Dear Sir,

We read the article “MRI in T staging of rectal cancer: How effective is it?” by Mulla et al.,[1] published recently in this journal. We agree with the authors that MRI is moderately accurate in T staging for rectal cancer. As pointed out by the authors, the status of the circumferential resection margin (CRM) is very important as this will decide whether a patient needs neoadjuvant chemo radiotherapy before surgery. Involvement of the CRM is an independent predictor of increased chance of recurrence after surgery. Currently, MRI is the modality of choice to evaluate the status of the CRM.

However, it would be interesting to know the criterion used by the authors for predicting the involvement of the CRM. Beets et al.[2] have shown that on MRI, a distance of 6 mm will predict a tumor distance of at least 2 mm on histology with 97% confidence and a crucial distance of 1 mm can be predicted by a distance of 5 mm on MRI with high confidence. Other authors[3] have also confirmed the same fact in their studies, and currently on MRI, 5 mm is the cutoff used for prediction of involvement of the CRM in our institution. Any tumor within 5 mm of the CRM will have a high chance of involvement of the CRM.

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References

References


Author's reply: MRI in T staging of rectal cancer: How effective is it?

Dear Sir,

We thank the authors Gupta and Gupta for reading our article with keen interest. In response to the question, we have a similar cut off measurement at our institute. We also use “5 mm” as the cut off on MRI for predicting CRM involvement. The CRM is reported as 'clear' or 'not under threat' if the tumour is beyond 5 mm and 'involved' if the tumour is within this distance. We specifically mention this in all our reports with radiological staging.

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Reference


3. The most recognized and liquid form of value is money. So, it is logical that if a post graduate course in radiology is so sought after by so many, it should cost `1.5 crore.

The problem:
It is only a few who can recover the 1.5 crore in a reasonable breakeven time. So, the value given for a radiology seat is inflated. A person with the means to pay 1.5 crore is expected to estimate this: 15% returns from investing in a diagnostic facility plus the 1.5 crore is not a good deal.

The real problem:
If MD Radiology “costs” that much, it means most post graduate aspirants cannot afford that – a value which not all those who have equal/more knowledge for a given seat could pay. So, most aspirants would not...