Symposium on rectal cancer: 1. A summary

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Although the best approach to the treatment of rectal cancer is controversial, there are several principles that are not the subject of argument. Overall survival remains the most important goal, but local pelvic control is of immense importance to the patient. Numerous retrospective studies have demonstrated that the achievement of local control with surgery alone varies enormously between surgeons. The factors that govern the success of surgery for local control are yet to be proven. However, when results from different centres are averaged, the addition of radiotherapy is found to lower the recurrence rate significantly.

Many trials have evaluated the use of adjuvant therapy for rectal cancer, but the technique and quality of surgery are more difficult issues to address. The Basingstoke experience reported by MacFarlane, Ryall and Heald[1] represents the "best" reported series for achievement of local control, an improvement over both arms of most multicentre trials, and remains a benchmark for other surgeons. Since these exemplary results were obtained without the need for radiotherapy, the question arises whether modern advances in surgery for rectal cancer have rendered the need for pelvic radiation obsolete in most cases. To answer this question, the Canadian Society of Surgical Oncology convened a symposium in April 1996 with 3 internationally recognized experts in the field: Drs. R.S. McLeod, J.K. MacFarlane and B.J. Cummings. Dr. Robin McLeod (article on page 353) introduced the topic and discussed the factors responsible for local recurrence. Dr. John MacFarlane presented data on local recurrence after total mesorectal excision (referred to in his editorial on page 327) and Dr. Bernard Cummings (article on page 358) presented data on the efficacy of preoperative and postoperative radiotherapy.

Although the purpose of the symposium was not to define guidelines for the treatment of rectal cancer, it may help clarify the issues of relevance and stimulate surgeons treating this disease to examine their own results in a critical manner.

Reference

1. MacFarlane JK, Ryall RDH, Heald RJ. Mesorectal excision for rectal cancer. *Lancet* 1993;341:457-60.

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