

00442 **Outcomes of Neoadjuvant Therapy for Rectal Cancer in a Tertiary Asian Institute**

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Aims: Neoadjuvant chemoradiotherapy (CRT) for locally advanced rectal cancer only became common practice at our centre in recent years. We aimed to investigate clinical relevant outcomes following CRT.

Methodology: This was a retrospective cohort study involving patients who had undergone neoadjuvant CRT followed by curative surgery from January 1st 2013 to December 31st 2017.

Result: Over the study duration, 143 patients (105 male, 38 female) underwent CRT with subsequent surgery for rectal adenocarcinoma. CRT resulted in significant reduction in size of the tumour from a median maximal dimension of 5.8 cm (IQR [interquartile range] 4.5-6.6 cm) before CRT to 3.8 cm [IQR 2.8-5.5 cm] after. Median distance from the tumour to the top of the anal sphincter also increased at 2.5 cm (IQR 1.9-5cm) before to 3.0 cm (IQR 1.75-5.5 cm) after. Median duration from completion of CRT to surgery was 9.4 weeks (IQR 6.8-11.9 weeks). Just over half of all patients underwent open surgery with 23 patients (16.1%) requiring an abdominoperineal resection. Post-operative morbidity rate was low.

Conclusion: Neoadjuvant CRT is safe, effective, and complimentary to surgery in the treatment of locally advanced rectal cancer.