



## 6° CONGRESSO NAZIONALE SICCR

## LA CENTRALITÀ DEL PAZIENTE Qualità, Multidisciplinarietà, Management

Treviso 4-7 ottobre 2015

## Intervista alla Prof. Anna Martling - Center of Digestive Diseases Division of Coloproctology, Karolinska University Hospital



Dear Prof.Martling, you will open the 6th National Congress of the Italian Society of Colorectal Surgeons with a lecture on Rectal Cancer. You work in one of the most prestigious Cancer Center, how is changed the role of surgery for advanced rectal tumor?

Survival after rectal cancer treatment has improved, more advanced tumours are treated and also patients with distant metastases can in selected cases be offered the chance of cure. More dramatically, the rate of local recurrence after rectal cancer surgery has dropped from 30-40% to below 5% in some series.

excision (TME) in the mid 1980s was fundamental, and to the use of preoperative (chemo) radiotherapy. Adequate preoperative imaging and staging with magnetic resonance imaging (MRI) are crucial for tailoring the treatment. Also pathological examination of the operative specimen is important in order to evaluate radicality, provide feedback to radiologists and surgeons and to supply the basis for decision concerning possible adjuvant therapy. To assure each patient an individualised – and the best available – treatment plan, multidisciplinary team (MDT) conferences are today the standard of care in most specialised institutions, underlining the importance of close cooperation between surgeons, clinical oncologists, radiologists, pathologists, contact nurses and others.

At the next ESCP meeting in Dublin, you will be nominated Scientific Chief of the Society. In your opinion, how the different national colorectal societies could work in a cooperative and productive way?

ESCP was formed in 2005 from a merger of EACP (European Association of Coloproctology) and ECCP (European Council of Coloproctology) and is dedicated to promoting and advancing the science, knowledge and practice of coloproctology in whole Europe. The Society interacts with other colorectal surgical associations in Europe for example as a collaborating part in national educational workshops, etc. This is a joint responsibility of both the ESCP Program Committee as well as the Educational Committee. Furthermore, the Research Committee works intensively to build up infrastructure and facilitate participation international multicenter studies. I hope we can continue and develop these partnerships through new mutual alliances and exchanges between associations and active participation in meetings.