

English Symposium

📅 2025年11月14日(金) 10:20 ~ 11:40 🏢 第10会場

[ESY1] English Symposium 1 Strategy for Advanced Rectal Cancer from Each Country

Moderator: Simon Ng (Department of Surgery, The Chinese University of Hong Kong), Shigeki Yamaguchi (Department of Surgery, Tokyo Women's Medical University)

[ESY1-1]

Total Neoadjuvant Therapy and Non-operative Management for Rectal Cancer in the U.S.

Tsuyoshi Konishi (The University of Texas MD Anderson Cancer Center)

[ESY1-2]

Strategy for Treating Advanced Rectal Cancer in Taiwan: Current Practice and Future Directions

William Tzu-Liang Chen (China Medical University Hsin-Chu Hospital)

[ESY1-3]

Strategy for Advanced Rectal Cancer Management in Thailand

Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

[ESY1-4]

Korean Strategy for advanced Rectal cancer

Jin Kim (Korea University College of Medicine)

[ESY1-5]

Treatment of rectal cancer in Japanese guidelines

Yusuke Kinugasa (Institute of Science Tokyo)

[ESY1-6]

Development and Implementation of Standardized NOSES for Colorectal Surgery

Xishan Wang (Department of Colorectal Surgery, National Cancer Center/ National Clinical Research Center for Cancer/ Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

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[ESY1-1] Total Neoadjuvant Therapy and Non-operative Management for Rectal Cancer in the U.S.

Tsuyoshi Konishi (The University of Texas MD Anderson Cancer Center)



Total neoadjuvant therapy (TNT) is a novel strategy for rectal cancer that administers both (chemo)radiotherapy and systemic chemotherapy before surgery. TNT is expected to improve treatment compliance, tumor regression, and oncologic outcomes. Most importantly, TNT significantly improves a rate of clinical complete response and subsequent non-operative management. In the U.S., multiple TNT regimens are currently available with various combinations of the treatments including induction or consolidation chemotherapy, triplet or doublet chemotherapy, and long-course chemoradiotherapy or short-course radiotherapy. Evidence on TNT is rapidly evolving on clinical trials, and no definitive consensus has been established on which regimens to use. Multidisciplinary decision making needs consideration of the advantages and limitations in each TNE regimen. This lecture reviews currently available evidence on TNT for rectal cancer and provided a guide for tailor-made use of TNT regimens, particularly focusing on non-operative management.

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[ESY1-2] Strategy for Treating Advanced Rectal Cancer in Taiwan: Current Practice and Future Directions

William Tzu-Liang Chen (China Medical University Hsin-Chu Hospital)

Rectal cancer is a significant cancer burden in Taiwan, yet a unified national guideline for locally advanced rectal cancer (LARC) has not been established. Most institutions follow international standards, such as those established by the NCCN and ESMO, with adjustments made based on local practices. Magnetic resonance imaging (MRI) is the cornerstone for staging and risk assessment, guiding multidisciplinary team (MDT) decisions that are now routine in leading hospitals.



For mid and low rectal tumors, long-course chemoradiotherapy (45 to 50.4 Gy with concurrent fluoropyrimidines) remains standard. At the same time, short-course radiotherapy with consolidation chemotherapy is increasingly used as part of total neoadjuvant therapy (TNT). Recent registry analyses indicate that neoadjuvant radiotherapy benefits mid and low rectal cancers but may not improve survival for upper rectal lesions, while raising permanent stoma risk. Organ-preservation strategies, particularly the "Watch and Wait" approach after achieving clinical complete response, have demonstrated safety in Taiwanese centers.

Total mesorectal excision remains the cornerstone of surgery, with robotic and laparoscopic approaches achieving comparable outcomes, and lateral pelvic lymph node dissection used selectively. Future priorities include reaching consensus on neoadjuvant therapy, TNT sequencing, and adjuvant treatment after a good response. Developing Taiwan-specific guidelines will be essential for optimizing outcomes.

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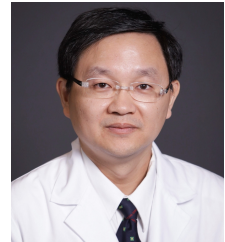
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[ESY1-3] Strategy for Advanced Rectal Cancer Management in Thailand

Woramin Riansuwan (Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)



Approximately 4,000 new rectal cancers are diagnosed annually. Despite the high prevalence of locally advanced rectal cancer (LARC), Thailand currently lacks national management guidelines, leading most surgeons to follow NCCN or ESMO recommendations. This abstract summarizes current trends in LARC management in Thailand.

LARC, defined as clinical stage T3 and T4 tumors or node-positive disease, is routinely evaluated using CT scans of the chest and abdomen, while mid-to-lower rectal lesions require additional high-resolution pelvic MRI for locoregional staging. The standard treatment for decades has been total mesorectal excision (TME) performed 8-12 weeks after neoadjuvant chemoradiotherapy (CRT). More recently, total neoadjuvant therapy (TNT) combining CRT with either induction or consolidation chemotherapy has emerged as an alternative, particularly for high-risk cases featuring EMVI-positive tumors, threatened circumferential margins, N2 disease, or lateral lymph node involvement. Although the RAPIDO trial regimen (5 x 5 short-course radiotherapy with consolidation chemotherapy) was adopted during the COVID-19 pandemic, its implementation remains limited.

Surgical approaches have evolved, with laparoscopic TME gradually replacing open procedures. However, widespread adoption faces challenges, including a shortage of skilled surgeons and reimbursement limitations. Robotic TME remains uncommon due to the excessive costs and limited availability of robotic platforms.

To enhance advanced rectal cancer care, the Thai surgical society should prioritize two key initiatives, including the development of national consensus guidelines for LARC management and the establishment of structured training or mentoring programs for laparoscopic and robotic surgical techniques.

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[ESY1-4] Korean Strategy for advanced Rectal cancer

Jin Kim (Korea University College of Medicine)



Treatment for advanced rectal cancer in Korea has shown high survival rates despite the increasing incidence of the disease. National statistical data shows that the 5-year relative survival rate for all cancer patients diagnosed from 2018 to 2022 was 72.9%, a significant increase from 54.2% for patients diagnosed between 2001 and 2005. For colorectal cancer specifically, the 5-year survival rate was 71.8% from 2010 to 2014, with some hospital-specific data showing even higher rates up to 83.8%. This outcome is attributed to a systematic, multidisciplinary treatment strategy rather than a single approach.

The cornerstone of the Korean strategy is the use of neoadjuvant therapy, which involves combining chemotherapy and radiotherapy before surgery. The rationale behind this approach is to address the high local recurrence rate, which can be between 20% and 60% for locally advanced rectal cancer when treated with surgery alone. Neoadjuvant therapy aims to reduce this recurrence rate, improve the chances of complete tumor removal, and enhance survival. This approach is particularly crucial for low-lying tumors near the anus, as it can shrink the tumor and enable sphincter-preserving surgery, thereby preserving the patient's quality of life. A meta-analysis of neoadjuvant versus adjuvant chemotherapy showed a statistically significant improvement in overall survival and disease-free survival for the neoadjuvant group. Additionally, the rate of positive resection margins was found to be marginally lower in the neoadjuvant therapy group compared to the upfront surgery group. In the surgical field, advanced technologies are applied. Laparoscopic surgery has offered various benefits, and robotic surgery is mainly used for rectal cancer, particularly for mid-to-low rectal cancer and in patients with a narrow pelvis. The robotic system offers enhanced dexterity and precision within the narrow pelvic cavity, which facilitates the safe and effective performance of complex procedures, such as lateral pelvic lymph node dissection. A recent study concluded that robot-assisted dissection was able to harvest more lymph nodes than laparoscopic surgery, with no difference in complication rates or survival. This technology helps pursue the dual goals of complete tumor removal and functional preservation. The survival outcomes demonstrate the effectiveness of this comprehensive strategy. Studies have shown that when adjuvant chemotherapy is combined with surgery, the 5-year survival rate for high-risk stage 2 rectal cancer patients improves by 7.7% in terms of disease-free survival, while for stage 3 patients, certain combination therapies have been shown to reduce the mortality rate by 33%. Furthermore, research is ongoing into future treatment options. The increasing use of precision medicine, guided by next-generation sequencing (NGS), and the introduction of new drugs like immunotherapies are also contributing to more personalized treatment plans.

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[ESY1-5] Treatment of rectal cancer in Japanese guidelines

Yusuke Kinugasa (Institute of Science Tokyo)



The treatment of rectal cancer in Japan differs significantly from practices in Europe and the United States, particularly regarding the use of preoperative therapies. The following summarizes the key points from the Japanese guidelines on rectal cancer treatment.

In Japan, total mesorectal excision (TME) or total mesorectal excision with autonomic nerve-preserving lateral lymph node dissection (TME + LLND) is the standard surgical approach for advanced lower rectal cancer. This approach has shown favorable outcomes in terms of both survival and local recurrence rates. Preoperative radiotherapy, which is standard in Europe and the United States, is not actively performed in Japan due to the lack of evidence supporting its added benefit in reducing local recurrence or its effectiveness as an alternative to LLND.

Preoperative CRT is weakly recommended for patients with a high risk of local recurrence. For patients with a high risk of local recurrence, preoperative chemotherapy (without irradiation) is weakly recommended against.

Total Neoadjuvant Therapy (TNT), which incorporates systemic therapy into preoperative treatment, is weakly recommended against for rectal cancer. TNT aims to address the limitations of preoperative CRT by improving distant metastasis control and survival rates. However, its routine use is not recommended in Japan.

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[ESY1-6] Development and Implementation of Standardized NOSES for Colorectal Surgery

Xishan Wang (Department of Colorectal Surgery, National Cancer Center/ National Clinical Research Center for Cancer/ Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)



Natural Orifice Specimen Extraction Surgery (NOSES) eliminates abdominal incisions by retrieving specimens through natural orifices (rectum/vagina). Chinese experts established a comprehensive NOSES system, including anatomical classifications and 10 standardized procedures. By 2024, over 41,000 NOSES cases (35,000+ for colorectal cancer) were performed in China (transanal: 82.9%, transvaginal: 17.1%). Large-scale data confirms reduced complications, faster recovery, and improved patient satisfaction without compromising oncologic outcomes. The China NOSES Alliance (2017) trained 10,000+ surgeons through workshops and live demonstrations, while the International NOSES Alliance (2018) expanded global adoption with consensus guidelines. This structured approach demonstrates successful transition from innovation to international standardization.