



Letter to the Editor

Lymph node harvest in rectal cancer patients with good tumour regression grade: Time to set a new cut-off point?



Dear Editor,

The introduction of neoadjuvant chemoradiotherapy (NCR) in rectal cancer management has led to significant improvements in the rates of local recurrence and survival. However, as a drawback, its use is paralleled by suboptimal outcomes in terms of the quality of mesorectal excision and lymph node (LN) retrieval. The American Joint Committee for Cancer guidelines recommended ≥ 12 lymph nodes in colorectal cancer specimens as a prerequisite for an oncologically adequate resection. In a recent article on the predictors of LN harvest in rectal cancer patients undergoing total mesorectal excision following NCR, Bustamane-Lopez et al. [1] pointed to an independent association between pathologic complete response and < 12 LN harvest, which corroborates with similar findings in previous studies [2,3]. Strikingly, while more patients were included in previous studies, no attempt was made to adjust for potential confounders, which decreases the confidence in the results.

Of note, although no data on the long-term outcomes were provided, the authors concluded that with a good tumour regression grade (TRG), retrieval of < 12 LNs is not worrisome, and should not be used as a surrogate for oncological adequacy. This statement is perhaps more relevant to patients with a node-negative disease, where studies identified low LN retrieval as an indicator for good tissue response to NCR rather than inadequate surgery or inappropriate pathologic evaluation [2]. In comparison, a node-positive disease, which is infrequently encountered in tumours with good TRG ($\sim 10\%$), is associated with worse outcomes compared to a node-negative disease [4]. Moreover, a lower LN harvest in patients with node-positive cancer carries the risks of tumour understaging and stage migration, and significantly correlates with worse cancer-specific survival [5]. Discussion remains as to which cut-off point is optimal for adequate LN harvest in this patients group. Another important parameter that was not provided in the study by

Bustamane-Lopez et al. [1], is the metastatic lymph node ratio which may serve as a better independent prognostic indicator in patients with a low LN harvest [6].

In conclusion, we believe that further studies evaluating the long-term oncological outcomes for node-positive rectal cancer with simultaneous low LN retrieval and good TRG, are warranted.

References

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