



AB152. SOH23ABS_225. Operability after total neoadjuvant therapy for rectal cancer

Carson McFeetors, Lauren O'Connell,
Mark Regan, Myles Joyce, Babak Meshkat

Department of Surgery, University Hospital Galway, Galway, Ireland

Background: Neoadjuvant chemoradiotherapy (nCRT) in locally advanced rectal cancer facilitates tumour downstaging and complete pathological response (pCR). Neoadjuvant systemic chemotherapy (total neoadjuvant chemotherapy, TNT) further improves pCR rates. While some patients forgo surgery, total mesorectal excision (TME) remains the standard of care. While TNT appears to be non-inferior to nCRT with respect to short-term oncological outcomes, little data exists on perioperative outcomes. Factors such as conversion, sphincter preservation and anastomosis rates do not impact oncological outcomes but affect quality of life (QOL).

Methods: An institutional colorectal oncology database was interrogated from inception [2009] to November 2022. Inclusion criteria comprised patients with histologically confirmed rectal cancer who had undergone neoadjuvant therapy and TME. Exclusion criteria comprised patients with a non-colorectal primary, those operated on emergently or who had local excision only. Primary outcomes were rates of conversion to open, sphincter preserving surgery and anastomosis formation.

Results: A total of 153 patients were eligible for inclusion (standard nCRT, n=110, TNT, n=43). Sphincter preservation and anastomosis formation were more frequent in the nCRT cohort, while conversion rates were higher in the TNT cohort; however, these differences were not statistically significant (sphincter preservation,

70% *vs.* 60%, P=0.33; anastomosis, 71% *vs.* 65%, P=0.61, conversion, 33% *vs.* 17%, P=0.08).

Conclusions: In this series TNT appears to be associated with higher rates of conversion to open and lower rates of anastomosis formation. While larger studies will be required to confirm these findings, QOL factors should be considered alongside oncological benefits when selecting treatment strategies.

Keywords: Total neoadjuvant chemotherapy; locally advanced rectal cancer; perioperative outcomes; quality of life; neoadjuvant therapy for rectal cancer

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-23-ab152

Cite this abstract as: McFeetors C, O'Connell L, Regan M, Joyce M, Meshkat B. AB152. SOH23ABS_225. Operability after total neoadjuvant therapy for rectal cancer. *Mesentery Peritoneum* 2023;7:AB152.