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~~Rectal Cancer : Update and surgical considerations – Dr. Madhu Muralee. Debate: Complete Response in Rectal Cancer? – Surgery~~

Organ sparing-surgery in rectal cancer: How important is it? How can we progress with it? **Colorectal Cancer Surgery: principles and types** Advances and challenges in the surgical treatment of locally advanced rectal cancer 5x5 Rectal Cancer Treatment Protocol | Q\0026A **Which neoadjuvant treatment in rectal cancer?** Rectal cancer after neoadjuvant therapy with complete clinical response - Surgery **Organ preservation in rectal cancer: How and for whom?** **When not to operate in rectal**

cancer? Rectal Cancer – Please participate in our 3-minute survey below! Surgical Management of Rectal Cancer: Current Best Practices with Lee Grimm, Jr, MD

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Rectal Cancer Strategy And Surgical

Recent and complete manual of surgical strategy and techniques,

containing the methodological and scientific bases to know the current aspects of this illness ; Offers complete and handy information with a highlight on surgical aspects and a multidisciplinary approach to rectal cancer

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BACKGROUND:Pathologic complete response (pCR) after neoadjuvant chemoradiotherapy (nCRT) is found in 15-20% of patients with locally advanced rectal cancer. A watch-and-wait (W&W) strategy has been introduced as an alternative strategy to avoid surgery for selected patients with a clinical complete response at multidisciplinary response evaluation.

Avoiding Unnecessary Major Rectal Cancer Surgery by ...

advanced rectal cancer (LARC), which can potentially lead to shrinkage of tumor volume, downgrade of tumor stage, increase of R0 resection rate and anus preservation rate, as well as decrease of local recurrence, ultimately helping Prognosis comparison between wait and watch and surgical strategy on rectal cancer

Prognosis comparison between wait and watch and surgical ...

Neoadjuvant chemoradiotherapy (NCRT) has become part of the standard treatment for locally advanced rectal cancer (LARC), which can potentially lead to shrinkage of tumor volume, downgrade of tumor stage, increase of R0 resection rate and anus preservation rate, as well as decrease of local recurrence, ultimately helping some patients to achieve clinical complete response (cCR) or even pathological complete response (pCR).

Prognosis comparison between wait and watch and surgical ...

Individualized Colorectal Cancer Treatment. At Stephenson Cancer Center, Oklahoma's only NCI-Designated Cancer Center, you'll work with highly trained and experienced colon and rectal surgical oncologists to develop a personalized treatment plan to address your particular situation. Colon & Rectal Cancer Surgery

Colon & Rectal Cancer Surgery | Stephenson Cancer Center

1.3.6 Offer laparoscopic surgery for rectal cancer, in line with

NICE technology appraisal guidance (see surgical techniques for rectal cancer in the NICE Pathway on colorectal cancer). 1.3.7 Consider open surgery if clinically indicated, for example by locally advanced tumours, multiple previous abdominal operations or previous pelvic surgery.

Recommendations | Colorectal cancer | Guidance | NICE

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In cancer surgery, numerous teams of physicians often work together to create an overall treatment plan for a patient that usually requires or combines various forms of therapy. A surgeon, a surgical oncologist, a radiation oncologist, and a gastroenterologist are usually involved in colorectal cancer treatment.

How Aggressive Should Your Colorectal Cancer Treatment Be ...

Surgical resection is the cornerstone of rectal cancer treatment. If tumor size, stage, and location allow for a sphincter-preserving resection, and bowel continuity is restored, the surgeon has to decide whether or not to defunction the anastomosis.

Optimal Treatment Strategy in Rectal Cancer Surgery ...

Introduction. This book gives an updated and detailed overview of diagnostic and therapeutic strategies for rectal cancer. Rectal cancer has become an increasing and serious disease in western countries, mainly linked to lifestyle and bad alimentation habits. This specific cancer is not only a threat to the lifespan of patients, but also has a heavy impact on quality of life, due to its implications in the fecal, urinary and sexual functions.

Rectal Cancer | SpringerLink

Methods: Over May 2013 to April 2017, 113 stage I-III rectal or sigmoid colon cancer patients underwent robotic surgery with the single-docking technique at one institution. We performed D3 lymph node dissection and low-tie ligation of the IMA (i.e., high dissection and selective ligation technique). Clinicopathological features, perioperative parameters, and postoperative outcomes were ...

Oncological Outcomes of Robotic-Assisted Surgery With High ...

Despite the routine treatment of surgical resection for most rectal cancers of relatively earlier stage, Habr-Gama and colleagues

were the first to carry out a nonsurgical strategy, 6 which is now referred to as W&W. She believed that, for rectal cancer patients having achieved cCR after NCRT, some may avoid surgery altogether.

Prognosis comparison between wait and watch and surgical ...

A team of doctors and scientists from the Champalimaud Clinical Centre in Lisbon, Portugal, and the Netherlands Cancer Institute in Amsterdam, has shown that patients with "low" rectal cancer (that is, very close to the anus) who show no sign of their tumours after a course of radio- and chemotherapy can safely choose to postpone invasive and complication-prone surgical procedures.

'Watch-and-Wait' strategy could safely replace surgery in

...

This trial was carried out to examine the optimal time interval between completing chemoradiotherapy (CRT) and robotic-assisted surgery (RAS) in patients with rectal cancer. The trial found that RAS is safe and effective after 10-12 weeks of CRT. Relevant for : Current stage-Stage II, Treatment(s) now being considered-Surgery, Current stage-Stage III, colorectal cancer, Research, Treatment

Evaluating timing between chemoradiotherapy and surgery in ...

Removing the rectal cancer with surgery; Surgery to create a colostomy and bypass the rectal cancer (a diverting colostomy) Using a special laser to destroy the cancer within the rectum; Placing a stent (hollow metal tube) within the rectum to keep it open; this does not require surgery; Chemoradiation therapy; Chemo alone