

## Special Issue

# Total Neoadjuvant Therapy for Rectal Cancer

### Message from the Guest Editors

Neoadjuvant chemoradiation followed by total mesorectal excision results in optimized local treatment with local recurrence rates of less than 10% in locally advanced rectal cancer (LARC); however, neoadjuvant chemoradiation does not consistently improve overall survival, and distant metastases still occur in one-third of patients. Total neoadjuvant therapy (TNT) is a novel approach for LARC and has been intensively investigated in recent years. The optimal treatment sequence is, however, a matter of debate and until now no overall survival benefit has been reported. Guidelines incorporate TNT as the preferred treatment for LARC. However, the TNT protocols used, as well as the inclusion criteria, are different. Furthermore, the value of circulating tumor DNA in the treatment of patients with advanced rectal cancer is within the focus of the research interest. For this Special Issue of *Current Oncology*, submissions that summarize and identify differences from the TNT concepts used, discussion about the best TNT concepts, and future investigations from different perspectives in the therapy of locally advanced rectal cancer are sought.

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### Guest Editors

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### Deadline for manuscript submissions

closed (30 June 2024)



## Current Oncology

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CiteScore 4.9  
Indexed in PubMed



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I am honored and enthusiastic to serve as Editor-in-Chief of *Current Oncology*. Since its establishment in 1994, *Current Oncology* has been playing an important role in the advancement of cancer care by disseminating new knowledge in the cancer care continuum. *Current Oncology* is affiliated with several key cancer societies and provides a global platform to share scientific progress in oncology. We strive for high standards and work together to maintain a rigorous and unbiased peer review process to publish high-quality articles. We have an outstanding editorial team which is committed to the success of *Current Oncology*.

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