

Rectal cancer multidisciplinary treatment: evidences, consensus and perspectives

Francesca Valvo¹, Giovanna Mantello², Claudio Coco³, Renzo Corvò⁴, M Antonietta Gambacorta⁵, Domenico Genovesi⁶, Marco Lupattelli⁷, and Vincenzo Valentini⁵

¹Radiotherapy Department, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan; ²Radiotherapy Department, Ospedali Riuniti of Ancona; ³Surgery Department, Policlinico A Gemelli, Catholic University of Rome; ⁴Radiotherapy Department, IST of Genoa; ⁵Radiotherapy Department, Policlinico A Gemelli, Catholic University of Rome; ⁶Radiotherapy Department, University "G D'Annunzio" of Chieti; ⁷Radiotherapy Department, University of Perugia, Italy

Clinical research has been very fruitful in the past 20 years in diagnostic procedures and in the treatment of rectal cancer patients. Such progress was guided first by improvements in morphologic imaging (ultrasound, computed tomography and nuclear magnetic resonance), in preoperative staging, by new surgical technique (total mesorectal excision), and by accurate application of histopathological assessment of the resected tumor.

In radiotherapy treatment, investigators have also tested an important role of adjuvant radiotherapy. Seven European phase III studies have been evaluated and demonstrated the efficacy of both short-course preoperative radiotherapy and concurrent preoperative chemoradiotherapy¹⁻⁷. In Europe and in other countries, there are different opinions about the best sequence of clinical and therapeutic procedures.

To help shape clinical practice based on best scientific evidence from the literature, the International Conference on Multidisciplinary Rectal Cancer Treatment: Looking for a European Consensus (EURECA-CC2) was organized in Italy in December 2008, under the endorsement of European Society of Medical Oncology (ESMO), European Society of Surgical Oncology (ESSO) and European Society of Therapeutic Radiation Oncology (ESTRO). The EURECA project was proposed by the Department of Radiotherapy of the Catholic University of Rome and the University of Perugia to identify the degree of consensus that could be achieved across topics relating to epidemiological, diagnostic and therapeutic procedures. The consensus was achieved using a Delphi method with a multi-step voting process. To reduce bias from individual opinion, a face-to-face discussion of a large number of experts was introduced with the objective to incorporate a high level of evidence from clinical trials and individual perspectives of routine clinical practice.

The Consensus Conference represents an expertise opinion process that may help shape future programs, investigational protocols, and guidelines for staging and treatment of rectal cancer throughout Europe.

Key words: rectal cancer.

Correspondence to: Francesca Valvo, Radiotherapy Department, Fondazione IRCCS dei Istituto Nazionale Tumori, Via Venezian 1, 20133 Milan, Italy.
Tel +39 02 23902483;
fax +39 02 23902472;
e-mail
francesca.valvo@istitutotumori.mi.it

Received January 1, 2010;
accepted January 22, 2010.