

May 3, 1994

Dear Editor:

The article by Paty et al., "Treatment of Rectal Cancer by Low Anterior Resection with Coloanal Anastomosis," was an important contribution to surgical oncology.<sup>1</sup> It has been well documented that local recurrence after limited surgery is not a survival hazard for patients with breast cancer.<sup>2-6</sup> Local recurrence may be an indicator of a poor prognosis without being its cause. This unexpected observation has not been documented for patients with cancer of the rectum.

Paty et al. reported that 5 of 130 patients (4%) developed isolated local recurrence. From their data, it appears that two of these patients were alive and well, two were living with disease, and one was dead of disease. The death occurred in a patient with a T3 tumor and mesenteric implants. These results are remarkably good and suggest that promptly treated local recurrence may not be a survival hazard for patients with this disease. I previously have suggested an explanation for these results.<sup>7</sup> As with breast cancer, it may be prudent to treat local recurrence with simple excision. I commend the authors on their excellent results and their presentation of data in a manner that permits this analysis.

## References

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RICHARD A. EVANS, M.D.  
Houston, Texas

June 20, 1994

Dear Editor:

In his letter, and in a previously published manuscript,<sup>1</sup> Dr. Evans discusses the relationship between survival and local recurrence after limited surgery for solid tumors. Survival, he argues, is determined by distant metastases, which develop because of deficiencies in host defense. Local recurrence, on the other hand, may sometimes occur despite competent host defenses and may, therefore, be salvageable. Reports of successful

surgical salvage of local failures after lumpectomy for breast cancer are cited.

In our study of low anterior resection for rectal cancer, 13 patients (10%) developed pelvic recurrence, 5 of whom had no evidence of distant metastases. Three recurrences were amenable to complete resection by salvage abdominoperineal resection. Two patients are alive and well at 12 and 2.5 years after salvage surgery. The remaining 11 patients who developed pelvic recurrence have died of disease.

In our experience, most pelvic recurrences are associated with diffuse pelvic or distant metastatic disease and cannot be surgically salvaged. These tumors might, therefore, be expected to be biologically aggressive, and this conclusion is supported by our analysis of histopathologic markers in the primary tumors.

Pelvic recurrence after low anterior resection is not analogous to local recurrence after lumpectomy for breast cancer, where an at-risk organ is intentionally left behind and then subsequently removed at a salvage operation. We suggest local excision for rectal cancer may be a treatment more analogous to lumpectomy for breast cancer and a more appropriate group for studying the impact of local recurrence after limited surgery on patient survival.

## Reference

1. Evans RA. Preservative surgery for malignant disease: why it works. *Southern Med J* 1989; 82:1534-1537.

PHILIP B. PATY, M.D.  
WARREN E. ENKER, M.D.  
New York, New York

April 17, 1994

Dear Editor:

We would like to commend Singer et al. on the publication of their article.<sup>1</sup> Their thorough examination of a large series of patients with soft-tissue sarcomas has served to confirm the importance of well-known prognostic factors, such as primary tumor size and grade.

The place of mitotic activity in the prognosis of soft-tissue sarcomas is not new. Reports during the last decade have addressed this relationship, with some groups showing no correlation between mitotic rates and survival,<sup>2-4</sup> whereas others have demonstrated the opposite.<sup>5,6</sup> In the light of the latter's findings, we were surprised at the authors' insistence in their abstract and twice in their discussion that mitotic rate has not been shown previously to be of prognostic value. Even though Singer et al. have stressed the importance of multivariate analysis as part of their assessment, the relationship between mitosis and survival has been analyzed by this method before,<sup>5,6</sup> and results similar to the authors' article have been reported. It would be interesting to know what was meant by a high power field by the authors; this may be one explanation for the divergent findings between reporting groups. For inter-group comparisons to be made, a standardized method is required. In this regard, Ellis and Whitehead<sup>7</sup> recorded a 600% variation in the