Current advances in rectal cancer surgery

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Surgical treatment of rectal cancer has evolved massively over the last 30 years. The foremost challenge for surgeons managing rectal cancer since Ernest Miles’ description of surgical treatment more than 100 years ago has been to improve local recurrence rates. The increasing effectiveness of novel oncological therapies has been a great benefit to the long-term survival for patients. However, the standardized surgical technique of total mesorectal excision has probably been the single most effective factor in the significant reduction in local recurrence rates seen over the last 30 years. The current issues revolve around the safety and appropriateness of laparoscopic rectal cancer surgery. The benefits of laparoscopy in surgery in general are well documented, even with regards to colonic cancer. But rectal cancer provides a number of additional challenges. Specialist units report local recurrence rates in open surgery of around 6-8% and this must be the minimum standard for laparoscopic surgery. Yet, the goal of laparoscopic surgery must not be to achieve parity with open surgery, but to improve on the important oncological parts of the operation and move beyond the dexterity of the open surgeon. The arguments for and against laparoscopic rectal cancer surgery are presented.

Biography

Manish Chand is a Surgeon and Senior Research Fellow at the prestigious Royal Marsden Hospital in the UK currently working on his PHD having published more than 30 peer-reviewed articles. He is in the final years of specialist colorectal training having worked in units such as Basingstoke and Kings College, London. He has a particular interest in laparoscopic surgery and rectal cancer. As part of his interests he runs several laparoscopic training courses in the UK. Outside medicine he is a keen sportsman and holds an MBA degree.