Treatment-Optimal Therapies in Rectal Cancer

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Abstract

Despite advances in medicine and national screening there is a continuous increase in the incidence of rectal cancer. Surgical treatment remained the mainstay of treatment, but neoadjuvant therapy has demonstrated in recent years favorable results to obtain R0 resection margins and 70% remission of rectal cancer at 5 years. Oligosymptomatic onset, varied spectrum, and specific character of clinical manifestations of rectal cancer determine the adoption of a prudent and scrupulous tactic. Preoperative chemotherapy and radiotherapy are well tolerated but together with surgical intervention it ensures a better control of the appearance of distant metastases. Although 5-year survival rates are equivalent to postoperative chemotherapy and radiotherapy, is currently recommended by most authors for all patients with T3 or T4 rectal cancer, and tends to become a new standard in rectal cancer. Complex treatment has demonstrated its role in reducing morbidity and mortality in rectal cancer, but also in improving long-term survival. The multidisciplinary approach is of major importance both preoperatively and postoperatively, surgical treatment has remained the main treatment modality and is standardized, but there are still controversies in the timing and establishment of useful times of the other therapeutic means. Future trials will refine strategies to identify optimal treatment protocols.

Keywords: rectal cancer, chemotherapy, radiotherapy



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