Results: The mean NLR was 3.3 ± 2.5 and the mean PLR was 182.5 ± 118.2. NLR and PLR positively correlated with the number of infiltrated LNs and tumour's size. Furthermore, both markers were associated with greater tumour's invasion (T stage) and lower grade of differentiation.
Conclusion: Preoperative values of NLR and PLR might be helpful in predicting the locoregional status of CRC.

P372
Transanal versus open total mesorectal excision results of case-control study

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Aim: To compare results of laparoscopic assisted transanal and open total mesorectal excision.
Method: Eighty-two patients with mid- and low rectal carcinoma were matched for sex, body mass index, waist to heap ratio and allocated into transanal TME (n = 42) or open TME (n = 42) groups.
Results: Mean ± SD total operating time (minutes) was 197.1 ± 52.3 for open TME and 276.0 ± 55.15 (210–400) for TA TME group (P = 0.0001). In each group 40 (95.2%) patients had low and ultralow colorectal anastomosis. Median postoperative hospital stay was 10 (7:14) days in the TA TME and 11 (10:14) in open TME group, (P = 0.04). Surgical complications grade III (Clavien-Dindo) developed in 4 (9.5%) patients after open TME and 2 (4.5%) – after TA TME, (P = 0.6). In accordance with Quirke classification there were 42 (100%) specimens (grade II, III) after open TME versus 36 (85.7%) after TA TME, (P = 0.02). There was no grade I specimens after open TME, but 6 (14.3%) after TA TME, (P = 0.02). All grade I specimens were obtained from first 20 TA TME.
Conclusion: Open TME remained to be the operation of choice. TA TME requires prolonged learning curve.

P373
Comparison of postoperative CEA levels in rectal cancers with complete versus non-complete pathologic response to neoadjuvant chemoradiation

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Aim: Carcinoembryonic antigen (CEA) is a predictor of tumour response to chemoradiation in rectal cancer. The aim of this study is to compare mean postoperative CEA levels in rectal cancers with complete versus non-complete pathologic responses.
Method: A total of 42 patients with history of rectal cancer and curative surgical resection after neoadjuvant chemoradiation were included. Group A included 21 patients with complete pathologic response. Group B included 21 age, stage, and preoperative CEA matched cases with non-complete pathologic response. Patients were followed up for two years. CEA levels (ng/ml) were measured before and after the operation every three months.
Results: Mean age of patients were 52 ± 14 years in both groups. In groups A and B, preoperative CEA levels were 3.41 ± 3.71 and 3.36 ± 3.13, respectively (P = 0.962). Mean CEA levels during the eight postoperative visits were 1.86 ± 0.97 (Group A) and 2.02 ± 1.69 (Group B) (P = 0.701). Except for the months twelve (P = 0.241) and twenty-four (P = 0.171), mean CEA level was lower in the group A. The differences in all measures were not significant between the two groups (P > 0.05).
Conclusion: Although we detect a lower mean 2-year CEA level in patients with complete pathologic response, the difference was not statistically significant compared to rectal cancers with non-complete response.

P374
Recurrence patterns after curative resection of colon versus rectal cancers

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Aim: Colorectal cancers (CRC) are considered as curable diseases; however recurrent cases are developed within follow-up period. The aim of this study is to compare the rate, clinical findings, pathologic features, and outcome of recurrent colon and rectal cancers.
Method: In this prospective analytic study, clinical data of 166 patients underwent curative resection of CRC was collected. Patients were followed up for at least three years. A total of 49 recurrence were recorded in this period. Data of recurrent cases were compared in colon and rectal tumours.
Results: Mean age of the patients was 53.5 years with a male/female ratio of 1.1. Median time to the diagnosis of recurrence was 12 (range: 1 to 54) months. Overall rate of recurrence, local recurrence and distant metastasis were 29.5%, 15.7% and 12.1% respectively. Local recurrence was higher in colon cancers (16.44% vs. 15.05%). Distant metastasis was higher in rectal cancers (12.9% vs. 10/96%). Median survival for recurrent patients after the curative resection was 28 months, and after the diagnosis was 12 months (9.28–14.72, 95% CI).
Conclusion: Overall rate of recurrence in CRC cancers was 29.5%. Although local recurrence was higher in colon cancers, distant metastasis was more common in rectal cancers.

P375
A review over the incidence of colorectal cancer in the middle east

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Aim: Colorectal cancer (CRC) accounts for about 10 percent of cancers and is the third most prevalent cancer worldwide. It is also one of the leading cause of cancer-related mortality. The objective of the Current study is to investigate the incidence of CRC in different areas of the Middle East.
Method: All the published reports citing the incidence of CRC in Middle East were collected by conducting a literature search in Pubmed. Data was extracted from the included articles then illustrated in tables and charts according to "Country of origin", "Sex", "ASR".
Results: After removing duplicate and triplicate publications, 96 full-text articles were assessed for eligibility and 118 were excluded. According to data from the Reviewed articles the highest and the lowest ASR for colorectal cancer were respectively 48.3 (European-American Jews) and 4.2 (Shiraz, south Iran) in men and 35 (European-American Jews) and 2.72 (Shiraz, south Iran) in women.
Conclusion: Although the Middle East is generally a low risk region for CRC, the incidence rate of CRC is more in western parts, including countries located on the coast of the Mediterranean Sea, compared to eastern and southern parts. Moreover, men and women are at risk at younger ages compared to western countries.

P376
Clinic-morphological predictors of complications after stenting in the treatment of colon obstruction with cancer

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Aim: In the article retrospective analysis of clinic-morphological connections of 100 cases subscribes. The biopsy was taken during operation. All patients were admitted with symptoms of acute colonic obstruction-34 men (34%) and 66 women (66%) aged 49 to 82 years, with varying degrees of severity of pathology. Patients were operated on and histological material was taken to surgery. In 15 cases there was a tumour in the region of the splenic flexure, 6-descending colon, 39-sigmoid colon, rectosigmoid transition 25,15-was revealed high-cell cancer of the rectum.

Depending on the histological condition of the walls of the colon above the obstruction the patients were divided into 2 groups. The first group took 52 patients with morphological examination revealed only inflammatory changes, to the 2nd group of 48 patients who were found parabiotic and necrotic changes.

With the aim of identifying clinico-morphological parallels of predictors of necrobiotic processes the analysis data of clinical and instrumental methods of research before the surgery.

Was assessed leukocyte index of intoxication, the standard parameters by prediction scale SOFA and assessment of neurological status on a scale of Glasgow, assessment of the data of ultrasound scanning, X-ray studies, colonoscopy.
Conclusion: The clinical symptoms combined with the necrobiotic processes in the colon's wall was identifycated. They can be considered as a predictor of adverse outcome after stenting of colon-cavity in cases of the cancer colon-obstruction.

P377
Intersphincteric resection in rectal cancer with or whithout appendicostomy: comparison of faecal continence and quality of life

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Aim: The aim of this study was to assess faecal continence and quality of life in patients with low rectal cancer after intersphincteric resection (ISR) and concomitant appendicostomy.
Method: We included 30 patients with low rectal cancer who underwent ISR with appendicostomy (A) and 30 patients without appendicostomy (B). The first group underwent antegrade colonic enema with tap water. Patients symptoms, faecal continence score and quality of life were evaluated at regular time intervals.
Results: After a median follow up of 12 months, 57 patients completed the study period. All patients were able to perform an antigrade enema by themselves. The continence wexner score at 12 months was 16 in A group and 11 in B group (P < 0.005). There was no significant difference between two groups in physical

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