an endoscopic ultrasound (EUS) and 2 (11.8%) had MRI. Preoperative T stage matched pathologic T stage in 4 out of 17, for an accuracy rate of 23.5%; accuracy rate for N stage was 52.9%. Kappa index showed no concordance between preoperative and surgical stage, neither for T (κ=-0.43) nor for N stage (κ=-0.07), not even by group analysis ≤T2 vs >T2 (κ=-0.15) or N0 vs N1-2 (κ=-0.02). Tumors with ≤cT2 were understaged in 77.8%, tumors with cN0 were understaged in 35.7%, and 37.5% of tumors with >cT2 were overstaged. Analysis of diagnostic accuracy by staging modality was not performed because of the small sample. For the 155 patients who had neoadjuvant therapy, 78% had CT as the only staging method, whereas 9.7% had a EUS and another 9.7% had MRI.

**Conclusion:** To our knowledge this is the first report determining clinical staging accuracy for rectal cancer in Mexico. Clinical staging for tumors that underwent upfront surgery resulted suboptimally, revealing that 77.8% of tumors ≤cT2 were understaged and 37.5% of tumors >cT2 were overstaged. It is important to state that there was a selection bias, since most of tumors cT3-4 at our institution received neoadjuvant therapy and therefore were not included in the analysis. Nevertheless, these findings imply the possibility of significant overstaging and overtreatment. Understaging is not considered a critical issue because these patients could still receive adjuvant radiation and chemotherapy. We believe that encouraging clinicians and patients to have preoperative MRI can reduce misstaging and turn out to be cost-effective. Our findings may be comparable and useful to the institutions of other low and middle-income countries.

## P – 177 Accuracy of clinical staging for rectal cancer

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**Introduction:** Treatment of rectal cancer depends on stage. Nonmetastatic locally advanced tumors should receive neoadjuvant therapy. Magnetic resonance imaging (MRI) is recommended for preoperative staging. However, MRI is not available in several regions of low and middle-income countries. Even if available, many patients cannot afford it and some clinicians choose to define treatment based only on a computed tomography (CT), especially if this suggests very locally advanced disease.

**Methods:** Retrospective data from 167 patients with nonmetastatic rectal cancer treated at a single institution in Mexico between January 2007 and July 2018 were analyzed. Patient demographics, tumor characteristics, staging methods and treatment were reviewed. Surgical pathology from patients who underwent upfront surgery was compared to preoperative stage. Concordance for T and N stage was determined by Cohen's kappa coefficient. Concordance analysis for pre-established groups ≤T2 vs >T2 and N0 vs N1-2 was also estimated, as these were felt to be cutoffs likely associated with a change of therapy.

**Results:** Only 21 of 176 (11.9%) patients with nonmetastatic rectal cancer underwent surgery without preoperative therapy. Seventeen out of these had complete records and were analyzed. CT was the only staging method in 12 patients (70.5%), 3 (17.6%) had