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# EDITORIAL

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## Which 2020 Publication Shouldn't I Miss?

The surgical treatment of rectal cancer is going through a moment of debate, since we currently have four different approaches: open, laparoscopic, robotic and transanal approach. The latter, represented by the acronym TaTME, is being reviewed and analyzed. That is why I chose this article published for the first time in May 2020 in *Colorectal Disease* ([doi.org/10.1111/codi.15147](https://doi.org/10.1111/codi.15147)).

### Consensus Statement

## International expert consensus guidance on indications, implementation and quality measures for transanal total mesorectal excision

The TaTME Guidance Group representing the ESCP (European Society of Coloproctology), in collaboration with the ASCRS (American Society of Colon and Rectal Surgeons), ACPGIBI (Association of Coloproctology of Great Britain and Ireland), ECCO (European Crohn's and Colitis Organisation), EAES (European Association of Endoscopic Surgeons), ESSO (European Society of Surgical Oncology), CSCRS (Canadian Society of Colorectal Surgery), CNSCRS (Chinese Society of Colorectal Surgery), CSLES (Chinese Society of Laparo-Endoscopic Surgery), CSSANZ (Colorectal Surgical Society of Australia and New Zealand), JSES (Japanese Society of Endoscopic Surgery), SACP (Argentinian Society of Coloproctology), SAGES (Society of American Gastrointestinal and Endoscopic Surgeons), SBCP (Brazilian Society of Coloproctology), Swiss-MIS (Swiss Association for Minimally Invasive Surgery) ✉

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The choice of this article is based on three main aspects. In the first place, this consensus reflects the active collaboration of a group of colorectal surgeons with special interest in the development and implementation of this new approach. Second, this group represents 15 prestigious international entities, including the Sociedad Argentina de Coloproctología (SACP). And thirdly and probably the most important point, because its objective is to offer a guide for the safe implementation of this surgical technique.

Using the Delphi method and face-to-face meetings, 4 fundamental aspects related to the safe implementation of the TaTME were first identified:

1. its indications,
2. the quality measures of the procedure and its results,
3. the previous training required and
4. its technical aspects.

Among the prominent statements that achieved the highest level of consensus, it appears that TaTME could be used in benign and malignant pathology in those cases where some technical difficulty is anticipated during pelvic dissection. At the same time, it highlights that each institution should establish a protocol for setting up and disposing of the operating room for these procedures, as well as the perioperative management of these patients. Another recommendation with a strong consensus level refers to those surgeons who want to start implementing this technique should complete a structured training process and that their first cases should be supervised by a "proctor". And finally, it establishes with a high level of agreement that the surgical team should be made up of two colorectal surgeons, where at least one has experience in TaTME and a mini-invasive approach to rectal cancer.

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Although these consensus lack an adequate level of evidence, it highlights what should be the appropriate setting to correctly implement this surgical technique. That is why I recommend reading it.



Gustavo Rossi  
Hospital Italiano de Buenos Aires. Ciudad Autónoma de Buenos Aires, Argentina.

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