

Ask the Expert



Matthew Silveira, MD

Colorectal Surgery

Center for Advanced Medicine
and
Barnes-Jewish West County Hospital

(314) 454-7177

wuphysicians.wustl.edu

Q: *I was recently diagnosed with rectal cancer. Why do I need to see so many different doctors and have so many tests?*

Rectal cancer presents a challenge because of the location of the rectum within the pelvis and the difficulty obtaining clean margins when surgically removing the cancer. Various tests must be performed to determine the best treatment approach.

All patients need a rectal exam and rigid proctoscopy (examination of rectum using a scope) to determine the location of the tumor with relation to the anal sphincters. A CT scan of the chest, abdomen and pelvis looks for spread of the cancer to the liver and lungs. Transrectal ultrasound or high-resolution pelvic MRI evaluates how far through the wall of the rectum the tumor has grown or if it has spread to any lymph nodes.

These tests all help determine the stage of the cancer and the next steps in treatment. Depending on the stage of the rectal cancer, some patients will require chemotherapy and radiation prior to surgical intervention (neoadjuvant chemoradiation), while others will be treated with surgery alone.

Patients with locally advanced rectal cancer will be evaluated by both a radiation oncologist and a medical oncologist to plan their neoadjuvant chemoradiation therapy. Generally, a physician will recommend waiting six to eight weeks after

the completion of chemoradiation before surgical resection (removal) of the rectal cancer. This additional time allows the radiation to continue to shrink the tumor prior to surgery. Most often, patients with locally advanced rectal cancer will require an additional four to six months of chemotherapy after their surgical resection.

Today, technical advances allow restoration of intestinal continuity on many patients who, in the past, would have been left with a permanent colostomy bag. A combination of minimally invasive techniques, including both laparoscopy and robotic surgery, facilitate surgery and speed the recovery of the patient.

The treatment of rectal cancer can be complicated and often requires the coordination of many different clinicians and treatment modalities. A multidisciplinary team of colorectal surgeons, medical oncologists, radiation oncologists, radiologists and pathologists is able to tailor the most effective treatment plan for each individual.

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