Watch and wait policy remains experimental for the management of rectal cancer

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Dear Editor, Neoadjuvant chemoradiotherapy (NCRT) followed by surgery has been the standard of care for the treatment of rectal cancer [1–3]. The potential benefits of NCRT are downstaging the tumour, decreasing the rates of compromised surgical margins, improving local control and thus improving survival [4,5]. Combining data from phase II and III published until 2004 showed a pathological complete response rate (pCR) of 13,5% (range 0–67%). Most of the trials showed pCR between 10 and 20%. Radiation therapy dose and fluoropyrimidine delivery were the main factors influencing pCR [6].

In a remarkable work, Habr-Gama *et al.* assessed the role of postponing surgery in patients experiencing clinical complete response (cCR) after NCRT. They showed that one third of patients had cCR, and in most of them this response was sustained over 12 months. The rational of Habr-Gama's watch and wait policy is to avoid an aggressive procedure in selected patients. This series showed impressive results: 5-year overall and disease-free survival of 93% and 85%, respectively [7]. The same team showed good results extending the preoperative treatment: cCR of 48% and overall complete response (including those with pCR) of 65% [8].

Nyasavajjala *et al.* [9] reported their experience in this journal. They found a pCR of 10%. This result is similar to findings of phase II and III trials [6]. The authors suggest that surgery remains mandatory for the management of rectal cancer.

The limitations of the watch and wait policy are strong: it is based on retrospective series, the clinical assessment of response for rectal tumours is not a good predictor of pathological response and there are no other clinical or molecular predictors of pCR for a better selection of patients for this policy. Thus, NCRT followed by surgery remains the standard of care in Brazil, in the UK or in other countries. The watch and wait policy remains experimental. A well designed non-inferiority randomized controlled trial addressing the role of watch and wait over immediate surgery is urgent and it should include secondary analysis of tools for predicting pCR, such as new imaging techniques and molecular markers.

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