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Correspondence

Reply to: The use of a non-inferiority analysis to establish a safe timeframe for prehabilitation



Thank you for reading our article 'Impact of therapeutic delay in colorectal cancer on overall survival and cancer recurrence – is there a safe timeframe for prehabilitation?'. Concerning your annotation that the question whether surgery could be safely postponed for a few weeks should be investigated with a non-inferiority analysis we do agree with you.

When conducting a non-inferiority analysis in our dataset using a non-inferiority limit of 10% and thus a Hazard Ratio of 1.10, results were inconclusive with a confidence interval of 0.88–1.64 for overall survival and 0.88–1.79 for cancer-free survival. Unfortunately our dataset from this single center study consisting of 790 patients was underpowered to obtain reliable results when conducting non-inferiority analysis. We therefore chose to conduct survival analysis as has been done in comparable studies that were too underpowered for non-inferiority analysis. Where Iversen et al. [1], Yun et al. [2] and Helewa et al. [3] did not correct for confounders in their Multivariate Cox regression analysis we improved the reliability of the calculated Hazard Ratio in our study by correcting for several confounders.

However, we hope to prove the hypothesis that prolonged treatment delay does not lead to poorer overall or cancer-free survival in patients with primary colorectal cancer who underwent curative surgical treatment with a non-inferiority analysis in a follow-up

paper using a nationwide dataset in which the number of patients is most likely closer to the sample size you suggest.

On behalf of my co-authors

Maud Strous

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