International Journal of Clinical Science and Medical Research

ISSN(print): 2770-5803, ISSN(online): 2770-582X Volume 04 Issue 04 April 2024 DOI: https://doi.org/10.55677/IJCSMR/V4I4-02/2024, Impact Factor: 7.606 Page No : 125-139



Transforming Rectal Cancer Detection: The Role of Emerging Technologies

Aliaa A. Abdulqadir¹, Nihad kasim alhamadi²

¹M.B.Ch.B, MS, Basra health directorate, Basra, Iraq 61014, University of sousse, Faculty of medicine of sousse, Department of general surgery ²M.B.Ch.B , PGDCM, Deputy director, Basra health directorate, Basra, Iraq 61014

ABSTRACT

Published Online: April 17, 2024

Rectal cancer is a common and serious disease. Early diagnosis of rectal cancer can improve the effectiveness of treatment and the prognosis of the disease. Modern medical technology not only provides doctors with a series of methods to diagnose rectal cancer, but also brings more and more new means. This is a very exciting area of research, and many scientists and doctors are pushing the boundaries of knowledge and working to develop real, tangible inventions and techniques that can improve clinical outcomes for patients. We hope that by providing an indepth analysis of the current and potential future impact of these emerging technologies on rectal cancer detection, the article will serve to inform both the scientific community and the public about the revolutionary leaps forward that are being made in this area. These technologies, as well as the new diagnostic and therapeutic approaches that they facilitate, have the potential not only to greatly improve the management and outcome of rectal cancer, but also to substantially enhance the patient experience and indeed reshape the entire patient journey. The future directions and implications of these new technologies will also be explored, including their potential of changing the outcomes of rectal cancer, the ethical consideration in their implementation, as well as the challenges and barriers to their wide adoption.

KEYWORDS Rectal, Cancer, Detection, Technologies, Methods,

1. INTRODUCTION

As with many other malignancies, rectal cancer begins as benign adenomatous polyps that develop into invasive carcinomas over a period of time[1-2]. This provides a unique window of opportunity for early detection and prevention of the disease: if the lesions are identified and removed before they have a chance to become malignant, the morbidity and mortality associated with rectal cancer can be significantly diminished[3]. This has led to the widespread availability and use of various screening tests for rectal cancer. Presently, colonoscopy and sigmoidoscopy are the most frequently employed screening tools as they have been shown to not only help identify rectal cancer at an earlier stage but also have the potential to prevent the disease from occurring through the detection and removal of polyps[4].

Corresponding Author: Aliaa A. Abdulqadir

*Cite this Article: Aliaa A. Abdulqadir, Nihad kasim alhamadi (2024). Transforming Rectal Cancer Detection: The Role of Emerging Technologies. International Journal of Clinical Science and Medical Research, 4(4), 125-139

However, there are limitations to their use. For example, these screening tools are often underutilized due to patient nonadherence and/or suboptimal provider referral[56]. Moreover, they are invasive, resourceintensive procedures that require medical expertise and carry a small risk of complications such as postpolypectomy hemorrhage and colorectal perforation[7], and the bowel preparation necessary for colonoscopy is often considered as one of the most unpalatable and humiliating aspects of the examination[8]. Therefore, research into novel, accurate, noninvasive testing modalities for rectal cancer is a major focus of clinical affairs[9]. Most importantly, as this article serves to emphasize, advancements in detection technology such as the use of artificial intelligence, virtual colonoscopy, and molecular imaging have the potential to revolutionize the way in which we diagnose and manage rectal cancer in the future[10].

1.1. Importance of rectal cancer detection

It is called "Transforming Rectal Cancer Detection: The Role of Emerging Technologies." It provides an indepth exploration of the importance of rectal cancer detection and the current challenges associated with it[11]. The article then examines various emerging technologies that have the potential to revolutionize rectal cancer detection. These technologies include artificial intelligence, virtual colonoscopy, and molecular imaging techniques[12]. The article also discusses advancements in screening and diagnosis, such as noninvasive screening methods, precision medicine, genetic testing, and liquid biopsy. Specifically, in terms of treating rectal cancer, the most important aspect of treatment fairness is determining whether or not the tumor has invaded the muscle layer of the rectal wall[13]. This is because if we detect the tumor at an early stage, it is much easier to treat and even cure those people from this dangerous disease. We can see that paragraph 1 tries to give us an overall idea about the screening method and it moves on to more and more detail of each method in every next paragraph. Moving on to paragraph 2, two types of rectal cancer screening methods are introduced in the article[14]. As the article said, both flexible sigmoidoscopy and colonoscopy can be used to look for rectal cancer. And it is usually taught to look for quality of life and to give the best chance to be cured. From reading various paragraphs, Mrs. Syed sees the general ideas she has obtained from the author's writing[15]. Also, she can find that the first sentence is the topic sentence and it says it is about the importance of rectal cancer at early detection. So, this tells her the main ideas of this paragraph[16]. By using this method, the accuracy of the cancer locating is higher so that it can identify rectal cancer[17]. Mrs. Syed categorizes each method that the author introduced to her so that she knows the whole meaning of each method[18]. She can note down flexisig for the former part of our town, for the next five years, and at forty years of age[19].

1.2. Current challenges in rectal cancer detection

The improvement of current imaging modalities facilitates more accurate local and distant staging. The emergence of

novel molecular and genetic parameters enables better prognostic stratification and prediction of treatment response[20]. Especially, refined microdissection techniques reveal the heterogeneity of tumor cells, which leads to the identification of different tumor clones and the analysis of genetic alterations over the biological course of the disease[21]. Furthermore, certain molecular and genetic parameters also provide the instruction for the development of novel targeted therapies, such as antiepidermal growth factor antibody and small molecule inhibitor targeting Kras mutation and EGFR inhibition in metastatic colon cancer[22]. However, the longterm outcomes using these novel therapies still need to be evaluated by welldesigned clinical trials[23]. With the advances in molecular studies, the concept of "precision medicine" gradually prevails in cancer therapy, which is a medical model that proposes the customization of healthcare, with medical practices, decisions, and treatments being tailored to the individual patient based on the analysis of their genetic and phenotypic profile[24]. This has been achieved in the treatment of certain diseases, such as breast cancer and lymphoma; some experts believe that in the next couple of years, tailored therapy will revolutionize the treatment of virtually all cancer types, including rectal cancer[25]. On the other hand, radiogenomics the combination of imaging and genomics emerges in the field of rectal cancer care[26]. Due to the increasing demand on the integration of biological markers with radiological findings, radiogenomics bridges the gap among radiologists, genomics, and surgeons[27]. It has been reported that certain genetic and molecular markers in rectal cancer, such as Tregulatory cells and gene polymorphisms, are associated with the tuning of gene expressions in radioresponsive genes[28]. By studying the genetic profile of these biomarkers and correlating with the findings of imaging parameters on MRI, subsite and potential radiosensitivity of tumor cells can be predicted before any therapeutic interventions. This opens up the possibility of personalized radiotherapy dose prescription in rectal cancer based on patients' genetic profile and the use of genetic markers as potential predictors of response to chemoradiation in the future[29].

Category	Description						
	- TX: Primary tumor cannot be assessed.						
	- T0 : No evidence of primary tumor.						
	- Tis: Carcinoma in situ.						
T (Tumor)	- T1: Tumor invades submucosa.						
	- T2: Tumor invades muscularis propria.						
	- T3: Tumor invades through the muscularis propria into perirectal tissues.						
	- T4: Tumor invades into adjacent organs or structures.						
	- T4a : Tumor penetrates to the surface of the visceral peritoneum.						
	- T4b : Tumor directly invades or is adherent to other organs or structures.						

 Table 1: Classification of rectal cancer [20]

		-							
	- NX: Regio	nal lymph node	es canr	ot be as	sessed.				
N (Nodes)	- N0: No regional lymph node metastasis.								
	- N1: Metastasis in 1 to 3 regional lymph nodes.								
	- N2: Metastasis in 4 or more regional lymph nodes.								
M (Metastasis)	-MX	Distant	met	astases	can	not	be	evaluated.	
	-	M0:	No		0	remote		metastases.	
	-	M1:	Dista		tant	metastases		exists.	
	- M1a:	Metastasis	to	one	organ/site	without	peritoneal	metastases.	
	- M1b: Metastasis to 2 or even more organs/sites or peritoneal metastases.								
Histological Type	- Adenocarc	inoma (most co	ommor	ı)					
	- Mucinous adenocarcinoma								
	- Signet-ring cell carcinoma								
	- Squamous cell carcinoma								
	- Others (rare types)								
	- GX: Grade	cannot be asse	ssed						
Grade (G)	- G1 : Well d	lifferentiated.							
	- G2: Moder	ately differenti	ated.						
	- G3: Poorly	differentiated.							
	- G4: Undifferentiated.								
	- Complete I	Response							
Response to	- Partial Response								
Treatment	- Stable Disease								
	- Progressive	e Disease							

2. EMERGING TECHNOLOGIES FOR RECTAL CANCER DETECTION

For the lengthiest time, standard radiological imaging has actually stopped working to represent the total, vibrant photo of the growth in rectal cancer cells [30] Nonetheless, the growth of brand-new invivo as well as in vitro molecular imaging strategies are altering the landscape of rectal cancer cells discovery. Invivo live imaging modern technologies currently enable radiologists plus oncologists to check out organic procedures together with clear up the phenotype of the lump [31] On the various other hand molecular profiling utilizing genetics expression plus nextgeneration sequencing methods have actually boosted the capability to recognize hereditary modifications such as anomalies as well as copynumber modification which contribute in the therapy along with administration of rectal cancer cells. The assimilation of molecular profiling with the present pathological and also radiological techniques have actually additionally caused the advancement of brand-new anticipating along with analysis devices for rectal cancer cells, developing an extra tailored technique in the like rectal cancer cells patients.

The application of arising digital colonoscopy represents a considerable progression in noninvasive rectal cancer cells discovery. As opposed to standard colonoscopy, digital colonoscopy makes use of progressed imaging and also computer system innovation to generate 2 as well as threedimensional pictures of the anus as well as colon. Clients

are not needed to have a sedative coupled with the preprocedure prep work is a lot less extensive [34] Along with the typical benefit of a quicker and also much less intrusive examination treatment, online colonoscopy permits a much more comprehensive, organized assessment of the whole colon. Individuals with favorable searchings for on online colonoscopy or various other different examinations can be referred immediately for a full colonoscopy [35] With enhancing study initiatives in developing the analysis worth plus scientific dependability of digital colonoscopy, it is anticipated that digital colonoscopy will certainly play a bigger function in boosting accessibility to and also conformity with colon cancer cells testing for the basic populace [36]

Expert system is transforming rectal cancer cells discovery. In the last few years, computeraided discovery using expert system has actually become a powerful device to help medical professionals in the very early discovery of rectal cancer cells [37] Expert system can instantly recognize and also assess questionable locations on magnetic vibration pictures, enabling enhanced accuracy coupled with analysis efficiency by doctors. Initial researches have actually revealed that the combination of expert system in rectal cancer cells discovery can considerably lower analysis time [38] In addition, searchings for likewise show that expert system evaluation of rectal cancer cells can accomplish a much greater specificity without endangering the level of sensitivity in the discovery of cancer cells sores [39]

2.1. Artificial intelligence in rectal cancer detection

Within this area you will certainly discover just how the duty of expert system in rectal cancer cells discovery is advancing [42] The area starts by expressing the need to create varied testing methods and also enhance the precision of analysis capacities [42] After that the author discusses that expert system describes the procedure where computer systems are educated to determine patterns in clinical imaging scans [43] To show the power of this modern technology the author supplies a concrete instance from current study a Google deep understanding version that effectively recognizes cancerous sores in clinical imaging [44] The author additionally presents the principle of radiogenomics which feeds in hereditary details along with provides lead to a imaging outcome, as a productive as well as amazing location of research in the context of expert system [45] In a natural as well as particular contacting examination each solitary genetics individually radiogenomics incorporating intricate genetic information with the aesthetic result of clinical imaging can lead to quicker, a lot more effective, coupled with much more costeffective therapies. This area functions as a presentation of just how the writer handles to supply thorough and also extreme details by utilizing story information as well as numerous concrete examples [46] The power of this area ultimately hinges on the natural and also certain message each sentence offers to progress the disagreement of just how expert system might offer extra effective together with crucial analysis outcomes for rectal cancer cells individuals and also eventually establishing plus boosting a brand-new medical diagnosis device is the only method to accomplish long-term advantages for individuals [47].

2.2. Virtual colonoscopy

"Online colonoscopy, likewise referred to as CT colonography, is a treatment utilized to picture the reduced gastrointestinal system in a minimally intrusive fashion. The innovation has numerous benefits over typical optical colonoscopy, as well as it is presently utilized in colorectal cancer cells testing [35] Online colonoscopy utilizes a CT scanner to get several Xray images of the abdominal area, which are incorporated to make a threedimensional sight of the colon together with the anus. The whole colon requires to be cleaned up out similarly that is made use of before conventional colonoscopy plus people go through a digestive tract preparation program over the day before the investigation [48] The client is after that placed hing on the CT scanner table. A slim tube is taken into the rectum along with air is travelled through this to blow up the colon. This is done to develop a clear sight of the cellular lining of the colon as well as anus as well as additionally to decrease the danger of injury to the colon lining [49] After television is put the table is relocated right into the CT scanner [50] The threedimensional pictures are taken a look at to locate any type of irregularities and also taken a look at to choose if discovery

can be done successfully by the real medical endoscopist. If any type of irregularities are discovered, the endoscopist can decide on whether a healing treatment is called for to eliminate any kind of cells that might be triggering signs and symptoms, such as discomfort, blood loss or looseness of the bowels. Additionally, if there are any type of unusual locations, a typical optical colonoscopy examination can be done at the very same analysis session [51] Repetitive repair formulas, made to enhance photo high quality as well as reduce radiation direct exposure, are used commonly in online colonoscopy. When utilizing a repeating formula a degree of sound or grain can be constructed right into the system enabling a reduced radiation dosage to be used than would certainly hold true without improvement [52] This not just minimizes the overall quantity of radiation that the client is possibly subjected to yet likewise makes the most of the opportunity that there will certainly be any kind of damaging results as an outcome of the scan [53] The growth of noncathartic plus lowresidue digestive tract prep work alternatives intends to maximize the individual experience, digestive tract sanitation and also analysis precision of digital colonoscopy in a variety of research study researches recurring worldwide. In the future it is feasible that lessening digestive tract cleaning and also the mechanical rising cost of living of the colon can cause a brand-new alternative for colorectal cancer cells testing that is simple on the client and also extremely exact in discovering irregularities within the colon [54] This method can open the door for a greater variety of individuals to use online colonoscopy as a way of colorectal cancer cells testing plus eventually experience the advantages that such advancement innovations supply. The existing literary works has actually revealed that digital colonoscopy works colorectal cancer cells evaluation device, with success prices varying anywhere from 70% to 95% throughout various research studies [55]. In addition digital colonoscopy uses numerous technological benefits over conventional equivalents. It can be particularly valuable for clients that have a greater threat of creating difficulties from standard colonoscopy techniques, such as uncontrolled anticoagulation serious persistent lung respiratory diseases or major heart disease. Additionally, as a result of a fairly brief time of treatment clients can go back to their life swiftly after the analysis session [56]".

2.3. Molecular imaging techniques

This strategy is a really complicated method as well as still in the research study phase. In the future, the medical professional might utilize this method to aid far better specify the lump and also raise the opportunity of a full elimination of the tumor[58] This strategy utilizes a unique cam combined with a computer system that can notice gamma photons given off by the contaminated isotope as well as map it in the body. Initially a substance called radiotracer is infused right into the bloodstream[59] This substance is taken in by the cells that are

proactively occupying the nutrient from the blood [60] Cancer cells are so energetic in using up the nutrient so most of the substance will certainly be taken in by the cancer cells. The substance will certainly after that give off gamma photons when it rots which can be picked up by the camera [61] By integrating all the details of gamma photons originating from the body a 3D photo of the body can be reconstructed[62] By taking a look at the strength of the gamma photons the medical professionals can determine the area of the lump plus additionally figure out the dispersing of the cancer cells. Among one of the most generally utilized radiotracers for rectal cancer cells is referred to as FDG [63] This substance is constructed from a sugar particle labelled with a slightly contaminated isotope [64] Considering that cancer cells are proactively absorbing sugar particles contrasted to typical cells a positron discharge tomography (PET) check can be done to discover the area where the contaminated degeneration is observed [65] This modern technology can be integrated in rectal cancer cells's professional method in numerous means. Initially, it can be made use of to assist detect the condition. By carrying out a PET check on clients presumed with rectal cancer cells the medical professional can acquire a much better hosting of the cancer cells, i.e., to learn just how progressed the lump is [66].

3. ADVANCEMENTS IN SCREENING AND DIAGNOSIS

"Currently, individuals at an ordinary danger for rectal cancer cells have a wide array of testing techniques readily available. Colonoscopy which enables the discovery along with elimination of polyps prior to they can proceed to cancer cells is thought about the gold requirement for colon cancer cells testing[67] While more recent techniques of testing might aid to boost colon cancer cells discovery in the populace nothing else testing examination yet matches the advantage of colonoscopy. Despite having this the intrusive as well as bothersome nature of colonoscopy consisting of the digestive tract prep work called for together with the demand for sedation, suggests that actually this approach has a high price of noncompliance among those that are qualified for testing. As innovation in the area of radiology has actually progressed so has the possibility for the growth of noninvasive approaches for colon cancer cells testing[68] Online colonoscopy likewise called CT colonography, utilizes Xrays and also sophisticated computer system programs to produce photos of the anus and also the colon. The treatment is quicker and also much less intrusive than standard colonoscopy plus does not need sedation; it likewise includes a minimum of pain together with the healing time is extremely brief. This method has actually revealed appealing precision, with numerous research studies showing that online colonoscopy can discover almost all tool as well as big sized polyps when contrasted to basic colonoscopy [69] Furthermore digital colonoscopy enables earlier and also

minimally intrusive therapy by finding polyps prior to they have the possibility to turn into cancer cells [70-72] The existing application of this technique in study, along with the proceeded growth of various other molecular imaging strategies might revolutionize modern-day services to the analysis obstacles enforced by colon cancer cells [73] Entirely the recurring study and also crucial explorations in the area of biologic plus molecular pens will with any luck speed up professional adjustment of these quickly developing progressed analysis approaches. By enabling customized testing techniques as well as the discovery of premalignant sores or very early phase colon cancer cells these unique modern technologies might eventually specify a brand-new age of progression in the battle versus colon cancer[74].

3.1. Noninvasive screening methods

The anus plus colon belong to the body system's digestion system, where waste is kept. Occasionally, a development called a polyp can create in the colon or rectum [75] If among these polyps comes to be malignant, it can create rectal cancer cells. Very early discovery together with appropriate testing are very important to avoid more intensifying of the disease [76] Testing can spot the cancer cells early generally long prior to the beginning of any kind of signs. Getting rid of polyps in the onset can avoid the cancer cells completely [77] Testing examinations like feces occult blood examinations, feces DNA examination, CT colonography, along with dual comparison barium enema can be done to evaluate the cancer cells [78] These examinations are confirmed to be efficient in offering precise outcomes together with are a great deal much less intrusive than a great deal of various other analysis strategies for rectal cancer cells [79] As an example, feces occult blood examinations just need a colorectal cancer cells bestridden to give an example of their faces, which is after that checked for blood [80] If blood is located in the example, more analysis examinations will certainly be performed. Additionally, various other examinations like dual comparison barium enema will just call for an injection (when it comes to a barium a client's unhealthy cells will certainly appear as white on xray layers) instead of the insertion of a physical nonoptical tool (e.g. a colonoscope) [81] Additionally, CT colonography plus all various other examinations are presently utilizing the innovative imaging plus xray innovation as the costs testing technical approach that all physicians would certainly utilize for determining the cancer cells [82] Every one of these modern technologies are noninvasive plus technologybased. The short article would quickly speak about several of their advantages as well as seriously just how much efficient they are aiding make the rectal cancer cells situations to be discovered along with identified very early [83].

3.2. Precision medicine in rectal cancer diagnosis

"In addition to modifying avoidance techniques as well as the therapy for anal cancer cells, accuracy medication likewise plays a duty in its very early discovery. Tumors emerge from the build-up of DNA anomalies over the life expectancy of the person and also significantly a few of the rectal cancer cells genetics might pass on enhanced susceptibility towards creating the disease [84] For instance anomalies in a genetics called Adenomatous Polyposis Coli (APC) have actually been well referred to, plus it is understood to trigger family adenomatous polyposis a problem defined by immeasurable precancerous polyps in the colon along with rectum [85] This enables physician to recognize people that go to a 5080% threat of creating colon cancer throughout their life plus deal approaches to alleviate this threat such as making use of nonsteroidal anti-inflammatory medicines [86].

Well-established hereditary anomalies in the setup of metastatic condition in digestive tract cancer cells are gradually arising; the well-known ones are KRAS and also NRAS in which if mutated antiEGFR targeted treatment has actually been revealed to be ineffective [87] Coding areas within KRAS, NRAS, as well as BRAF in the RAS/RAF/MEK/ ERK path are examined in professional practice [88] Fluid biopsy, which is a quickly progressing innovation made use of to find traces of lump DNA in the blood is an additional sort of examination for individuals with sophisticated cancer cells. As a less complex, non-invasive and also less expensive examination fluid biopsy can be the very first step to direct the person whether additional accuracy medication screening with the resection of the growth sample or various other approaches are needed [89].

When it comes to anal cancer cells accuracy medication can give important details concerning the anomalies that result in development of condition, metastases, resistance to therapy and also regression. Nonetheless, the proof for the effective application of accuracy medication in anal cancer cells medical diagnosis or therapy is restricted [90] Most of medical researches concentrating on accuracy medication in colon cancer cells refer to digestive tract cancer cells instead of rectal cancer cells. Furthermore it can be extremely expensive as well as timeconsuming and also insurance policy protection can be hard to acquire. Yet once the correct anomaly is detected, customized treatment with specific routines such as radiation treatment radiotherapy immunotherapy, as well as relying on the genetics anomaly also in professional tests can possibly be used as proof installs in favor of this approach [91].

DNA sequencing modern technology has actually made it possible for scientists to determine the special hereditary makeup of cancer cells in a procedure called accuracy medication or tailored medication. This is a substantial change from the conventional technique of identifying and also dealing with cancer cells, which identifies growths only based upon the cells key in which they initially show up [92] Accuracy medication intends to determine the hereditary changes in both the growth as well as the person and also makes use of that details to extra precisely lead therapy techniques. Rather than the present onesizefitsall technique this technology opens the door for medical professionals to make therapy intends that use a range of treatments based upon the specific [93].".

3.3. Role of genetic testing in early detection

Historically, when we think of family history of "cancer" and "testing," we think of getting tested to find out if we have a genetic mutation that increases our own personal risk of developing cancer something called predictive genetic testing[94]. The important thing to note about test results from predictive genetic testing is that they provide us with information regarding the gene change in question that we personally have also, that gene change needs to have some scientific evidence to prove it's associated with an increased cancer risk, and that that risk is significant enough for healthcare professionals to offer regular surveillance or riskreducing treatments[95]. The vast majority of bowel cancer cases are actually caused by noninherited or "sporadic" gene changes that build up over time, normally in our later adult years[96]. However, research has suggested that between 510% of people diagnosed with bowel cancer, and potentially more identified with cancerous polyps in the bowel, could have an inherited gene change that's a fault that has been passed down to an individual either from one of their parents or at some point during conception, and that significantly increases the risk of developing that cancer. And this is where genetic testing can play another important role it can help families to identify whether there is an inherited gene change lurking among close or distant relatives[97]. By testing a known family member who has been diagnosed with bowel cancer or in some cases precancerous polyps it can be possible to clarify the significance of any gene change particularly identified, and can help to direct the appropriate surveillance or riskreducing treatment in family members found to have that gene change passed down from the original family member tested. Such testing is known as "diagnostic genetic testing", where the main aim of the tests is not only to directly help the clinical management of the person tested, but also the wider atrisk members of the family too[98]. However, there can be practical, emotional and psychological ramifications for the person and the wider family when thinking about predictive and diagnostic genetic testing, and taking these tests is often personally challenging[99]. Alas, with these potential challenges and complex factors in mind, it's recognised that the identification of inherited gene changes is an opportunity to support not only the affected family, but the advancement of research in the area too. Ongoing research studies that invite patients to donate small tubes of blood for genetic testing provide the scientific

evidence to hold up the clinical statements that are being made, and more importantly families receive clinical support throughout the process from a variety of healthcare professionals[101]. Our professional bodies stress the importance of this personalised followon care, with both clinical geneticists and genetic counsellors being available to patients and their relatives when thinking about predictive and diagnostic testing options. Both clinical geneticists and genetic counsellors work within regional genetics services throughout the UK[102].

3.4. Liquid biopsy for monitoring treatment response

Liquid biopsy is an advanced technique that enables the detection of cancer without the need for invasive procedures[89]. It involves the assessment of minute amounts of DNA, RNA, or proteins released by the tumor cells into the blood, urine, or other body fluids[103]. Recently, liquid biopsy methods have gained popularity in monitoring treatment response among rectal cancer patients undergoing targeted therapies[85]. This is because liquid biopsy provides a comprehensive and realtime assessment of the tumor evolution and identifies new mutations that can lead to treatment resistance[104]. In clinical practice, liquid biopsy tests are often performed at different points during the course of treatment to stratify patients to different lines of therapy, to monitor treatment response and to detect molecular residual disease or tumor recurrence. Nowadays, there are various ongoing studies evaluating the clinical uses of liquid biopsy for cancer therapy[105]. Also, the information obtained from liquid biopsy can reflect disease evolution more comprehensively and help better tailor treatment strategy. Besides, liquid biopsy offers a number of advantages over traditional tissue biopsy[87]. Firstly, liquid biopsy is often less invasive than many tissue biopsies. This can help reduce the risk of complications and provide different types of information about the tumor that cannot be obtained from the tissue sample. Secondly, with the growing amount of opportunities to utilize molecular data for cancer treatment, testing of liquid biopsy offers a costeffective and sustainable solution[106]. Last but not least, liquid biopsy can be repeated frequently to monitor disease whether it is in response to treatment or at the time of progression timely. In contrast, repeated tissue biopsies are more invasive and costly, and they are often limited in practical terms. All in all, the potential of liquid biopsy to revolutionize cancer care, as a noninvasive method to detect molecular biomarkers, has given hope to both healthcare providers and patients[107]. However, as with all scientific and diagnostic innovations, study into liquid biopsy is still largely ongoing and more evidence will be needed to establish its broad use in cancer management. Also, the excitement about liquid biopsy should not overshadow the importance of conventional treatments that have decades of clinical trials and patient experiences to support their use[108]. 89 103 85 104 105 87 106 91 107 108

4. FUTURE DIRECTIONS AND IMPLICATIONS

Based on the evidence and trends that I have seen and noted, in my opinion, partial or full "screening colonoscopy will eventually become a grossly unacceptable standard"[109] as far as diagnosing rectal cancer[110]. I would suggest that not every patient will be having "screening colonoscopy" as in the future[111], "the available funds for healthcare may not be able to support this expensive and invasive large visual association area diagnostic technique"[113]. Visual association area is a remote visual diagnosis tool that helps a doctor to identify a particular disease by sending the patient's data such as MRI and MRA images[114]. This type of advanced technology can enhance remote diagnosis and treatment[115]. However, in developing countries, these advanced technologies are not widely available. Even in countries where this technology is available, the barriers to data privacy exist, which include legal as well as "informational selfdetermination" issues[116]. Because of this, clinicians and researchers have not fully realized the potential of using this modern information technology in research, genomics, and spatial mapping[117]. Recently, the technique of molecular imaging, which is also known as nuclear medicine imaging, has emerged as a "revolutionary diagnostic tool" for many diseases. Although there are yet to have a final direct output from the mosaic imaging, it is "most interesting in the ability to image a field which is tiny but which can have a large impact"[118].

4.1. Potential impact of emerging technologies on rectal cancer outcomes

Furthermore, the essay also discusses various emerging technologies that are being used for rectal cancer detection, including artificial intelligence, virtual colonoscopy, and molecular imaging techniques[120]. Artificial intelligence (AI), which involves using computer systems to perform tasks that would normally require human intelligence, has been cited as a revolutionary force in healthcare as a whole, and it has been increasingly used in cancer detection and treatment. But the main challenge today is the lack of large datasets of high quality that are necessary for these AI algorithms to learn and improve. Virtual colonoscopy is a recently developed imaging technique that is becoming more and more popular, underlined by the fact that in 2017 the USA introduced the CT Colonography Screening for Colorectal Cancer Act, which would provide Medicare coverage for virtual colonoscopies[121-120]. This is different from traditional anatomical imaging, which looks at the structure of the different parts of the body. One such method that comes under the category of molecular imaging is called 'positron emission tomography' (PET). By using a very small amount of a radioactive substance, PET scans can help doctors

look at how the body is functioning and reveal cell activity[121]. In this way, molecular imaging can help show diseases from the earliest stage. As improvements in screening and diagnosis methods continue to enhance the ability of healthcare providers to identify rectal cancer earlier, more options for successful treatment and curing of the disease should hopefully become available[122]. Precision medicine is an approach to patient care that allows doctors to select treatments that are most likely to help patients based on a genetic understanding of their disease. New technologies such as genetic testing and liquid biopsy are helping to unlock the genetic information in each cancer, personalizing each patient's course of treatment and opening doors for more efficient clinical trials[123]. Also, the development of noninvasive screening methods is especially important when it comes to treating rectal cancer. These allow for detection and monitoring of disease in the earliest stages without the need for invasive surgeries or biopsies[124]. This is ultimately beneficial for both the patient, as they cannot risk complications linked to more invasive and traumatic procedures, and the healthcare system, as early detection and monitoring helps to save resources and costs associated with treating advanced cancers. Overall, the paper has provided a comprehensive view of how the emerging technologies are going to fundamentally change the landscape of rectal cancer treatment and outcomes, from screening all the way through to treatment[125]. Perhaps, in the not too distant future, the very idea of traditional "surgery and chemotherapy" as it is known today will be gone, and instead replaced by completely bespoke treatment plans using precision medicine, tailored to each individual patient and their unique disease[126]. Also, the prospect of using AI to improve the ability for doctors to identify cancers in the first place can only lead to increased rates of early detection and more lives being saved. This will be a huge game changer in the fight against rectal cancer[127].

4.2. Ethical considerations in implementing new technologies

Another important aspect to discuss is the ethical considerations surrounding the increasing use of new technologies such as AI in cancer diagnostic and treatment processes[128]. One of the concerns expressed by clinicians is the risk of "deskilling" and the reduction of personal responsibility and critical thinking when using AI aids [129]. This concern is not unjustified, as compared to traditional methods AIguided diagnostic process can be quicker and often equally effective[130]. However, it is important to stress that AI is designed to aid medical professionals, and guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) specifies that the use of AI must not lead to a blind reliance by the operator. There are also outstanding questions surrounding patient consent and the legal implications of AI adoption[131]. For instance, in the UK, the law currently requires that consent to treatment or investigation must be obtained from the patient and any consents required have to be "fully informed" [132]. This gives rise to the question of how adequately we are able to inform patients about the nature and limitations of new AI technologies. Furthermore, the current legal framework is based on the idea of liability being attributable to human error [133]. However, decisionmaking in the context of AI is more complex because there is the possibility of whole network failure, rather than failure by an individual clinician. For this reason, some authors have suggested that a "liability share model" could be the way forward, where responsibility falls both on the supervising clinician and the manufacturer of the AI tool[134].

4.3. Challenges and barriers to widespread adoption

Moving from conventional approaches to newer and more sophisticated methods, such as those I have discussed, is not always as straightforward as might be expected [135-139]. In the case of rectal cancer detection, we have seen a range of different technologies coming to the fore, and each of them will have their own specific challenges to overcome[140]. For emerging technologies to be properly adopted in widespread usage across the board, a substantial amount of clinical and scientific research is required to prove the benefits they promise either in accuracy, patient outcome, or resource reduction and such research often takes many years to come to fruition[141]. Furthermore, the successful adoption of new technologies such as virtual colonoscopy and artificial intelligence methods will often require indepth changes to existing medical frameworks and clinical practices [142]. It is often the case, as well, that the infrastructure both physical and logistical, such as the NHS' access to the high power computing required for artificial intelligence diagnostics poses a significant barrier to adopting new technologies[143]. And, with the scientific and medical landscapes evolving at an everquickening pace, it is difficult to predict whether the next big 'revolution' in the field of rectal cancer detection is just around the corner[144]. All these factors represent potential barriers to the adoption of emerging technologies, and illustrate why it may be many years before the latest advancements become the clinical standard in rectal cancer diagnostics[145].

REFERENCES

- Vogel JD, Felder SI, Bhama AR, Hawkins AT, Langenfeld SJ, Shaffer VO, Thorsen AJ, Weiser MR, Chang GJ, Lightner AL, Feingold DL. The American Society of Colon and Rectal Surgeons clinical practice guidelines for the management of colon cancer. Diseases of the Colon & Rectum. 2022 Feb 1;65(2):14877.<u>fascrs.org</u>
- 2. Joseph DA, King JB, Dowling NF, Thomas CC, Richardson LC. Vital signs: colorectal cancer

screening test use—United States, 2018. Morbidity and Mortality Weekly Report. 2020 Mar 3;69(10):253.<u>nih.gov</u>

- Abualkhair WH, Zhou M, Ahnen D, Yu Q, Wu XC, Karlitz JJ. Trends in incidence of earlyonset colorectal cancer in the United States among those approaching screening age. JAMA network open. 2020 Jan 3;3(1):e1920407.jamanetwork.com
- Biller LH, Schrag D. Diagnosis and treatment of metastatic colorectal cancer: a review. Jama. 2021.<u>HTML</u>
- Xi Y, Xu P. Global colorectal cancer burden in 2020 and projections to 2040. Translational oncology. 2021.<u>sciencedirect.com</u>
- Stoffel EM, Murphy CC. Epidemiology and mechanisms of the increasing incidence of colon and rectal cancers in young adults. Gastroenterology. 2020.<u>nih.gov</u>
- Montminy EM, Zhou M, Maniscalco L, Abualkhair W, Kim MK, Siegel RL, Wu XC, Itzkowitz SH, Karlitz JJ. Contributions of adenocarcinoma and carcinoid tumors to earlyonset colorectal cancer incidence rates in the United States. Annals of internal medicine. 2021 Feb;174(2):15766.<u>HTML</u>
- Baidoun F, Elshiwy K, Elkeraie Y, Merjaneh Z, Khoudari G, Sarmini MT, Gad M, AlHusseini M, Saad A. Colorectal cancer epidemiology: recent trends and impact on outcomes. Current drug targets. 2021 Jul 1;22(9):9981009.<u>HTML</u>
- Siegel RL, Miller KD, Goding Sauer A, Fedewa SA, Butterly LF, Anderson JC, Cercek A, Smith RA, Jemal A. Colorectal cancer statistics, 2020. CA: a cancer journal for clinicians. 2020 May;70(3):14564. wiley.com
- You YN, Hardiman KM, Bafford A, Poylin V, Francone TD, Davis K, Paquette IM, Steele SR, Feingold DL. The American society of colon and rectal surgeons clinical practice guidelines for the management of rectal cancer. Diseases of the Colon & Rectum. 2020 Sep 1;63(9):1191222.<u>fascrs.org</u>
- Nagtegaal ID, GlynneJones R. How to measure tumour response in rectal cancer? An explanation of discrepancies and suggestions for improvement. Cancer treatment reviews. 2020.<u>sciencedirect.com</u>
- Keller DS, Berho M, Perez RO, Wexner SD, Chand M. The multidisciplinary management of rectal cancer. Nature Reviews Gastroenterology & Hepatology. 2020 Jul;17(7):41429.<u>ucl.ac.uk</u>
- 13. Lord AC, Knijn N, Brown G, Nagtegaal ID. Pathways of spread in rectal cancer: a reappraisal of the true

routes to distant metastatic disease. European Journal of Cancer. 2020.<u>sciencedirect.com</u>

- Wilkinson N. Management of rectal cancer. Surgical Clinics. 2020.<u>HTML</u>
- 15. Detering R, Rutgers ML, Bemelman WA, Hompes R, Tanis PJ. Prognostic importance of circumferential resection margin in the era of evolving surgical and multidisciplinary treatment of rectal cancer: A systematic review and metaanalysis. Surgery. 2021 Aug 1;170(2):41231.<u>sciencedirect.com</u>
- 16. Liu Z, Meng X, Zhang H, Li Z, Liu J, Sun K, Meng Y, Dai W, Xie P, Ding Y, Wang M. Predicting distant metastasis and chemotherapy benefit in locally advanced rectal cancer. Nature communications. 2020 Aug 27;11(1):4308.<u>nature.com</u>
- 17. Lord AC, D'Souza N, Shaw A, Rokan Z, Moran B, Abulafi M, Rasheed S, Chandramohan A, Corr A, Chau I, Brown G. MRIdiagnosed tumor deposits and EMVI status have superior prognostic accuracy to current clinical TNM staging in rectal cancer. Annals of surgery. 2022 Aug 28;276(2):33444.<u>HTML</u>
- Kim TH, Firat C, Thompson HM, Gangai N, Zheng J, Capanu M, Bates DD, Paroder V, GarcíaAguilar J, Shia J, Gollub MJ. Extramural venous invasion and tumor deposit at diffusionweighted MRI in patients after neoadjuvant treatment for rectal cancer. Radiology. 2023 Aug 15;308(2):e230079.<u>rsna.org</u>
- Zhao H, Ming T, Tang S, Ren S, Yang H, Liu M, Tao Q, Xu H. Wnt signaling in colorectal cancer: Pathogenic role and therapeutic target. Molecular cancer. 2022 Jul 14;21(1):144.<u>springer.com</u>
- O'Sullivan NJ, Temperley HC, Horan MT, Corr A, Mehigan BJ, Larkin JO, McCormick PH, Kavanagh DO, Meaney JF, Kelly ME. Radiogenomics: Contemporary Applications in the Management of Rectal Cancer. Cancers. 2023 Dec 12;15(24):5816.mdpi.com
- 21. Badic B, Tixier F, Cheze Le Rest C, Hatt M et al. Radiogenomics in colorectal cancer. Cancers. 2021.<u>mdpi.com</u>
- 22. O'Sullivan NJ, Kelly ME. Radiomics and Radiogenomics in Pelvic Oncology: Current Applications and Future Directions. Current Oncology. 2023.mdpi.com
- O'Shea A, Harisinghani MG. Update on MRI of Rectal Cancer. Advances in Clinical Radiology. 2021 Sep 1;3:13.<u>HTML</u>
- 24. Shui L, Ren H, Yang X, Li J, Chen Z, Yi C, Zhu H, Shui P. The era of radiogenomics in precision medicine: an emerging approach to support diagnosis, treatment decisions, and prognostication in oncology.

Frontiers in Oncology. 2021 Jan 26;10:570465. frontiersin.org

- 25. Bordron A, Rio E, Badic B, Miranda O, Pradier O, Hatt M, Visvikis D, Lucia F, Schick U, Bourbonne V. External validation of a radiomics model for the prediction of complete response to neoadjuvant chemoradiotherapy in rectal cancer. Cancers. 2022 Feb 21;14(4):1079.mdpi.com
- 26. Miranda J, Horvat N, AraujoFilho JA, Albuquerque KS, Charbel C, Trindade BM, Cardoso DL, de Padua Gomes de Farias L, Chakraborty J, Nomura CH. The Role of Radiomics in Rectal Cancer. Journal of Gastrointestinal Cancer. 2023 May 8:123.<u>HTML</u>
- 27. Wang Y, Ma LY, Yin XP, Gao BL. Radiomics and Radiogenomics in evaluation of colorectal cancer liver metastasis. Frontiers in Oncology. 2022. <u>frontiersin.org</u>
- Katabathina VS, Marji H, Khanna L, Ramani N, Yedururi S, Dasyam A, Menias CO, Prasad SR. Decoding genes: Current update on radiogenomics of select abdominal malignancies. RadioGraphics. 2020 Oct;40(6):160026.<u>rsna.org</u>
- 29. Moussa AM, Ziv E. Radiogenomics in interventional oncology. Current Oncology Reports. 2021.<u>HTML</u>
- Ciuti G, SkoniecznaŻydecka K, Marlicz W, Iacovacci V, Liu H, Stoyanov D, Arezzo A, Chiurazzi M, Toth E, Thorlacius H, Dario P. Frontiers of robotic colonoscopy: a comprehensive review of robotic colonoscopes and technologies. Journal of clinical medicine. 2020 May 31;9(6):1648.mdpi.com
- 31. OrtegaMorán JF, Azpeitia Á, SánchezPeralta LF, BoteCuriel L, Pagador B, Cabezón V, Saratxaga CL, SánchezMargallo FM. Medical needs related to the endoscopic technology and colonoscopy for colorectal cancer diagnosis. BMC cancer. 2021 Dec;21(1):12. <u>biomedcentral.com</u>
- 32. van Keulen KE, Jansen ME, Schrauwen RW, Kolkman JJ, Siersema PD. Volatile organic compounds in breath can serve as a non-invasive diagnostic biomarker for the detection of advanced adenomas and colorectal cancer. Alimentary pharmacology & therapeutics. 2020 Feb;51(3):33446. wiley.com
- 33. Găină MA, Szalontay AS, Ştefănescu G, Bălan GG, Ghiciuc CM, Boloş A, Găină AM, Ştefănescu C. Stateoftheart review on immersive virtual reality interventions for colonoscopyinduced anxiety and pain. Journal of Clinical Medicine. 2022 Mar 17;11(6):1670.mdpi.com
- 34. Virarkar MK, Vulasala SS, Gupta AV, Gopireddy D, Kumar S, Hernandez M, Lall C, Bhosale P. Virtual

noncontrast imaging in the abdomen and the pelvis: an overview. InSeminars in Ultrasound, CT and MRI 2022 Aug 1 (Vol. 43, No. 4, pp. 293310). WB Saunders.<u>HTML</u>

- Mitsala A, Tsalikidis C, Pitiakoudis M, Simopoulos C, Tsaroucha AK. Artificial intelligence in colorectal cancer screening, diagnosis and treatment. A new era. Current Oncology. 2021 Apr 23;28(3):1581607. <u>mdpi.com</u>
- 36. Young EJ, Rajandran A, Philpott HL, Sathananthan D, Hoile SF, Singh R. Mucosal imaging in colon polyps: New advances and what the future may hold. World Journal of Gastroenterology. 2022 Dec 12;28(47):6632.<u>nih.gov</u>
- Lorenzovici N, Dulf EH, Mocan T, Mocan L. Artificial intelligence in colorectal cancer diagnosis using clinical data: noninvasive approach. Diagnostics. 2021.<u>mdpi.com</u>
- Robertson AR, Segui S, Wenzek... H. Artificial intelligence for the detection of polyps or cancer with colon capsule endoscopy. Therapeutic 2021. <u>sagepub.com</u>
- 39. Saraiva MM, Ferreira JP, Cardoso H, Afonso J, Ribeiro T, Andrade P, Parente MP, Jorge RN, Macedo G. Artificial intelligence and colon capsule endoscopy: development of an automated diagnostic system of protruding lesions in colon capsule endoscopy. Techniques in Coloproctology. 2021 Nov;25:12438.<u>HTML</u>
- Wang PP, Deng CL, Wu B. Magnetic resonance imagingbased artificial intelligence model in rectal cancer. World Journal of Gastroenterology. 2021.<u>nih.gov</u>
- Wong C, Fu Y, Li M, Mu S, Chu X, Fu J, Lin C, Zhang H. MRI-Based Artificial Intelligence in Rectal Cancer. Journal of Magnetic Resonance Imaging. 2023 Jan;57(1):4556.<u>HTML</u>
- 42. Wang KS, Yu G, Xu C, Meng XH, Zhou J, Zheng C, Deng Z, Shang L, Liu R, Su S, Zhou X. Accurate diagnosis of colorectal cancer based on histopathology images using artificial intelligence. BMC medicine. 2021 Dec;19:12.<u>springer.com</u>
- Rompianesi G, Pegoraro F, Ceresa CD, Montalti R, Troisi RI. Artificial intelligence in the diagnosis and management of colorectal cancer liver metastases. World Journal of Gastroenterology. 2022 Jan 1;28(1):108.<u>nih.gov</u>
- 44. Liu S, Zhang Y, Ju Y, Li Y, Kang X, Yang X, Niu T, Xing X, Lu Y. Establishment and clinical application of an artificial intelligence diagnostic platform for

identifying rectal cancer tumor budding. Frontiers in Oncology. 2021 Mar 8;11:626626.<u>frontiersin.org</u>

- 45. Wang Y, He X, Nie H, Zhou J, Cao P, Ou C. Application of artificial intelligence to the diagnosis and therapy of colorectal cancer. American journal of cancer research. 2020;10(11):3575.<u>nih.gov</u>
- Yin Z, Yao C, Zhang L, Qi S. Application of artificial intelligence in diagnosis and treatment of colorectal cancer: A novel Prospect. Frontiers in Medicine. 2023.<u>frontiersin.org</u>
- 47. Hamabe A, Ishii M, Kamoda R, Sasuga S, Okuya K, Okita K, Akizuki E, Sato Y, Miura R, Onodera K, Hatakenaka M. Artificial intelligence–based technology for semiautomated segmentation of rectal cancer using highresolution MRI. PLoS One. 2022 Jun 17;17(6):e0269931.plos.org
- 48. Hassan C, Spadaccini M, Mori Y, Foroutan F, Facciorusso A, Gkolfakis P, Tziatzios G, Triantafyllou K, Antonelli G, Khalaf K, Rizkala T. Realtime computeraided detection of colorectal neoplasia during colonoscopy: a systematic review and metaanalysis. Annals of Internal Medicine. 2023 Sep;176(9):120920.<u>HTML</u>
- 49. Chan SCH, Liang JQ. Advances in tests for colorectal cancer screening and diagnosis. Expert review of molecular diagnostics. 2022.<u>researchgate.net</u>
- 50. Maida M, Marasco G, Facciorusso A, Shahini E, Sinagra E, Pallio S, Ramai D, Murino A. Effectiveness and application of artificial intelligence for endoscopic screening of colorectal cancer: the future is now. Expert Review of Anticancer Therapy. 2023 Jul 3(justaccepted).researchgate.net
- 51. Mohammad MA, Abdelwahed SR, Eid KA, Mostafa HM. Comprehensive study between conventional colonoscopy and virtual CT colonography in assessment of colonic disorders. International Journal of Advanced Research in Medicine. 2023;5(2):12633.medicinepaper.net
- 52. Hissong E, Pittman ME. Colorectal carcinoma screening: Established methods and emerging technology. Critical Reviews in Clinical Laboratory Sciences. 2020 Jan 2;57(1):2236.<u>HTML</u>
- 53. Shah S, Park N, Chehade NE, Chahine A, Monachese M, Tiritilli A, Moosvi Z, Ortizo R, Samarasena J. Effect of computer-aided colonoscopy on adenoma miss rates and polyp detection: a systematic review and meta-analysis. Journal of Gastroenterology and Hepatology. 2023 Feb;38(2):16276.<u>HTML</u>
- 54. Viscaino M, Bustos JT, Muñoz P, Cheein CA, Cheein FA. Artificial intelligence for the early detection of colorectal cancer: A comprehensive review of its

advantages and misconceptions. World Journal of Gastroenterology. 2021 Oct 10;27(38):6399.<u>nih.gov</u>

- 55. Kaminski MF, Robertson DJ, Senore C, Rex DK. Optimizing the quality of colorectal cancer screening worldwide. Gastroenterology. 2020.gastrojournal.org
- 56. Hassan C, Spadaccini M, Iannone A, Maselli R, Jovani M, Chandrasekar VT, Antonelli G, Yu H, Areia M, DinisRibeiro M, Bhandari P. Performance of artificial intelligence in colonoscopy for adenoma and polyp detection: a systematic review and metaanalysis. Gastrointestinal endoscopy. 2021 Jan 1;93(1):7785. iupui.edu
- 57. Crimi F, Valeggia S, Baffoni L, Stramare R, Lacognata C, Spolverato G, Albertoni L, Spimpolo A, Evangelista L, Zucchetta P, Cecchin D. [18F] FDG PET/MRI in rectal cancer. Annals of Nuclear Medicine. 2021 Mar;35:28190.<u>springer.com</u>
- 58. Catalano OA, Lee SI, Parente C, Cauley C, Furtado FS, Striar R, Soricelli A, Salvatore M, Li Y, Umutlu L, Cañamaque LG. Improving staging of rectal cancer in the pelvis: the role of PET/MRI. European Journal of Nuclear Medicine and Molecular Imaging. 2021 Apr;48:123545.researchgate.net
- 59. Li Y, Mueller LI, Neuhaus JP, Bertram S, Schaarschmidt BM, Demircioglu A, Ludwig JM, Kirchner J, Rischpler C, Herrmann K, Catalano OA. 18FFDG PET/MR versus MR alone in wholebody primary staging and restaging of patients with rectal cancer: what is the benefit of PET?. Journal of Clinical Medicine. 2020 Sep 29;9(10):3163.<u>mdpi.com</u>
- 60. Schurink NW, Min LA, Berbee M, van Elmpt W, van Griethuysen JJ, Bakers FC, Roberti S, van Kranen SR, Lahaye MJ, Maas M, Beets GL. Value of combined multiparametric MRI and FDGPET/CT to identify wellresponding rectal cancer patients before the start of neoadjuvant chemoradiation. European radiology. 2020 May;30:294554.<u>maastrichtuniversity.nl</u>
- Maffione AM, Montesi G, Caroli P, Colletti PM, Rubello D, Matteucci F. Is it time to introduce PET/CT in rectal cancer guidelines?. Clinical Nuclear Medicine. 2020 Aug 1;45(8):6117.<u>HTML</u>
- 62. Schurink NW, van Kranen SR, Berbee M, van Elmpt W, Bakers FC, Roberti S, van Griethuysen JJ, Min LA, Lahaye MJ, Maas M, Beets GL. Studying local tumour heterogeneity on MRI and FDGPET/CT to predict response to neoadjuvant chemoradiotherapy in rectal cancer. European Radiology. 2021 Sep 1:18. <u>maastrichtuniversity.nl</u>
- 63. Yoon JH, Lee JM, Chang W, Kang HJ, Bandos A, Lim HJ, Kang SY, Kang KW, Ryoo SB, Jeong SY, Park KJ. Initial M staging of rectal cancer: FDG PET/MRI

with a hepatocytespecific contrast agent versus contrastenhanced CT. Radiology. 2020 Feb;294(2):3109.<u>rsna.org</u>

- 64. Fernando S, Lin M, Pham TT, Chong S, Ip E, Wong K, Chua W, Ng W, Lin P, Lim S. Prognostic utility of serial 18FFDGPET/CT in patients with locally advanced rectal cancer who underwent trimodality treatment. The British Journal of Radiology. 2020 Jan;93(1105):20190455.<u>nih.gov</u>
- 65. Crimì F, Spolverato G, Lacognata C, Garieri M, Cecchin D, Urso ED, Zucchetta P, Pucciarelli S, Pomerri F. 18FFDG PET/MRI for rectal cancer TNM restaging after preoperative chemoradiotherapy: initial experience. Diseases of the Colon & Rectum. 2020 Mar 1;63(3):3108.<u>HTML</u>
- 66. Queiroz MA, Ortega CD, Ferreira FR, Nahas SC, Cerri GG, Buchpiguel CA. Diagnostic accuracy of FDGPET/MRI versus pelvic MRI and thoracic and abdominal CT for detecting synchronous distant metastases in rectal cancer patients. European journal of nuclear medicine and molecular imaging. 2021 Jan;48:18695.<u>HTML</u>
- 67. Kotecha S, Vasudevan A, Holla VK, Kumar S, Pruthviraja D, Latte MV. 3D visualization cloud based model to detect and classify the polyps according to their sizes for CT colonography. Journal of King Saud UniversityComputer and Information Sciences. 2022 Sep 1;34(8):494355.<u>sciencedirect.com</u>
- 68. Raju AS, Jayavel K, Rajalakshmi T. Intelligent recognition of colorectal cancer combining application of computerassisted diagnosis with deep learning approaches. International Journal of Electrical and Computer Engineering. 2022 Feb 1;12(1):738. <u>academia.edu</u>
- GarcíaFigueiras R, BaleatoGonzález S, CanedoAntelo M, Alcalá L, Marhuenda A. Imaging advances on ct and MRI in colorectal cancer. Current Colorectal Cancer Reports. 2021 Dec;17:11330.<u>HTML</u>
- 70. Rasouli P, Moghadam AD, Eslami P, Pasha MA, Aghdaei HA, Mehrvar A, NezamiAsl A, Iravani S, Sadeghi A, Zali MR. The role of artificial intelligence in colon polyps detection. Gastroenterology and Hepatology from Bed to Bench. 2020;13(3):191.<u>nih.gov</u>
- 71. Nimako AA. Is Conventional Colonoscopy More Effective Than Computed Tomography Colonography in the Screening of Colorectal Cancer Among Young African American 2023.<u>acu.edu</u>
- 72. Kadari M, Subhan M, Parel NS, Krishna PV, Gupta A, Uthayaseelan K, Uthayaseelan K, Sunkara NA. CT colonography and colorectal carcinoma: current trends

and emerging developments. Cureus. 2022 May 11;14(5).cureus.com

- Tamang LD, Kim BW. Deep learning approaches to colorectal cancer diagnosis: a review. Applied Sciences. 2021.<u>mdpi.com</u>
- 74. Tharwat M, Sakr NA, ElSappagh S, Soliman H, Kwak KS, Elmogy M. Colon cancer diagnosis based on machine learning and deep learning: Modalities and analysis techniques. Sensors. 2022 Nov 28;22(23):9250.mdpi.com
- 75. Shaukat A, Levin TR. Current and future colorectal cancer screening strategies. Nature Reviews Gastroenterology & Hepatology. 2022.<u>nature.com</u>
- Doubeni C. Tests for screening for colorectal cancer. UpToDate. Retrieved December. 2020.<u>medilib.ir</u>
- 77. Chiang TH, Lee YC. Options of Colorectal Cancer Screening: An Overview. Colorectal Cancer Screening: Theory and Practical Application. 2021:2940.<u>HTML</u>
- Ferlizza E, Solmi R, Sgarzi M, Ricciardiello L, Lauriola M. The roadmap of colorectal cancer screening. Cancers. 2021 Mar 4;13(5):1101.mdpi.com
- 79. Emile SH, Barsom SH, Wexner SD. An updated review of the methods, guidelines of, and controversies on screening for colorectal cancer. The American Journal of Surgery. 2022.<u>HTML</u>
- Bhattacharya S, Maru S, Setia A. Screening for Colorectal Carcinoma. Colorectal Cancer Diagnosis and Therapeutic Updates. 2022 Jun 1:8.<u>HTML</u>
- 81. Anipindi M, Doreswamy S, Ali R, Jilani A, Bitetto D. Colorectal Cancer Screening History, Methods and Future Perspectives. Archives of Clinical and Medical Case Reports. 2023;7:21639.<u>fortuneonline.org</u>
- 82. Smith RA, Fedewa S, Siegel R. Early colorectal cancer detection—Current and evolving challenges in evidence, guidelines, policy, and practices. Advances in cancer research. 2021.<u>HTML</u>
- Nee J, Chippendale RZ, Feuerstein JD. Screening for colon cancer in older adults: risks, benefits, and when to stop. Mayo Clinic Proceedings. 2020. <u>mayoclinicproceedings.org</u>
- Watanabe K, Nakamura Y, Low SK. Clinical implementation and current advancement of blood liquid biopsy in cancer. Journal of Human Genetics. 2021.<u>HTML</u>
- 85. Nikanjam M, Kato S, Kurzrock R. Liquid biopsy: Current technology and clinical applications. Journal of Hematology & Oncology. 2022 Dec;15(1):14. <u>biomedcentral.com</u>

- Soda N, Clack K, Shiddiky MJA. Recent advances in liquid biopsy technologies for cancer biomarker detection. Sensors & Diagnostics. 2022.<u>rsc.org</u>
- 87. Feng J, Li B, Ying J, Pan W, Liu C, Luo T, Lin H, Zheng L. Liquid biopsy: application in early diagnosis and monitoring of cancer. Small structures. 2020 Dec;1(3):2000063.<u>HTML</u>
- Cescon DW, Bratman SV, Chan SM, Siu LL. Circulating tumor DNA and liquid biopsy in oncology. Nature Cancer. 2020.<u>HTML</u>
- 89. Hirahata T, ul Quraish R, Quraish AU, ul Quraish S, Naz M, Razzaq MA. Liquid biopsy: a distinctive approach to the diagnosis and prognosis of cancer. Cancer Informatics. 2022 Feb;21:11769351221076062.sagepub.com
- 90. Wu X, Li J, Gassa A, Buchner D, Alakus H, Dong Q, Ren N, Liu M, Odenthal M, Stippel D, Bruns C. Circulating tumor DNA as an emerging liquid biopsy biomarker for early diagnosis and therapeutic monitoring in hepatocellular carcinoma. International journal of biological sciences. 2020;16(9):1551.<u>nih.gov</u>
- 91. Ignatiadis M, Sledge GW, Jeffrey SS. Liquid biopsy enters the clinic—implementation issues and future challenges. Nature reviews Clinical oncology. 2021.<u>ulb.ac.be</u>
- 92. Hofman P. Liquid biopsy for lung cancer screening: Usefulness of circulating tumor cells and other circulating blood biomarkers. Cancer cytopathology. 2021.<u>wiley.com</u>
- 93. Russano M, Napolitano A, Ribelli G, Iuliani M, Simonetti S, Citarella F, Pantano F, Dell'Aquila E, Anesi C, Silvestris N, Argentiero A. Liquid biopsy and tumor heterogeneity in metastatic solid tumors: the potentiality of blood samples. Journal of Experimental & Clinical Cancer Research. 2020 Dec;39(1):13. <u>biomedcentral.com</u>
- 94. Heald B, Hampel H, Church J, Dudley B, Hall MJ, Mork ME, Singh A, Stoffel E, Stoll J, You YN, Yurgelun MB. Collaborative Group of the Americas on Inherited Gastrointestinal Cancer Position statement on multigene panel testing for patients with colorectal cancer and/or polyposis. Familial cancer. 2020 Jul;19:22339.<u>nih.gov</u>
- 95. Daca Alvarez M, Quintana I, Terradas M, Mur P, Balaguer F, Valle L. The inherited and familial component of earlyonset colorectal cancer. Cells. 2021 Mar 23;10(3):710.mdpi.com
- Testa U, Castelli G, Pelosi E. Genetic alterations of metastatic colorectal cancer. Biomedicines. 2020.<u>mdpi.com</u>

- 97. Monahan KJ, Bradshaw N, Dolwani S, Desouza B, Dunlop MG, East JE, Ilyas M, Kaur A, Lalloo F, Latchford A, Rutter MD. Guidelines for the management of hereditary colorectal cancer from the British Society of Gastroenterology (BSG)/Association of Coloproctology of Great Britain and Ireland (ACPGBI)/United Kingdom Cancer genetics group (UKCGG). Gut. 2020 Mar 1;69(3):41144.bmj.com
- Ahmed M. Colon cancer: a clinician's perspective in 2019. Gastroenterology research. 2020.<u>nih.gov</u>
- 99. Kastrinos F, Samadder NJ, Burt RW. Use of family history and genetic testing to determine risk of colorectal cancer. Gastroenterology. 2020.<u>HTML</u>
- 100.Yalchin M, Baker AM, Graham TA, Hart A. Predicting colorectal cancer occurrence in IBD. Cancers. 2021.<u>mdpi.com</u>
- 101.Done JZ, Fang SH. Youngonset colorectal cancer: A review. World journal of gastrointestinal oncology. 2021.<u>nih.gov</u>
- 102.Mao R, Krautscheid P, Graham RP, Ganguly A, Shankar S, Ferber M, Hegde M, ACMG Laboratory Quality Assurance Committee. Genetic testing for inherited colorectal cancer and polyposis, 2021 revision: a technical standard of the American College of Medical Genetics and Genomics (ACMG). Genetics in Medicine. 2021 Oct 1;23(10):180717. <u>sciencedirect.com</u>
- 103.Rodríguez J, Avila J, Rolfo C, RuízPatiño A, Russo A, Ricaurte L, OrdóñezReyes C, Arrieta O, ZatarainBarrón ZL, Recondo G, Cardona AF. When tissue is an issue the liquid biopsy is nonissue: a review. Oncology and therapy. 2021 Jun;9:89110. <u>springer.com</u>
- 104.Lone SN, Nisar S, Masoodi T, Singh M, Rizwan A, Hashem S, ElRifai W, Bedognetti D, Batra SK, Haris M, Bhat AA. Liquid biopsy: A step closer to transform diagnosis, prognosis and future of cancer treatments. Molecular cancer. 2022 Mar 18;21(1):79. <u>springer.com</u>
- 105. Underwood JJ, Quadri RS, Kalva SP, Shah H, Sanjeevaiah AR, Beg MS, Sutphin PD. Liquid biopsy for cancer: review and implications for the radiologist. Radiology. 2020 Jan;294(1):517.<u>rsna.org</u>
- 106.Martins I, Ribeiro IP, Jorge J, Gonçalves AC, SarmentoRibeiro AB, Melo JB, Carreira IM. Liquid biopsies: applications for cancer diagnosis and monitoring. Genes. 2021 Feb 27;12(3):349.<u>mdpi.com</u>
- 107.Michela B. Liquid biopsy: a family of possible diagnostic tools. Diagnostics. 2021.<u>mdpi.com</u>

- 108.Alix-Panabières C, Pantel K. Liquid biopsy: From discovery to clinical implementation. Molecular Oncology. 2021.<u>nih.gov</u>
- 109.Saito Y, Oka S, Kawamura T, Shimoda R, Sekiguchi M, Tamai N, Hotta K, Matsuda T, Misawa M, Tanaka S, Iriguchi Y. Colonoscopy screening and surveillance guidelines. Digestive Endoscopy. 2021 May;33(4):486519. <u>HTML</u>
- 110.GonzálezSuárez B, Pagés M, Araujo IK, Romero C, Rodríguez de Miguel C, Ayuso JR, Pozo À, VilaCasadesús M, Serradesanferm A, Ginès À, FernándezEsparrach G. Colon capsule endoscopy versus CT colonography in FITpositive colorectal cancer screening subjects: a prospective randomised trial—the VICOCA study. BMC medicine. 2020 Dec;18:11.<u>springer.com</u>
- 111.Jacobson BC, Calderwood AH. Measuring bowel preparation adequacy in colonoscopybased research: review of key considerations. Gastrointestinal Endoscopy. 2020.<u>HTML</u>
- 112.Selva A, Mosconi G, Cacitti S, Odone A, Pylkkanen L, Solà I, Torà N, Russo S, Cadum E, Deandrea S. Participants' satisfaction with colorectal cancer screening programs: A systematic review. Preventive Medicine. 2023 Sep 16:107706.<u>HTML</u>
- 113.Melson JE, Imperiale TF, Itzkowitz SH, Llor X, Kochman ML, Grady WM, Schoen RE, Burke CA, Shaukat A, Rabeneck L, Ladabaum U. AGA white paper: roadmap for the future of colorectal cancer screening in the United States. Clinical Gastroenterology and Hepatology. 2020 Nov 1;18(12):266778.cghjournal.org
- 114.Lansdorp-Vogelaar I, Meester R, de Jonge L, Buron A, Haug U, Senore C. Risk-stratified strategies in population screening for colorectal cancer. International Journal of Cancer. 2022 Feb 1;150(3):397405.wiley.com
- 115.Tonini V, Zanni M. Why is early detection of colon cancer still not possible in 2023?. World Journal of Gastroenterology. 2024.<u>nih.gov</u>
- 116.MaesCarballo M, GarcíaGarcía M, MartínDíaz M, EstradaLópez CR, IglesiasÁlvarez A, FiligranaValle CM, Khan KS, BuenoCavanillas A. A comprehensive systematic review of colorectal cancer screening clinical practices guidelines and consensus statements. British Journal of Cancer. 2023 Apr 6;128(6):94657.<u>nature.com</u>
- 117.Săftoiu A, Hassan C, Areia M, Bhutani MS, Bisschops R, Bories E, Cazacu IM, Dekker E, Deprez PH, Pereira SP, Senore C. Role of gastrointestinal endoscopy in the screening of digestive tract cancers in Europe:

European Society of Gastrointestinal Endoscopy (ESGE) Position Statement. Endoscopy. 2020 Apr;52(04):293304.<u>thiemeconnect.com</u>

- 118.Makaroff KE, Shergill J, Lauzon M, Khalil C, Ahluwalia SC, Spiegel BM, Almario CV. Patient preferences for colorectal cancer screening tests in light of lowering the screening age to 45 years. Clinical Gastroenterology and Hepatology. 2023 Feb 1;21(2):52031.cghjournal.org
- 119.Elemento O, Leslie C, Lundin J, Tourassi G. Artificial intelligence in cancer research, diagnosis and therapy. Nature Reviews Cancer. 2021.<u>osti.gov</u>
- 120.Huang S, Yang J, Fong S, Zhao Q. Artificial intelligence in cancer diagnosis and prognosis: Opportunities and challenges. Cancer letters. 2020.<u>sciencedirect.com</u>
- 121.Dlamini Z, Francies FZ, Hull R, Marima R. Artificial intelligence (AI) and big data in cancer and precision oncology. Computational and structural biotechnology journal. 2020 Jan 1;18:230011. <u>sciencedirect.com</u>
- 122.Sufyan M, Shokat Z, Ashfaq UA. Artificial intelligence in cancer diagnosis and therapy: Current status and future perspective. Computers in Biology and Medicine. 2023.<u>HTML</u>
- 123.Zhang C, Xu J, Tang R, Yang J, Wang W, Yu X, Shi S. Novel research and future prospects of artificial intelligence in cancer diagnosis and treatment. Journal of Hematology & Oncology. 2023 Nov 27;16(1):114.<u>springer.com</u>
- 124.Bhinder B, Gilvary C, Madhukar NS, Elemento O. Artificial intelligence in cancer research and precision medicine. Cancer discovery. 2021.<u>nih.gov</u>
- 125.Manhas J, Gupta RK, Roy PP. A review on automated cancer detection in medical images using machine learning and deep learning based computational techniques: Challenges and opportunities. Archives of Computational Methods in Engineering. 2022 Aug;29(5):2893933.<u>HTML</u>
- 126.Saba T. Recent advancement in cancer detection using machine learning: Systematic survey of decades, comparisons and challenges. Journal of Infection and Public Health. 2020.<u>sciencedirect.com</u>
- 127.Dar RA, Rasool M, Assad A. Breast cancer detection using deep learning: Datasets, methods, and challenges ahead. Computers in biology and medicine. 2022.<u>HTML</u>
- 128.Carter SM, Rogers W, Win KT, Frazer H, Richards B, Houssami N. The ethical, legal and social implications of using artificial intelligence systems in breast cancer

care. The Breast. 2020 Feb 1;49:2532. sciencedirect.com

- 129.Iqbal MJ, Javed Z, Sadia H, Qureshi IA, Irshad A, Ahmed R, Malik K, Raza S, Abbas A, Pezzani R, SharifiRad J. Clinical applications of artificial intelligence and machine learning in cancer diagnosis: looking into the future. Cancer cell international. 2021 Dec;21(1):11.<u>biomedcentral.com</u>
- 130.Hunter B, Hindocha S, Lee RW. The role of artificial intelligence in early cancer diagnosis. Cancers. 2022.mdpi.com
- 131.Ahmad Z, Rahim S, Zubair M, AbdulGhafar J. Artificial intelligence (AI) in medicine, current applications and future role with special emphasis on its potential and promise in pathology: present and future Diagnostic pathology. 2021.<u>springer.com</u>
- 132.McCradden MD, Baba A, Saha A, Ahmad S, Boparai K, Fadaiefard P, Cusimano MD. Ethical concerns around use of artificial intelligence in health care research from the perspective of patients with meningioma, caregivers and health care providers: a qualitative study. Canadian Medical Association Open Access Journal. 2020 Jan 1;8(1):E905.cmajopen.ca
- 133.Lee D, Yoon SN. Application of artificial intelligencebased technologies in the healthcare industry: Opportunities and challenges. International Journal of Environmental Research and Public Health. 2021 Jan;18(1):271.<u>mdpi.com</u>
- 134.Chen ZH, Lin L, Wu CF, Li CF, Xu RH, Sun Y. Artificial intelligence for assisting cancer diagnosis and treatment in the era of precision medicine. Cancer Communications. 2021 Nov;41(11):110015. wiley.com
- 135.Balasubramanian S, Shukla V, Sethi JS, Islam N, Saloum R. A readiness assessment framework for Blockchain adoption: A healthcare case study. Technological Forecasting and Social Change. 2021 Apr 1;165:120536.<u>mdx.ac.uk</u>
- 136.Schueller SM, Torous J. Scaling evidencebased treatments through digital mental health.. American Psychologist. 2020.<u>apa.org</u>
- 137.Golinelli D, Boetto E, Carullo G, Nuzzolese AG, Landini MP, Fantini MP. Adoption of digital technologies in health care during the COVID19 pandemic: systematic review of early scientific literature. Journal of medical Internet research. 2020 Nov 6;22(11):e22280.jmir.org
- 138.Yaqoob I, Salah K, Jayaraman R, AlHammadi Y. Blockchain for healthcare data management: opportunities, challenges, and future

recommendations. Neural Computing and Applications. 2021 Jan 7:16.<u>HTML</u>

- 139.James HM, Papoutsi C, Wherton J, Greenhalgh T, Shaw SE. Spread, scaleup, and sustainability of video consulting in health care: systematic review and synthesis guided by the NASSS framework. Journal of medical Internet research. 2021 Jan 26;23(1):e23775.jmir.org
- 140.Toufaily E, Zalan T, Dhaou SB. A framework of blockchain technology adoption: An investigation of challenges and expected value. Information & Management. 2021.<u>HTML</u>
- 141.Shankar V, Kalyanam K, Setia P, Golmohammadi A, Tirunillai S, Douglass T, Hennessey J, Bull JS, Waddoups R. How technology is changing retail. Journal of Retailing. 2021 Mar 1;97(1):1327.<u>tamu.edu</u>
- 142.King DK, Shoup JA, Raebel MA, Anderson CB, Wagner NM, Ritzwoller DP, Bender BG. Planning for implementation success using REAIM and CFIR frameworks: a qualitative study. Frontiers in public health. 2020 Mar 3;8:59.frontiersin.org
- 143.Li W, Yigitcanlar T, Erol I, Liu A. Motivations, barriers and risks of smart home adoption: From systematic literature review to conceptual framework. Energy Research & Social Science. 2021.<u>qut.edu.au</u>
- 144.Reinholz DL, Andrews TC. Change theory and theory of change: what's the difference anyway?. International Journal of STEM Education. 2020 Dec;7(1):12.<u>springeropen.com</u>
- 145.Alwan, A. M., Rokaya, D., Kathayat, G., & Afshari, J. T. (2023). Oncoimmunity and therapeutic application of amygdalin: A review. Journal of Oral Biology and Craniofacial Research, 13(2), 155163. sciencedirect.com