Achieving further response in poor responders to NACRT in PO-0708

cancer.

costs, these data suggest multidisciplinary outcomes were at least similar for both groups, and MDC more costly inpatient encounters. Because adverse suggesting that greater outpatient engagement can supplant rate. Outpatient costs were higher for MDC patients, suggesting higher patient satisfaction. Total costs per patient were more likely to continue their care at Johns Hopkins, suggesting higher patient satisfaction. Total costs per patient were lower for MDC patients, even with a greater retention rate. Outpatient costs were higher for MDC patients, suggesting that greater outpatient engagement can supplant more costly inpatient encounters. Because adverse downstream encounters were less frequent, survival outcomes were at least similar for both groups, and MDC patients had lower costs, these data suggest multidisciplinary models offer care of higher value for patients with pancreatic cancer.

Purpose/Objective: Neoadjuvant chemoradiotherapy (NACRT) followed by surgery is the standard of care for locally advanced carcinoma rectum. Reassessment for surgery is done with an MRI scan 6-8 weeks after completion of NACRT.

The patients in whom the tumor is still inoperable, are usually offered palliative chemotherapy. Many oncologists advocate waiting up to 12 weeks for a response assessment MRI before declaring the disease unresectable, citing a possibility of delayed tumour response to radiotherapy. At our institute we treated these patients with further 4cycles of chemo and reassessed them for operability.

Materials and Methods: Patients with locally advanced carcinoma rectum assessed to have unresectable disease on MRI at presentation received neoadjuvant radiation to a dose of 50 Gy in 1.8 to 2 Gy daily fractions with concurrent capecitabine chemotherapy 825 mg/m² daily. A follow up MRI was done 6 weeks after completion of NACRT and assessed in a joint multidisciplinary meeting. Those with persisting unresectable local disease were planned for 4 cycles of chemotherapy followed by reassessment imaging for resectability. We present the results of the patients with poor response to NACTRT having further treated by the chemotherapy.

Results: From Jan 2013 till September 2014, 39 patients with unresectable rectal cancer receiving NACRT were still found to have unresectable disease on MRI. They were planned for further chemotherapy with FOLFIRINOX or FOLFOX based regimens. Thirty six patients completed at least 4 cycle of chemotherapy and one patient defaulted. At the time of submission of this abstract, 24 patients had good regression of disease which was evident on MRI and 17 (45%) patients underwent R0 resection. Seven patients who still had unresectable disease and 2 which developed distant metastasis were given further palliative chemotherapy. Seven patients are scheduled for reassessment after followup imaging. One patient was lost to follow-up and 1 died due to sepsis. Two patients had complete pathological response. Among the 17 successfully operated patients, 8 had received FOLFIRINOX while 1 had received FOLFOX and 8 patients received CAPOX chemotherapy.

Conclusions: Achieving margin negative resection in these patients is an encouraging starting point for further research in this subset. Whether this continued decrease in primary tumour volume can be attributed to delayed response to radiotherapy or addition of further chemotherapy, or both, is yet to be ascertained. Hence for patients with advanced local disease not yet in palliative stage, further intensive chemotherapy with clinicoradiological follow-up should be done to facilitate successful surgical resection.

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MRg-HIFU hyperthermia for recurrent rectal cancer: MR thermometry evaluation and preclinical validation

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Purpose/Checkout: Thermometry evaluation and preclinical validation of chemo and reassessed them for operability. Our institute we treated these patients with further 4cycles of chemoradiotherapy for recurrent rectal cancer: MR thermometry evaluation and preclinical validation.