

Even though the management of rectal cancer has seen several milestones over the last 100 years, the quest for the optimal management of rectal cancer is far from over. It is now well recognised that the increasing expertise with local staging and the use of neoadjuvant therapy combined with refined surgical technique involving total mesorectal excision have markedly improved the outcomes of surgical management of rectal cancer. However, these milestones have failed to address one of the major issues associated with rectal cancer treatment which is the morbidity associated with surgical resection that has not improved despite the use of, and increasing experience with, the various minimally invasive approaches in rectal cancer surgery. Consequently, there has been increasing interest in the studies reporting the outcomes of patients who have had complete response to neoadjuvant therapy with close 'watch and wait' management. Nevertheless, it is still too early to adopt this as a standard treatment approach.

It is increasingly evident that an individualised treatment approach is needed for patients with rectal cancer. This approach would take into consideration the patient's wishes, tumour staging, and suitable treatment options in the light of the available local expertise.

The authors of this book have attempted to address some of the dilemmas that clinicians face while treating patients with rectal cancer which include challenges in imaging, chemotherapy, radiotherapy, surgical approach, and non-operative management.

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