## What Publication Of 2019 Should You Read?

## Nicolás Rotholtz

Jefe Servicio de Cirugía. Hospital Alemán de Buenos Aires, C.A.B.A.

It is difficult to define the paper of most impact of the current year since fortunately there have been many publications. Specifically when it comes to rectal cancer I opted for this paper:

> Assessment of a Watch-and-Wait Strategy for Rectal Cancer in Patients With a Complete Response After Neoadjuvant Therapy J. Joshua Smith, MD, PhD; Paul Strombom, MD; Oliver S. Chow, MD; Campbell S. Roxburgh, MD, PhD; Patricio Lynn, MD; Anne Eaton, MS; Maria Widmar, MD; Karuna Ganesh, MD, PhD; Rona Yaeger, MD; Andrea Cercek, MD; Martin R.Weiser, MD; Garrett M. Nash, MD, MPH; Jose G. Guillem, MD, MPH; Larissa K. F. Temple, MD, MSc; Sree B. Chalasani, MD; James L. Fuqua, MD; Iva Petkovska, MD; Abraham J.Wu, MD; Marsha Reyngold, MD, PhD; Efsevia Vakiani, MD, PhD; Jinru Shia, MD; Neil H. Segal, MD, PhD; James D. Smith, MD, PhD; Christopher Crane, MD; Marc J. Gollub, MD; Mithat Gonen, PhD; Leonard B. Saltz, MD; Julio Garcia-Aguilar, MD, PhD; Philip B. Paty, MD

> JAMA Oncol. doi:<u>https://doi.org/10.1001/jamaon-</u> <u>col.2018.5896</u> Published online January 10, 2019.

My choice for this Memorial Sloan Kettering Cancer Center study is because it shows us two or three issues that remain controversial and are subject to debate. Although it is a retrospective work, it gathers an important number of rectal cancer patients and compares the differences between a group treated with surgery that had complete pathological response (136) with a group who underwent a Watch & Wait strategy that had complete clinical response (113). With a moderate oncologic follow-up (mean: 43 months), it showed that is possible to achieve rates of sustained complete clinical response in a high percentage of patients (79%).

It also shows us that to obtain these results it will be important in the future to consider total neoadjuvant therapies (induction or sustained therapy).

The other relevant issue is that the regrowth, although is fundamentally identified in the first two years, can be seen in a longer term (mean: 11.2 months; range: 3.5-74.4 months). And finally, that patients with regrowth have had a distant metastasis rate significantly higher than those who did not have regrowth (36% vs. 1%, p <0.001).

In summary, this work, beyond having the limitation of being a retrospective analysis, shows that the Watch & Wait strategy allows an important organ preservation rate. In turn it is also observed that patients with tumor regrowth have a significantly greater rate of distant metastases, so is still pending to understand how to distinguish those patients who can truly benefit with this therapeutic alternative. For all this, I recommend do not miss the opportunity to read this work.

Nicolás Rotholtz