

**REPLY**

**Commentary to: Outcome of Colonic J-Pouch versus Straight Colorectal Reconstruction after Low Anterior Resection for Rectal Cancer.**

Teresa Gavaruzzi, Ph.D.1

Salvatore Pucciarelli, M.D.2

Lorella Lotto, Ph.D.1

Gaya Spolverato, M.D.2

Paola Del Bianco, M.S.3

1. Department of Developmental Psychology and Socialization, University of Padua, Padua
2. First Surgical Clinic, Department of Surgical, Oncological and Gastroenterological Sciences, University of Padua, Padua
3. Clinical Trials and Biostatistics Unit, Istituto Oncologico Veneto IOV – IRCCS, Padua

ACCEPTED

We agree with most of Ronnie's comments.<sup>1</sup> The late '90s studies suggested that colonic J-pouch (CJP) has some advantage over straight colorectal anastomosis (SCRA) in the short term. But the evidence accumulated so far is more mixed and often weak, due to small sample sizes, non-validated measures, lack of baseline measures, and limited length of follow-up.<sup>2</sup>

As we discussed, some relevant differences between ours and previous studies (e.g., higher frequency of neoadjuvant therapy; exclusion of patients without covering stoma) could contribute to the results.

We agree that neoadjuvant treatment is a known independent predictor of impaired bowel function,<sup>3–5</sup> indeed we performed post-hoc subgroup analyses based on whether patients underwent it, showing no differences between the two arms.

We deem it unlikely that the stoma closure timing biased the results as our data included: 85 of the 93 patients with very early stoma closure; 142 patients at T1 (6 months); similar numbers of patients in the two arms per assessment time (see Figure 1 in<sup>2</sup>).

As for power, while we clearly stated that bowel function and QoL were secondary outcomes, our sample (over 300 patients) is considerably larger than most prior studies (2 studies: between 50 and 100; 10 studies: below 50 patients).

Finally, while not showing a significant inferiority of CJP vs. SCRA, our data on the lack of additional QoL and bowel function benefits, together with the clinical findings<sup>6</sup> do not provide evidence for its use in clinical practice instead of SCRA.

## REFERENCES

1. Ronnie M. Outcome of colonic J-pouch versus straight colorectal reconstruction after low anterior resection for rectal cancer [Letter to Editor]. *Dis Colon Rectum*. 2021 Forthcoming [same issue as this reply]
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6. Pucciarelli S, Del Bianco P, Pace U, et al. Multicentre randomized clinical trial of colonic J pouch or straight stapled colorectal reconstruction after low anterior resection for rectal cancer. *Br J Surg*. 2019;106:1147–1155.