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Spatial resolution of CT



I have read with a great interest the article entitled “Predictive factors of pathological lateral pelvic lymph node metastasis in patients without clinical lateral pelvic lymph node metastasis (clinical stage II/III): The analysis of data from the clinical trial (JCOG0212)” by K. Komori et al. [1]. The study design is excellent and the results were clinically important. However, I have a concern as a radiologist regarding the reliability of size of lateral pelvic lymph node measured in the present study.

As mentioned in RECIST version 1.1 [2] and other study [3] which is the base of the present article, the minimum measurable size of the lesion using CT with 5 mm thick sections is 10 mm (twice of thickness). In this context, is the method dividing lateral pelvic lymph node size into two categories, ≥ 5 mm vs. < 5 mm, based on CT with 5 mm or less thick sections (details were not described) reasonable and reliable? I consider CT with 1–2 mm thickness should be used to measure this size range.

- [2] Eisenhauer EA, Therasse P, Bogaerts J, Schwartz LH, Sargent D, Ford R, et al. New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). *Eur J Cancer* 2009;45(2):228–47.
- [3] Fujita S, Akasu T, Mizusawa J, Saito N, Kinugasa Y, Kanemitsu Y, et al. Postoperative morbidity and mortality after mesorectal excision with and without lateral lymph node dissection for clinical stage II or stage III lower rectal cancer (JCOG0212): results from a multicentre, randomised controlled, non-inferiority trial. *Lancet Oncol* 2012;13(6):616–21.

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- [1] Komori K, Fujita S, Mizusawa J, Kanemitsu Y, Ito M, Shiomi A, et al. Predictive factors of pathological lateral pelvic lymph node metastasis in patients without clinical lateral pelvic lymph node metastasis (clinical stage II/III): the analysis of data from the clinical trial (JCOG0212). *Eur J Surg Oncol* 2019 Mar;45(3): 336–40. <https://doi.org/10.1016/j.ejso.2018.11.016> [Epub 2018 Nov 20].