

Rectal cancer had been reported to be the third most common malignancy worldwide. The treatment of rectal cancer is mainly surgery with the goal of tumor control and preservation of anorectal function. The treatment of rectal cancer has undergone tremendous improvements since Miles' introduction of the abdominoperineal resection (APR) in 1908. The APR procedure became the gold standard as most surgeons observed decrease in local recurrence. With its high morbidity, some surgeons began to question its need to all rectal cancer, for prevention of colostomy and restoration of bowel continuity. In 1948, Claude Dixon was the first to prove that anterior resections could be safely done. And in 1970, Sir Alan Parks, at Saint Marks Hospital, showed that rectal cancers even closer to the dentate line cutoff could be safely resected and a coloanal anastomosis (CAA) performed. He achieved comparable results for cancers treated with APR. With the improvement of morbidity and avoidance of permanent stoma, a 15% to 45% local recurrence still occurs. Then the introduction of total mesorectal excision (TME) by Bill Heald has reduced local recurrence rate by less than 10%. The TME in combination with neoadjuvant chemoradiation therapy decreased the rate of local recurrence from 8.2% to 2.4%. Neoadjuvant chemoradiation therapy coupled with the introduction of the circular (EEA<sup>®</sup>) stapler in 1979 even more facilitated the progress toward performing more sphincter-sparing operations. In 1977, 'intersphincteric resection' (ISR) was adopted by Lyttle to mean resection of the internal sphincter muscle for inflammatory bowel disease. The procedure has been gradually refined in the following decades, and during 1994 ISR procedure was initiated for very low rectal cancer located 5 cm from the anal verge. In a recent systematic review, Dr. Akagi concluded that ISR is oncologically acceptable compared with APR and CAA with excellent disease-free survival (69–86%) and overall 5-year survival rates (79–97%). In addition to these developments of surgery, adjuvant treatment has evolved greatly. Cytotoxic chemotherapy, targeted agents, and recent immune checkpoint inhibitor are now currently available armamentarium for colorectal cancer treatment. In this regards, this book includes crucial aspects of colorectal cancer treatment in terms of 'etiology of colorectal cancer, screening of colorectal cancer, surgical treatment of colorectal cancer, treatment of colorectal metastases, adjuvant radiochemotherapy of colorectal cancer, and treatment of postoperative complications after rectal cancer surgery'. This book will deliver up-to-date evidences for colorectal cancer treatment.

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