



Foreword

Colorectal Cancer



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This issue of the *Surgical Oncology Clinics of North America* focuses on the management of Colorectal Cancer. Globally, colorectal cancer is the third most commonly diagnosed malignancy and the second leading cause of death. In the United States, more than 100,000 new cases of colon cancer and 40,000 cases of rectal cancer are diagnosed on an annual basis.¹ In turn, more than 53,000 people will die from colorectal cancer this year. The annual incidence rates of colorectal cancer have declined since the late 2000s, likely due to the widespread uptake of colorectal screening with colonoscopy. However, incidence rates of colorectal cancer among younger adults have increased, with younger patients (20–39 years) experiencing the steepest increase.² Although inherited susceptibility is associated with the most striking increase in risk, the majority of colorectal cancer cancers still remain sporadic rather than familial. As such, colorectal cancer is a heterogeneous disease with different patient populations having distinctive molecular profiles. A greater understanding of these molecular underpinnings of colorectal cancer has led to an increase in the use of personalized treatment approaches, as well as the use of targeted therapies. Recently, even the role of surgical therapy has been questioned with some data suggesting that nonoperative management of select patients with rectal cancer may be appropriate. For those patients who do require surgery, there have been important technological advances in the operative treatment of colorectal cancer. Amid the evolution of the multidisciplinary management of colorectal cancer, the surgeon remains a central actor on the treatment team. As such, I am grateful to have Dr Traci Hedrick as the guest editor of this important issue of *Surgical Oncology Clinics of North America*. Dr Hedrick is an associate professor with the University of Virginia School of Medicine. Dr Hedrick received both her undergraduate and her medical degrees from the University of Kentucky. She completed her general surgery training and a two-year postgraduate research fellowship at the University of Virginia followed by a fellowship in colon and rectal surgery at the University of Pennsylvania. Dr Hedrick has won numerous

national awards for her research, and she serves as the co-director of the Enhanced Recovery after Surgery Program at the University of Virginia, which has been featured by the American College of Surgeons, the *Wall Street Journal* and, *US News and World Report*. She has made many national and international research presentations of her research and has numerous peer-reviewed publications within the field of colorectal surgery. As such, I can think of no one more qualified to lead this issue on colorectal cancer in *Surgical Oncology Clinics of North America*.

The issue covers a wide range of topics germane to colorectal cancer. In particular, an impressive team of experts details the preoperative staging and evaluation, nonoperative management of rectal cancer, local excision and endoscopic strategies, as well as the general surgical principles to treat colorectal cancer. In addition, other important subjects are covered, including early-onset colorectal cancer, hereditary syndromes, and health care disparities relative to colorectal cancer diagnosis, treatment, and outcomes.

I wish to thank Dr Hedrick for her work to identify such a wonderful group of leaders in the field of colorectal surgery to contribute to this issue of *Surgical Oncology Clinics of North America*. The authors have done a masterful job to feature the latest important data that surgeons who care for patients with colorectal cancer should know. I am convinced that this issue of *Surgical Oncology Clinics of North America* will serve faculty and trainees well. Again, I would like to thank Dr Hedrick and all the contributing authors for an outstanding issue of the *Surgical Oncology Clinics of North America*.

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