

English Symposium

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[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)

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

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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.