with rectal adenocarcinoma who received long course neo-
adjuvant chemoradiation followed by surgery were analysed and
categorised based on the Tumour Regression Grade (TRG) into
2 groups: Group 1 (Good response, TRG 0,1) and Group 2
(Poor response, TRG 2,3). Other factors (clinical and patho-
logical features like lymphovascular/perineural invasion, discon-
tinuous extramural tumour deposits, resection margin status
and pT/NM stage of tumour) were also evaluated and all vari-
ables along with TRG were correlated with disease progression
and 5 year survival. Statistical analysis used: IBM SPSS
version 20.0 software. Categorical variables expressed using
frequency and percentage and the continuous variables pre-
sent is using mean and standard deviation. The chi-square test
was used for finding prognostic factors. Univariate analyses of
survival were carried out by Kaplan-Meier method and the
evaluations of differences were performed with Log Rank test.

**Results**

Group 1 showed reduced risk for disease progression (p 0.01) and better mean disease free period and overall sur-
vival. Poor tumour regression was associated with lymphovas-
cular and perineural invasion and regional lymph node
metastases (p<0.001).

**Conclusions**

Pathological assessment of tumour regression serves as a good predictor for disease outcome and should be assessed in all neoadjuvant treated rectal resection specimens.