Which Rectal Cancer Total Neoadjuvant Treatment in African Continent

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LETTER TO THE EDITOR

Since over the last few years, the Total Neoadjuvant Treatment (TNT) in Locally Advanced Rectal Cancer (LARC) has been an active area of research. In TNT, chemotherapy and radiotherapy are given before surgery. The most important trials that evaluate the TNT are Rapido and Prodige 23.[1,2] They concluded that TNT compared to standard therapy in LARC, increased tumor response and disease free survival. Hence, TNT has become a new standard of care for LARC with risk factors. In The Rapido trial, the TNT consisted of Short - Course Radiotherapy (SCR) followed by six cycles of CAPOX chemotherapy or nine cycles of $FOLFOX_4$ followed by Total Mesorectal Excision (TME). The Prodige 23 study used in TNT arm 6 cycles of folforinox before chemoradiation and TME surgery folowed by 3 months of folflox. The incidence of colorectal cancer is increasing with a highest mortality rates in Sub - Saharan Africa.[3] the median survival could be improved for patients that received the guideline recommended treatment.[4] Therefore the use of TNT is essential in the African continent where the rectal cancer is often diagnosed at locally advanced stage due to the absence of a screening strategy and the limited accessibility to medical care in many African countries.[5] Moreover, the TNT still gives rise to much debate about the optimal chemotherapy and radiotherapy regimens and concerning the therapeutic sequence, radiotherapy first or induction chemotherapy. According to the absence of a clear response to these questions, the choice of the type of TNT in a continent where the majority of countries are developing could depend on non - medical criteria like the cost, the availability and accessibility of treatment. Thus, the rapido protocol appears to be the most suitable for the African context. In fact, the SCR could increase radiotherapy access and reduce the cost and treatment times especially in countries suffering from a lack of radiotherapy equipment with delayed treatment. Also, the use of 3 drugs (folfirinox) in addition to capecitabine in combination with radiotherapy increases the cost of chemotherapy in Prodige 23 compared to rapido. Moreover, the shortage of mobile continuous infusion pumps is an obstacle to the use of the fluorouracil in sub - Saharan Africa.[6,7] It is clear that TNT will improve the prognosis of LARC. In Africa, despite the efforts to promote infrastructure, human resources and drugs availability, cost still remains a major barrier to offer the recommended treatment. Finally, economic studies on TNT should be conducted to define which regimen is best treatment suitable to the African context.

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