

Unmissable Recent Publication

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Although there are several recent publications that are worth mentioning, the following article is to be highlighted since it forces us to rethink the multimodal strategy of rectal cancer:

MRI-Based Use of Neoadjuvant Chemoradiotherapy in Rectal Carcinoma: Surgical Quality and Histopathological Outcome of the OCUM Trial.

Martin E. Kreis, MD, Reinhard Ruppert, MD, Rainer Kube, MD, Joachim Strassburg, MD, Andreas Lewin, MD, Joerg Baral, MD, Christoph A. Maurer, MD, Joerg Sauer, MD, Gunther Winde, MD, Rena Thomasmeyer, MD, Sigmar Stelzner, MD, Cornelius Bambauer, MD, Soenke Scheunemann, MD, Axel Faedrich, MD, Theodor Junginger, MD, Paul Hermanek, MD, Susanne Merkel, MD, and For the OCUM group. *Ann Surg Oncol.* 2020 Feb;27(2):417-427. doi: 10.1245/s10434-019-07696-y. Epub 2019 Aug 14.

Currently several research groups are focused on reducing morbidity and mortality caused by the sum of surgery and chemoradiotherapy through the appropriate selection of patients in the treatment of rectal cancer.

We present a multicenter, prospective and observational study, the most recent of the Swiss-German OCUM group. It assesses the quality of the surgeries performed and has the largest number of patients enrolled to date ($n = 875$).

Taking into account that the compromise of the circumferential resection margin is an independent risk factor for local recurrence, the authors divided the patients into a "high risk" group and a "low risk" group according to the findings of the High Resolution Magnetic Resonance Imaging at the time of diagnosis. The "high risk" group is made up of patients with tumors at ≤ 1 mm from

the circumferential resection margin in the middle or upper rectum, and cT4 or cT3 tumors of the lower rectum. This group was prescribed long-term neoadjuvant chemoradiotherapy prior to surgery. The group of patients with tumors with a resection margin >1 mm or cT1 or cT2 of the lower rectum was considered "low risk", and a total mesorectum excision was performed without prior therapy. The affected mesorectal nodes were not taken into account for decision making.

The "low risk" group made up 60.2% of patients included in the protocol. The resection was R0 in 98.3% of the cases and the compromise of the circumferential resection margin was negative in 95.1%. These findings highlight, on one hand, the high quality of the surgeries performed and, on the other, the reliability of MRI.

It is particularly interesting that 44.7% of 600 patients with stage II or III middle or low rectal cancer did not receive neoadjuvant treatment, thus avoiding its adverse effects, unlike what would have happened if the NCCN guidelines would have been followed. It should be noted that the present study is an analysis of secondary outcomes of an ongoing study, whose preliminary data were published in 2018. In it, it was shown that the local recurrence rate at 3 and 5 years of follow-up was 1, 3% and 2.7% respectively.

These promising results could not be achieved without excellent quality in imaging analysis and surgical performance, which raises the question of the external validity of the study. However, these results are supported by those previously published in multicenter studies of the European group (MERCURY) and the Canadian group (Quicksilver).

We look forward to reading about the final results from the OCUM group.

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