



Preface

Colorectal Cancer



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Editor

Although the incidence and mortality rates of colorectal cancer (CRC) are decreasing, the number of people over the age of 65 is expected to double by the year 2060. As CRC prevalence increases with age, the number of people diagnosed with CRC is expected to increase dramatically over the ensuing decades.¹ Described as the “silver tsunami,” this trend will result in a substantial increase in the number of CRC patients, particularly those with accompanying comorbidities and complex surgical needs.² Paradoxically, there has also been a significant rise in the incidence of early-onset CRC. CRC rates are expected to increase by 90% for individuals aged 20 to 34 years in the ensuing decade.^{1,2} This concerning trend has left clinicians and researchers fervently searching for possible causes and mitigation strategies.

CRC screening rates steadily improved in the United States to a peak of nearly 70% at the start of the year 2020.³ However, the COVID-19 pandemic brought about a reduction in CRC screening and early diagnosis leading to the proliferation of more advanced disease.⁴ The impact of COVID-19 has yet to be fully realized but will inevitably have far-reaching effects on the trajectory of CRC for years to come.⁵ This is particularly true for disadvantaged groups, who have borne the greatest burden of the pandemic.⁶ Despite improvements in CRC screening and treatment resulting in improved CRC survival, certain disadvantaged groups also experience higher incidence of CRC with worsened mortality rates.⁷ In the current issue, we explore the cause, implications, and possible strategies to address these tragic racial, social, and financial disparities as they pertain to the diagnosis and management of CRC.

The management paradigm of CRC has evolved significantly over the last century since Miles’ original description of the extralevator abdominoperineal resection with an accompanying 41% mortality rate.⁸ Innovative endoscopic and transanal techniques along with advancements in novel therapeutic agents have led to substantial improvements in oncologic and patient-reported outcomes with increasing rates of

sphincter preservation. In the current issue, we learn from the world's experts, who are leading this innovative renaissance.

As history demonstrates, controversy frequently lies in the shadow of innovation. Two particularly controversial topics in the surgical treatment of CRC focus on the technical aspects of the mesenteric excision: (1) the complete mesocolic excision and extent of lymphadenectomy for colon cancer, and (2) the minimally invasive total mesorectal excision (laparoscopy, robotics, transanal) for rectal cancer. We delve into both of these important topics, hearing from highly skilled surgeons in the technical and practice aspects of each of these evolving techniques.

In the current issue of *Surgical Oncology Clinics of North America*, we sought to highlight the most important surgical aspects of CRC management. I am inspired by and thankful to my esteemed colleagues, who contributed their expertise to the current issue, and I hope you will gain valuable information to improve your practice.

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