ASO Author Reflections: Prognostic Role of Pathologic Complete Response After Neoadjuvant Therapy in Digestive Cancer

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PAST

Some digestive cancer patients may achieve pathologic complete response (pCR) after neoadjuvant therapy (NAT).¹ According to literature review, a retrospective cohort study² showed that pCR was associated with improved overall survival (OS), whereas another study³ argued that OS did not differ significantly between pCR and non-pCR patients. Therefore, to date, the prognostic impact of pCR on survival in digestive cancers has not been completely established.

PRESENT

First, this study⁴ demonstrated that digestive cancer patients who achieved pCR after receiving NAT were more likely to have significantly better OS or disease-free survival (DFS). Second, molecular biology research on the group of patients with pCR should facilitate the finding of sensitive therapeutic targets in order to deliver tailored NAT to individual patients. Finally, pCR can be considered a valuable prognostic factor for better guidance in clinical decision making for postoperative adjuvant treatment and follow-up observation.

ASO Author Reflections offer a brief invited commentary on the article, The Prognostic Value of a Pathologic Complete Response After Neoadjuvant Therapy for Digestive Cancer: Systematic Review and Meta-Analysis of 21 Studies. *Ann Surg Oncol.* 2019;26:1412–20.

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FUTURE

Considering the great clinical implications of pCR, the authors plan to explore possibilities for improving the pCR rate in the future, such as adding targeted agents in NAT⁵ and using concomitant boost radiotherapy as well as appropriate delay in the interval between NAT and surgery.⁶ It is anticipated that the clinical outcomes for digestive cancer patients will be further improved with continuous research progress in increasing the pCR rate.

DISCLOSURES There are no conflicts of interest.

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