Reply to "The impact of adding mitomycin-C to radiotherapy plus oral tegafur-uracil (CCRT) on advanced-stage rectal cancer?"

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Dear Editor,

Thank you so much your reading and feedback of the paper. Please refer to the following responses for your questions.[1]

For the first question, we agree that poor compliance of chemotherapy is not only limited to impaired bone marrow function, but also can be applicable to all other chronically-ill patients. Baseline complete blood count (CBC) had been routinely checked in all of our patients before and during concurrent chemoradiotherapy to exclude patients with leucopenia (<4000/μL) before ongoing dosages. The regimen of neoadjuvant chemotherapy in our study is oral UFUR, which has relatively low incidence of side effects including leukopenia.[2] However, Mitomycin-C is a stronger agent. So in our experience, patients had impaired bone marrow function should be more carefully in higher dose chemotherapy, including using of Mitomycin-C.

For the second question, down-staging rate was an important factor that influence disease-free and overall survival.[3] We also had tried to find out the factors that influence down-staging in our data. However, maybe because of the limitation of the case number and retrospective nature of this study, we could not find out the factors in our study.[4]

For the last question, we agreed that anastomosis leakage has relationship to poor oncological outcome. In our data, there were 24 patients suffered from anastomosis leakage, 1 of them (4.1%) had local recurrence, 8 of them (33.3%) had distance metastasis, and 1 of them (4.1%) had both local recurrence and distance metastasis. The failure rate of the anastomosis leakage group was higher than that of the non-leakage group (41.7% vs 32.0%, p = 0.371). However, the result did not reach statistical significance, maybe also due to the limitation of case number.

Thank you again for your letter. We hope that our responses could be of help to you.

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