Response to JW Milsom et al. (Equipoise of Outcome is Sufficient to Justify the Laparoscopic Approach for Colorectal Cancers)

Oncological Outcomes Strongly Depend on the Quality of Lymphadenectomy in Rectal Cancer

Jean-Luc Faucheron

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Dear Sir:

I agree with the remarks made by JW Milsom et al. concerning our article recently published in *Journal of Gastrointestinal Surgery*¹. Similar oncological outcomes are obtained by open and laparoscopic colonic resections for cancer, either for crude long-term survival or disease-free long-term survival.

We reported a 51% adequate harvest of lymph nodes (12 lymph nodes or more per patient following the American Joint Committee on Cancer recommendations), but nearly half of the patients received preoperative radiotherapy (48% and 49% of patients for the laparoscopic and the open group, respectively); moreover, about two third of them also received chemotherapy. JW Milsom and colleagues will find what they requested in Table 1. The number of patients receiving chemotherapy was not mentioned as type of regimen, duration of treatment, and dose of drugs were different from a patient to another. Indeed, chemoradiotherapy has been shown to downstage tumors, with more cases of NO stage.² That is probably why we recorded a rather low percentage of adequate harvest of nodes.

I congratulate JW Milsom et al. for their excellent article.³ Concerning rectal cancer, the relationship between adequate lymphadenectomy and good long-term survival

seems evident, and we participate to this demonstration as well.

But similar long-term outcome between open and laparoscopic approach might also be due to other factors. For instance, one of the two groups based on the surgical approach might have been associated with a higher rate of mortality, which could have been compensated by a better lymphadenectomy in the same group of patients. Oncological outcomes strongly depend on the quality of lymphadenectomy in rectal cancer.

References

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J.-L. Faucheron (✉)
Colorectal Unit, Department of Surgery, University Hospital,
BP 217, 38043, Grenoble Cedex, France
e-mail: JLFaucheron@chu-grenoble.fr