AUTHOR'S REPLY

Author's reply to commentary on "The role of MRI pelvimetry in predicting technical difficulty and outcomes of open and minimally invasive total mesorectal excision: a systematic review"

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Dear Dr Martinez-Perez and co-authors of the EuMaRCS Study group,

Thank you for your letter [1] regarding our recent publication [2].

We agree with your statement that the isolated use of pelvimetry measurements to predict surgical difficulty and assist with selecting a surgical approach is an oversimplification and that the EuMaRCS score incorporating anatomical, morphological, patient-related and tumour characteristics is more likely to provide an accurate predictive tool. The EuMaRCS study [3] was discussed in our review, but the scoring [4] system had not been published at the time of our publication.

Our own results [5] utilising MRI pelvimetry measures obtained from patients enrolled in the ALaCaRT study [6] certainly suggest that pelvimetry measures alone are not predictive of successful surgery. However, there was an unexpected finding of an association between larger pelvic volume estimate and unsuccessful surgery. An interesting finding that requires further assessment.

Once again many thanks for your insights.

References

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3. de Angelis N, Pigneur F, Martinez-Perez A, Vitali GC, Landi F, Torres-Sanchez T, Rodrigues V, Memeo R, Bianchi G, Brunetti F, Espin E, Ris F, Luciani A, EuMa RCSSG (2018) Predictors of surgical outcomes and survival in rectal cancer patients undergoing laparoscopic total mesorectal excision after neoadjuvant chemoradiation therapy: the interest of pelvimetry and restaging magnetic resonance imaging studies. Oncotarget 9:25315–25331

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