

## Continuing the Improvements in Outcomes for Patients With Colorectal Cancer

Last year, I was fortunate to have been awarded the James IV traveling fellowship for surgeons that allowed me to spend 6 weeks in Europe visiting numerous cancer centers and hospitals that specialize in the treatment of colorectal cancer. What a fascinating experience to be able to observe the application of specialized surgical techniques such as total mesorectal excision and coloanal anastomosis in five different countries! Upon returning home from my journey, it was clear to me that there were important contributions to the management of this disease to be gleaned from hospital to hospital and from country to country, and that it was important to understand and promulgate the international perspective, ultimately inspiring this issue of *Cancer Control*.

In the past decade, a number of advances have occurred that have affected the diagnosis and management of patients afflicted with colorectal cancer. In this issue, we have included contributions from both the United States and Europe to develop international opinions on the important recent advances in this disease. From colorectal cancer screening to therapy for metastatic disease, the full spectrum of colorectal cancer has been discussed.

First, James Helm, MD, PhD, and colleagues discuss current standards for colorectal cancer screen-

ing as well as evolving strategies to improve the overall efficacy of the process. The concept of colonoscopy as a screening tool is introduced and evaluated, and the emerging technologies of virtual colonoscopy and fecal DNA testing are also discussed.

Next, Paul Ridgway, MD, and Ara Darzi, MD, examine the concept of total mesorectal excision, a purely surgical intervention, as a means to improve local recurrence rates for rectal cancer.

In a similar vein, Deborah A. McNamara, MD, and Rolland Parc, MD, review the techniques available for improving functional outcome following extirpative rectal cancer surgery with particular attention to the construction of colonic reservoirs and pouches to reduce stool frequency and urgency.

As a means of improving colorectal cancer clinicopathologic staging, Anton Bilchik, MD, and Steven D. Trocha, MD, discuss the marriage of sentinel lymph node mapping with laparoscopic resection techniques as a means to "ultrastage" patients.

Finally, Anelisa K. Coutinho, MD, and Caio Max S. Rocha Lima, MD, discuss the latest advances in the management of metastatic disease, a problem that affects 30% of all patients at the time of diagnosis. The

concept of incorporating newer molecularly targeted agents in combination with active chemotherapeutics is also examined.

Our sense is that there is continued forward, purposeful motion to improving the outcome of patients diagnosed with this common disease. In recent years, through the application of clinical trials, we have seen the standard of care rise in almost all facets of this disease, with improvements in surgical management as well as in systemic therapy. We trust you will find the content of this issue valuable and will also appreciate our choices for the "Ten Best Readings" in this discipline.

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