The Authors Reply

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To the Editor—Thank you for the comments. As the authors point out, our comparison carries some apple-orange effect, because it is not a randomized trial. Our watch-and-wait patients all had the standard indication for neoadjuvant chemoradiation. This is why we chose a control group consisting of patients with neoadjuvant chemoradiation and total mesorectal excision resection. This would have been the treatment if they had followed the standard guidelines. An additional assumption underlying the choice of our control group is that the functional problems are mainly caused by the chemoradiation and/or the total mesorectal excision resection, and not by the degree of response. That is why we still feel this is a valid choice. It provides important information on functional outcome, information we can use to counsel patients about the quality of life of the different treatment options.

We acknowledge the "far more interesting question" on a different group of patients with low-risk tumors (safe circumferential resection margin, ≤cN1, ≤cT3a/b), who could be treated only by surgery, but who also have a higher chance of organ preservation when treated with upfront chemoradiation. These treatment choices for this group of patients are investigated in the recently started STARTREC randomized trial (clinicaltrials.gov: NCT02945566).

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