patient had only microscopic tumour residue (0.3 mm) at surgery. The surgical margins were histologically positive in only 2 (14%) patients.

Table 1.

Grade (%)	Anemia	Leukopenia	Thrombo-cytopenia	Elevated bilirubin	Infection	Hand–foot syndrome	Diarrhoea
1	8 (57)	0	3 (21)	1 (7)	3 (21)	2 (14)	7 (50)
2	2 (14)	4 (28)	0	1 (7)	0	2 (14)	3 (21)
3	0	1 (7)	0	0	2 (14)	2 (14)	0

Conclusions: Capecitabine and celecoxib are generally well tolerated when given during RT. The regimen allows subsequent surgery in the majority of patients with locally advanced rectal cancer. The pCR rate of 21% is encouraging given the large initial size of the tumours. A randomised study comparing capecitabine with 5-FU based regimens is warranted.

672 PUBLICATION

Age demographics from a rectal bleeding clinic support the adenoma-carcinoma sequence

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Background: The adenoma-carcinoma sequence postulates the development of malignancy from polyps, with Morson estimating that this sequence took approximately 10 years. Much of the evidence supporting this theory however, although strong, is circumstantial. The aim of the study is to analyse data from a rectal bleeding clinic for evidence supporting the time interval of the adenoma-carcinoma sequence.
Material & methods: All patients referred to the rectal bleeding clinic over a seven year period were entered into a database. All were assessed by detailed history, clinical examination and flexible sigmoidoscopy. Those with neoplastic lesions (adenoma or carcinoma) diagnosed on flexible sigmoidoscopy underwent subsequent colonoscopy. The final definitive histology of each patient was confirmed by cross-checking with the Histology Department database.
Results: A total of 2175 patients attended the rectal bleeding clinic from November 1997 to Aug 2004, with 230 (10.6%) being found to have significant neoplastic lesions as follows:

Histology	N	Mean Age
Adenoma – Low grade dysplasia	120	62
Adenoma – High grade dysplasia	18	66
Carcinoma	92	69

The subsequent histological staging of the carcinomata is shown below:

Duke's stage	N
A	41 (45%)
B	29 (29%)
C	17 (19%)
D	4 (4%)
X	3 (3%)

Conclusions: Analysis of age-related diagnoses from a rectal bleeding clinic supports the time interval of the so-called adenoma-carcinoma sequence

673 PUBLICATION

Role of neoadjuvant chemotherapy and total mesorectal excision (TME) in local advanced cancer of distal rectum

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Background: Evaluate the impact of neoadjuvant treatment and laparoscopic Total Mesocrectal Excision (TME) in local advanced rectal cancer patients on toxicity, sphincter saving surgery, complications rate and local recurrence
Methods: Between January 1998 and December 2004 110 consecutive unselected patients (69 males and 41 females) mean age 64 (18–83) with locally advanced adenocarcinoma (eT2-eT3 eN+) of distal rectum were treated with preoperative chemoradiation. Mean distance of the anal verge was 6.2 cm (range 2–10). Pretreatment choendoscopic stage (EURS TNM) was T2 in 11 patients, T3 in 84 patients and T4 in 15 patients. Nodal echoendoscopic stage was N0 in 38 and N+ in 72 patients. Oxaliplatin 100 mg/m^2 was administered every 2 weeks for 3 courses plus continous infusion of 5-FU 200 mg/m^2/die for 6 consecutive weeks; concomitant hyperfractioned radiotherapy at a total dose of 45 Gy (1.25 Gy twice a day for 5 days every week with a 4 field box technique, with 6–18 MeV photons). Surgery was performed 4–6 weeks after treatment. Echoendoscopy and pelvic MRI were repeated just before surgery to establish the clinical response.
Results: Neoadjuvant treatment was well tolerated: there was no grade 4 toxicity (NCI-CTC scale), The post treatment EURS TNM was T0 in 18, Tis in 3, T1 in 11, T2 in 29, T3 in 49. All patients underwent radical resection, 107 laparoscopic low anterior resection with TME and 3 abdominal perianal resection. Medial distal margin was 2 cm. No patients died in the postoperative period. Postoperative complications were observed in 25% of patients. Anastomotic leak occurred in 9.4%. Pathological complete response occurred in 20% of patients (22/110), in 37% we had a partial response and in 43% (47/110) no response. The median follow up was 20 months. The local recurrence rate was 3%.
Conclusion: This short preoperative chemoradiation regimen associated with TME in associated with a high rate of downstaging. The sphincter preserving rate was excellent without increase of complications and local recurrence rate.

674 PUBLICATION

Short outcome and quality of life of laparoscopic and open TME

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Background: To compare laparoscopic total mesorectal excision (TME) and open TME or cancer of the rectum on perioperative outcome and quality of life (QOL).
Methods: 138 consecutive unselected patients who underwent laparoscopic or conventional TME in a 6-year (1998–2004) period, in a single institution were prospectively evaluated. Tumor classification was by TNM staging. Patients were monitored for postoperative complications for 30 days after surgery. Quality of life was evaluated using a modified version of SF 36 before surgery and at 1 year following operation.
Results. There were 74 patients in the laparoscopic group (LPS) and 64 in open. The two groups were homogeneous with respect to age, demographics, co-morbidities on admission (ASA), distance of the tumor from anal verge, number of patients who underwent preoperative radio-chemotherapy and QOL baseline values. Laparoscopic TME was successfully completed in 67/74 patients. Conversion rate was 9.4%. Converted patients remained in the LPS group used an intent to treat analysis. In LPS group, operating time was significantly longer ($p = 0.03$). No difference was observed between the two groups with respect to intraoperative blood loss ($p = 0.22$), blood transfusion rate ($p = 0.66$) and amount of perioperative transfused blood ($p = 0.58$). Tumor stage as were the number of lymph-nodes intraoperatively collected were similar in the two groups. The overall morbidity rate was 25.6% (19/74 pts) in LPS and 21.8% (14/64 pts) in open ($p = 0.39$). No patient died in the postoperative period in both groups. Anastomotic leak rate was 9.4% (7/74 pts) in LPS and 10.9% (7/64 pts) in open group ($p = 0.88$). Re-operation rate was 4.1% in open and 3.1% in LPS. Postoperative length of stay was shorter in LPS group ($p = 0.05$). All patients completed at least 1 year of follow-up. No port-site or surgical wound recurrences were found in both groups. The local recurrence rate was 4.4% in LPS and 4.6 in open. Patients in LPS scored an overall QOL of 89, while in open group the overall QOL score was 79.8 ($p = 0.60$).
Conclusions: laparoscopic TME is a safe option in cancer patients which does not jeopardize complication rate and QOL.