

# Additional Chemotherapy During Resting Periods After Preoperative Chemoradiotherapy in Patients With Rectal Cancer

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The advantages of preoperative chemoradiotherapy are tumor downstaging and to minimize seeding of tumor cells during surgery, but it has two problems awaiting solution. The first problem is low rate of complete response. Rectal cancer is known to be radioresistant compared with anal cancer. If a higher response rate is to be obtained, a concomitant chemotherapy method is needed because chemotherapy sensitizes tumor cells to radiation. The second problem is the long treatment time, including the resting time after completion of chemoradiation, because surgery is performed approximately after 6 weeks following the completion of chemoradiotherapy. Because cancer will not be treated during the resting time, some are apprehensive about the dangers of cancer being aggravated and metastatic lesions from remnant cancer occurring during the resting time. I support the conclusion that additional chemotherapy is one of the methods to resolve these problems in spite of these demerits. If additional chemotherapy can downstage a tumor more than conventional chemoradiation, it will be a very useful treatment method for rectal cancer patients. In this article, authors report that they tried an additional four weeks of chemotherapy with capecitabine during resting periods. They did not obtain a visibly better result; nonetheless, this article bears prospective meanings [1].

Fontana [2] reported encouraging results for preoperative 5-FU-oxaliplatin chemoradiation therapy in locally advanced rectal can-

cer. In the near future, new drugs and molecular studies will be developed, and these may lead to much better results [3]. Therefore, additional study will be needed to realize improvements in preoperative control for rectal cancer. I envisage that future patients with rectal cancer will get much benefit from additional chemotherapy and that a small number of them will be cured without surgery.

## REFERENCES

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