were studied. Multimodality treatment consisted of preoperative (chemo) radiotherapy, intended radical surgery, and intraoperative radiotherapy (LARC group only). Patients completed the EORTC QLQ-CR38 subscales sexual functioning and sexual enjoyment. Furthermore, men reported if they used aids to enhance erectile functioning and women reported if they used aids to improve lubrication.
Results: In both groups, <50% of men and women were sexually active. For men and women a high prevalence of sexual dysfunction was found in both groups (>75% except for dyspareunia), however, <20% of patients used aids to enhance erectile function or lubrication (see Table 1). No significant differences were found between both groups on sexual functioning (22.1 and 27.6) and sexual enjoyment (40.3 and 45.0, respectively).
Conclusions: Although a high prevalence of sexual dysfunction was reported, few patients used aids to reduce these problems. No differences between the LARC and TME groups were found. Future research should investigate whether more information provision and/or psychosexual counseling during and after treatment is warranted. More psychosexual guidance may give license to couples to discuss sexual problems and to search for adequate professional support.

Table 1. Sexual problems in men and women

	LARC	TME	P-value
Men	**(n = 164)**	**(n = 42)**	
Sexually active	77 (47%)	18 (43%)	0.635
Erectile functioning			0.741
No problems	15 (25%)	3 (23%)	
Problems to some extent	46 (75%)	10 (77%)	
Aids used to enhance erectile functioning			0.811
No	54 (87%)	11 (85%)	
Yes	8 (13%)	2 (15%)	
Ejaculation problems			0.866
No problems	13 (21%)	3 (23%)	
Problems *(some–very much)*	49 (79%)	10 (77%)	
Women	**(n = 99)**	**(n = 21)**	
Sexually active	34 (34%)	10 (48%)	0.866
Dry vagina			
No problems	0 (0%)	0 (0%)	NA
Problems to some extent	17 (100%)	5 (100%)	
Aids used to improve lubrication			0.880
No	20 (83%)	6 (86%)	
Yes	4 (17%)	1 (14%)	
Dyspareunia			
No problems	16 (60%)	3 (50%)	.369
Problems *(some–very much)*	7 (30%)	3 (50%)	

NA= not applicable.

6043 POSTER

Multidisciplinary Approach and Novel Trans-anal Abdominally Assisted Pull Through Technique for Low Rectal Cancer

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Background: Rectal cancer accounts for the largest distribution within one anatomical region of the large bowel, with approximately one third of all CRC located within the rectum. The gold standard treatment of primary rectal cancer is curative surgical resection; however, a fine balance remains between disease cure and restoration of gastrointestinal continuity. Combined modality has proven efficacy in many malignant tumours with advantage of organ preservation. In this study we use novel technique of trans-anal abdominally assisted pull through operation in treatment of low rectal cancer.
Patients and Methods: One hundred fifty four (154) patients with rectal carcinoma were included in a prospective study, between Jan. 2007 and Jan. 2011. Threaten (13) patient excluded from the study during surgical intervention (disseminated malignancy). Seventeen (17) patients with low rectal cancer receive preoperative chemo radiation and subjected for new technique of coloanal pull through technique.
Results: One hundred forty-one (141) patients were included in the study. 78 (55%) patients were male and 63 (45%) were female, the age range from 11 years to 85 years with the mean age 45.7 years. The main presenting symptoms were bleeding per rectum and Tenesmus. Stage I 13 patients (9%), stage II 50 patients (35%), Stage III 63 patients (45%), and stage IV 15 patients (11%). Neoadjuvant chemoradiation was administrated in 49 patients with locally advanced tumours with; Complete clinical and pathological response in 3 patients (6%), complete clinical response in 11 patients (22%), partial response in 27 patients (55%), no significant response in 8 patients (16%). Abdominoperineal resection was done in 81 patients (57.5%), anterior resection was done in 20 patients (14.5%), low anterior resection in 15 patients (10.5%), Hartman's procedure in 8 patients (5.5%) and coloanal pull through was done in 17 patients (12%). For patients with coloanal pullthrough technique complete dehiscent and retraction in one case, major leakage in one case, stenosis in 4 cases. Functional outcome: see table 1. Recurrence in one case.

Table 1. Functional outcome

Types of continence	CAP (17)	LAR (15)
Continence for solid & liquid stool & flatus	10 (59%)	12 (80%)
Continence for solid stool & occasional incontinence for liquid stool	5 (29.4%)	1 (6.6%)
Soiling at night	1 (5.8%)	1 (6.6%)
Frequent episodes of incontinence for liquid stool	1 (5.8%)	1 (6.6%)
Total	17 (100%)	15 (100%)

Conclusion: There is tendency of colorectal cancers to affect younger groups. Most patients presented in advanced stage due to lack of awareness Coloanal Neoadjuvant chemo-radiation is excellent tool in sphincter saving surgery. pullthrough operation is novel technique for very low rectal cancer with good oncological safety and functional outcome.

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Preoperative Radiotherapy, Capecitabine and Cetuximab for Locally Advanced Rectal Cancer − Long Term Results of the XERT Phase II Trial

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Background: This study evaluated the impact of addition of cetuximab to concurrent capecitabine based chemoradiotherapy (CRT) in locally advanced resectable rectal cancer (LARC)on pathological complete response (pCR) as primary endpoint and on local control and survival parameters as secondary endpoints.
Methods and Materials: Patients (pts) with stage II/III rectal cancer, confirmed by magnetic resonance imaging, were included in the study. Pts received capecitabine 1250 mg/m^2 twice daily for 2 weeks, followed by cetuximab 400 mg/m^2 IV at week 3, then cetuximab 250 mg/m^2 IV/week and capecitabine 825 mg/m^2 twice daily (including weekends during RT). An RT dose of 45 Gy (25 × 1.8 Gy, 3D conformal technique) was administered from week 4 onwards for 5 weeks. Total mesorectal excision was scheduled 4−6 weeks after CRT completion. Surgical specimens were evaluated using the "Dworak" tumour regression grading (TRG) system.
Results: A total of 36 pts were eligible for the efficacy analysis: median age was 55 (range: 33−72) years and 81% were male. The most frequent MRI staging was uT3N+ (75%). All pts received 45 Gy and underwent surgery. A pCR (TRG 4) was reported in 3 pts (8%), TRG 3 in 7 pts (19%), TRG 2 in 18 pts (50%), TRG 1 in 8 pts (22%) and TRG 0 in 1 pt (3%). The most common grade 3 toxic effects were dermatitis (n = 6), diarrhea (n = 4), hypersensitivity reaction (n = 2), hepatotoxicity, infection and anorexia (each n = 1). Thirteen pts experienced non-fatal perioperative complications, most frequently wound healing problems (n = 6). Three pts required reoperation due to anastomotic leakage, abdominal abscess and incarceration of transversostoma. Thirty-three pts (93%) received postoperative chemotherapy. Median follow-up was 36 months (5−84 months). No pts were lost during follow-up. The 3-year overall survival, disease-free survival, and local control rates were 72%, 71% and 97%, respectively. Thirteen of 32 tumours had KRAS mutations. There was no apparent survival difference between pts with KRAS-mutations versus wild type nor a correlation with the TRG.
Conclusions: Adding cetuximab to capecitabine-based chemoradiation prior to surgery is a tolerable treatment for LARC. Our data suggest that KRAS mutation status is not a predictor of tumour response in LARC treated with preoperative chemoradiation. Promising survival rates and excellent local control calls for further investigations in a larger patient population.