



<b>Title</b>	<b>Laparoscopic mesorectal excision for rectal cancers is associated with better survival: experience of a tertiary center</b>
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**LAPAROSCOPIC MESORECTAL EXCISION FOR RECTAL CANCER IS ASSOCIATED WITH BETTER SURVIVAL: EXPERIENCE OF A TERTIARY CENTER.**

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**PURPOSE:** The study aimed to compare the outcomes and survivals of patients who underwent laparoscopic and open resection for rectal cancer. **METHODS:** Patients who underwent elective radical resection for rectal cancer from 2000 to 2011 in a tertiary center were included. The data were collected prospectively and comparison was made between patients with laparoscopic and open resection. Survivals of patients were compared with univariate and multivariate analysis. **RESULTS:** During the study period, 1063 patients (62.1% men) underwent radical resection of rectal cancer. The median age was 69 years (range: 27 to 96 years). Laparoscopic resection was performed in 470 patients (44.2%). Conversion was required in 32 patients (6.8%). Sphincter-saving operations were performed in 88% of patients (93.2% in laparoscopic group and 83.8% in open group). There was no difference in the gender, comorbidity and age between the two groups. The blood loss and complication rates were significant lower in the laparoscopic group. The 30-day mortality was 0.8% (0.4% in laparoscopic group and 1.0% in open group,  $p=0.478$ ) and the reoperation rate was 4.3% (4.7% in open group and 3.8% in laparoscopic group;  $p=0.545$ ). The overall survival and cancer specific survival of patients with non-disseminated disease (Stage I to Stage III) was 66.8% and 76.0%, respectively. Laparoscopic resection was associated with better overall (72.8% vs. 62.9%;  $p<0.001$ ) and cancer specific survivals (80.1% vs. 73.1%;  $p=0.008$ ). There was no difference in survival in patients with stage I and stage IV diseases. However, in patients with stage II and stage III diseases, patients with laparoscopic resection were associated with significantly better overall survival (Figure). In multivariate analysis, laparoscopic resection was an independent factor associated with significantly better overall and disease specific survivals. **CONCLUSIONS:** The overall and cancer specific survivals of patients with laparoscopic resection for rectal cancer are better than those with open resection. The survival benefit is significant in patients with stage II and III diseases.