
PREFACE

“The only constant is change”
Heraclitus

When the challenge of addressing the subject of Neoadjuvant Treatment in Rectal Cancer was proposed to me, as Official Main Speaker of the 45th Argentine Congress of Coloproctology, I was presented with multiple options on the best way to approach it.

Rectal cancer has been the topic of greatest interest in my career, and there were two circumstances that marked this dedication and gave it a special focus. First of all, the opportunity to have received a grant from the Japanese government to spend 3 months at the National Cancer Center Hospital in Tokyo in 2003. There, I was able to bond with Sensei Yoshihiro Moriya and admire his unique surgical technique for the treatment of these tumors. And later, upon my return, the possibility of working with Dr. Enrique Roca and his clinical oncology team, with whom we constituted, together with Dr. Adriana Diéguez and Dr. Martín Eleta, the first interdisciplinary committee in the country dedicated exclusively to the discussion of all the decisive instances in the management of rectal cancer. From its diagnosis and staging, the indication of neoadjuvant therapies, its subsequent re-staging, the decision to operate and even the debate on the best surgical approach, the management of metastatic disease, its adjuvant treatment and follow-up. Thus, the first impulse was to summon all the specialists with whom I had the pleasure of interacting and keep interacting: gastroenterologists, clinical oncologists, radiation therapy specialists, imaging specialists, hepatobiliary surgeons, pathologists, palliation therapy specialists, the psycho prophylaxis team. However, there were other reasons that led me to seek a different alternative.

- In the first place, the definition of the word “relato”: “Short story or narrative of a literary nature.” It is also defined as a narrative genre composed of literary works that tell stories, in a brief and compact way, in which the most important details and events are given strength. In this context, it is not the idea of this work to exhaust the subject, but to offer, in the opinion of its author, the most practical information when making decisions.
- Second, if a search is carried out in Central Pubmed, with the words “neoadjuvant”, “rectal”, and “cancer”, the system returns more than 13,000 citations, and this number will surely be greater each passing day from today.
- Third, the public to whom the Argentine Coloproctology Congress is directed is fundamentally and almost exclusively the group of Argentine colorectal surgeons, although also coloproctologists from other Spanish-speaking countries.

For all the above, I have considered that, although summoning so many specialists to be part of this work could undoubtedly have the positive effect of expanding it and adding a lot of information, it could also have a negative effect. So many looks can make you lose the sense of being a useful refresher for surgeons who want a brief and practical look from a pair. That is, of a colorectal surgeon who only differs by having had the fortune to nourishing himself with all those different looks and approaches, but who is ultimately someone who experiences the problem from the same place as the eventual listeners and readers who have the interest and the opportunity to take a look at this work. In short, this is a work done by surgeons and for surgeons.