

Optimal interval of surgery after neoadjuvant radiochemotherapy in T3-4/N0+ rectal cancer: population level evidence in addition to controlled trial

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We congratulated the study by Saglam *et al.* from Turkey (1) for providing efficacy data regarding optimal interval of surgery after neoadjuvant radiochemotherapy in locally advanced rectal cancer. However, what seen in controlled trial (efficacy) might not be seen in population real practice (effectiveness) (2). To our knowledge, this issue still remained controversial (3) and there was only one population level study from the Netherlands (4). Therefore, we would like to provide supplementary population level evidence from Taiwan.

From national cancer registry in Taiwan, we identified 891 rectal cancer patients received neoadjuvant concurrent systematic therapy and radiotherapy within 2007-2010. Among those who were clinically staged as T3-4/N0+ and received subsequent proctectomy, we conducted a propensity-score match analysis to compare the outcome between long (within 7-9 weeks) or short interval (within 3-5 weeks) between neoadjuvant therapy and surgery so as to minimal bias using clinical-pathological covariables based on our previous research experiences (5-10). Among 220 matched patients, we found the rate of pathological complete remission (15.45% *vs.* 11.82%), margin-involvement rate (3.64% *vs.* 5.45%), or 5-year survival rate (78.43% *vs.* 70.28%) were all similar between these two groups [P=0.5716 (McNemar test), 0.7539 (McNemar test), 0.6952 (stratified log-rank test), respectively]. We believed this population-level information would be helpful regarding decision for optimal timing for surgery before further evidences available.

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