



Current Management of Early and Advanced Rectal Cancer

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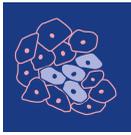
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Message from the Guest Editor

Dear Colleagues,

In 2020, multimodal management of rectal cancer is still a matter of debate. From the surgical point of view, anterior rectal resection has been the standard of care for a long time. However, in the era of personalized medicine, surgical approaches should also be tailored. Early rectal cancer might be treated by open or minimally invasive local excision, but its feasibility and oncologic safety after neoadjuvant chemoradiation are still controversial. At the same time, locally recurrent or stage IV rectal cancers require a multimodal approach, which is still not completely standardized nor feasible outside tertiary referral centers. Induction chemotherapy, re-chemoradiation, hadrontherapy, totally neoadjuvant treatment, organ-saving strategies, radiomics, indocyanine green-guided surgery, beyond-TME resections, and extending indications for sphincter-saving surgery are not widely performed, but could potentially optimize the treatment strategy. The aim of this Special Issue is to provide an up-to-date milieu of papers focused on the evolving multimodal therapy for rectal cancer.





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Message from the Editor-in-Chief

Cancers is an international online journal addressing both clinical and basic science issues related to cancer research. The journal is publishing in Open Access format, which will certainly evolve to ensure that the journal takes full advantage of the rapidly changing world of information and knowledge dissemination. It publishes high-quality clinical, translational, and basic science research on cancer prevention, initiation, progression, and treatment, as well as other related topics, particularly to capture the most seminal studies in the rapidly growing area of immunology, immunotherapy, and tumor microenvironment.

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