

AB046. SOH23ABS_167. Comparing neoadjuvant therapy followed by local excision to total mesorectal excision in the treatment of early, clinical stage rectal cancer: a meta-analysis

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Background: Total mesorectal excision (TME) is the standard-of-care in early, clinical stage (i.e., cT2-3N0M0) rectal cancer. Local excision (LE) may be an alternative after a good response to neoadjuvant therapy (NAT), with long-course chemoradiotherapy (nCRT) or short-course radiotherapy (SCRT), to preserve the rectum and potentially obviate the morbidity of TME.

Methods: A systematic review was performed as per PRISMA guidelines for studies that randomly assigned patients with cT2-3N0M0 rectal cancer to either NAT + LE or TME. Meta-analysis was performed using RevMan software.

Results: A total of 4 RCTs with 462 patients [232 patients in receipt of NAT + LE (nCRT, n=205; SCRT n=27) and 230 undergoing TME, respectively]. NAT compliance was 98.86% [95% confidence interval (CI): 95.75%, 99.9%]. There was no difference in complete response rates between the groups (OR 1.48; 95% CI: 0.91–2.4; P=0.11). The proportion of patients achieving organ preservation in the NAT + LE group was 84.2% (95% CI: 75.7%, 95.7%). There was no difference in disease-free survival (DFS) [hazard ratio (HR) 1.25; 95% CI: 0.86–1.8; P=0.24] or overall survival (OS) (HR 0.94; 95% CI: 0.72–1.23; P=0.63)

according to the assigned treatment. The locoregional recurrence (LRR) was also comparable between the groups (HR 1.22; 95% CI: 0.5–3.02; P=0.66). There was a reduction in overall morbidity [odds ratio (OR) 0.36; 95% CI: 0.23–0.65; P=0.02] for patients undergoing NAT + LE.

Conclusions: The potential for an organ preserving strategy should be discussed with patients prior to institutional review board meetings as NAT + LE could reduce adverse effects of TME without any compromise in oncological outcomes.

Keywords: Local excision (LE); neoadjuvant therapy (NAT); organ preserving; overall survival (OS); total mesorectal excision (TME)

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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.

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