



<b>Title</b>	<b>Neoadjuvant Radiochemotherapy for Rectal Cancer</b>
<b>Agency</b>	ASERNIP-S, Australian Safety and Efficacy Register of New Interventional Procedures – Surgical PO Box 553, Stepney SA 5069, Australia; Tel: +61 8 83637513, Fax: +61 8 83622077; asernips@surgeons.org, www.surgeons.org/asernip-s
<b>Reference</b>	Report no. 72. ISBN 978-0-9806299-7-2. www.surgeons.org/AM/Template.cfm?Section=ASERNIP_S_Publications&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=17&ContentID=33666

## **Aim**

To assess the high-level literature available on neoadjuvant radiochemotherapy (a preoperative, combined-modality treatment where both radiotherapy and chemotherapy are administered) for rectal cancer.

## **Conclusions and results**

None of the reported complications were severe, and all were managed without rectal resection or extirpation. One systematic review stated that significantly more patients who received neoadjuvant radiochemotherapy had pathological complete response than patients who received neoadjuvant radiotherapy alone (11.8% vs 3.5%,  $p < 0.001$ ).

## **Recommendations**

None.

## **Methods**

The literature was systematically searched to identify available, current, English-language, systematic reviews and health technology assessments. Databases used were York CRD, Entrez PubMed, The Cochrane Library, Trip database, and NLH National Library of Guidelines. The quality of the identified systematic reviews was assessed using key items from the QUOROM statement. Three systematic reviews were identified.

## **Further research/reviews required**

The evidence base is good (and includes a recent Cochrane systematic review) for judging the safety and effectiveness of neoadjuvant radiochemotherapy for rectal cancer. A further, full systematic review is unlikely to add value.