

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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