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Colorectal cancer special, part 1

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In this special issue of the *Magazine of European Medical Oncology* (*MEMO*), multidisciplinary experts summarize and discuss recent developments and future perspectives for treatment of colorectal cancer spanning from local therapies in this issue (part 1) to systemic treatment in part 2.

Over the past several decades, significant progress has been achieved towards improving survival outcome of patients with colorectal cancer (CRC), which is attributed to innovative radiotherapeutic and surgical strategies, and the approval and incorporation of several new drugs. Currently, a lack of validated predictive markers for many of the therapeutic strategies restricts our ability to tailor specific treatment strategies to patient cohorts or individual patients and might be viewed as one of the largest barriers to the success of individualized CRC therapy. In recent years, many efforts have been placed on the identification of predictive markers in CRC, which in turn would allow for selecting patients who will benefit most from a particular therapeutic regimen. An integrated, collaborative multidisciplinary effort is critically needed to successfully incorporate innovative treatment strategies into routine practice within the clinical setting.

The establishment of total mesorectal excision (TME) and the involvement of radiotherapy has reduced the 5-year local recurrence rate for rectal cancer to 5–8%. In this special issue, radiotherapy data on previous milestones, current recommendations and future perspectives on rectal cancer treatment are critically reviewed and discussed from different perspectives with a special focus on total neoadjuvant therapy (TNT) as a novel approach for locally advanced rectal cancer. More recently, the potential efficacy of neoadjuvant checkpoint inhibitors in locally advanced rectal cancer was investigated in patients with microsatellite instability (MSI-H)/mismatch repair deficient (dMMR) tumors and may provide a path toward organ preservation in a subset of patients who historically have had poorer responses to systemic chemotherapy [1]. We further highlight the value and necessity of a multidisciplinary team discussion and approach, especially for treatment of liver metastasis of colorectal cancer. It is mandatory to classify into resectable and primarily unresectable metastasis prior to first-line treatment decision. Particularly the use of induction therapy has the potential of altering initial unresectable liver metastasis to a potential resectable disease [2].

I hope this issue of *MEMO* offers you valuable information for routine clinical practice for the purpose of "lifelong learning" and stimulates you for fruitful discussions on treatment of colorectal cancer patients.

Conflict of interest A. Gerger declares that he has no competing interests.

References

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