

9<sup>th</sup> International Congress on

# SURGERY

August 27-28, 2018 Tokyo, Japan

## Delay to systemic chemotherapy, survival and recurrence in patients of rectal cancer treated with neoadjuvant chemo-radiotherapy and surgery

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**Aim:** The aim is to investigate if delay to systemic chemotherapy, will it lead to growth of micrometastasis, therefore higher likelihood of distant recurrence in patients with stage II-III rectal cancer treated with neoadjuvant Chemo-Radiationtherapy (CRT) and surgery. Overall Survival (OS) and Disease Free Survival (DFS) are outcomes of interest as well.

**Methodology:** A single tertiary center retrospective cohort study over a 5-year period between January 2012 to December 2016 was performed. Operative data for rectal cancer surgery were obtained and compared with patients' Electronic Medical Records (EMR) by investigators to recruit patients into the study. Delay to adjuvant CRT was defined as more than 5 months. The time to event analysis were conducted.

**Results:** A total of 116 patients with rectal cancer were identified. 72 patients were ineligible due to having primary resection and metastatic disease on diagnosis, leaving 44 patients for final analysis. Mean time from diagnosis to adjuvant systemic chemotherapy was 6.5 months. 5 patients were assigned to the non-delay group and 39 patients to the delay group. Distant recurrence rates were none in the non-delay group compared to 20.5% in the delay group. Five-year OS rates were 100% and 92.0%, respectively ( $p=0.52$ ). Five-year DFS rates were 100% and 79.2%, respectively ( $p=0.28$ ).

**Conclusion:** Due to the small sample size, this study was unable to draw a significant result. However, a trend of delay to adjuvant systemic chemotherapy, leading to an increase in distant recurrence rates was observed.

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**Notes:**