was to determine the independent prognostic ability of AJCC grades within pathologic stage II and III rectal cancers.

METHODS: Patient demographics, tumor characteristics, and AJCC regression scores were assessed from 566 rectal cancer patients treated by neoadjuvant chemoradiation followed by surgery at a single institution. AJCC scores are defined as follows: 0, complete response; 1, isolated tumor cells remaining; 2, residual cancer outgrown by fibrosis; 3, extensive residual cancer. Patients were classified as responders (score 0-2) or nonresponders (score 3). Univariate, multivariate, and Kaplan-Meier survival analyses were performed.

RESULTS: Of 566 patients, 125 and 186 were pathologic stage II and III, respectively. Median follow-up for survivors was 71 months. The AJCC regression scores were not prognostic within stage II cancers. However, AJCC scores delineated prognosis within stage III cancers (nonresponse hazard ratio [HR] 3.19, 95% CI, 2.13-4.79, overall survival). Stage III responders had similar outcomes to stage II (p=0.91); stage III nonresponders approached stage IV outcomes (Table). On multivariate analysis, nonresponse (AJCC 3) (HR 2.94, 95% CI, 1.95-4.44) and poor differentiation (HR 1.95, 95% CI, 1.29-2.93) were associated with worse overall survival.

CONCLUSIONS: The AJCC response score after neoadjuvant chemoradiation is a novel prognostic factor in pathologic stage III rectal cancer and may guide adjuvant therapy decisions.

	Overall survival, %			
Stage	**1-y**	**2-y**	**3-y**	**5-y**
II (n=125)	95	89	82	73
III/Responders (n=140)	96	89	81	66
III/Nonresponders (n=46)	85	59	48	26
IV (n=55)	84	52	27	16

Patients' Recollection of Colonoscopy Results: Are They Reliable?

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INTRODUCTION: Colonoscopies are often performed and patients have a variable understanding of the findings and recommendations. The aim of our study was to evaluate our patients' recollection of the results of their colonoscopy findings and follow-up recommendations.

METHODS: Patients were randomly selected and surveyed via telephone. Patients were split into 4 groups based on time lapsed from their last colonoscopy: 4 years, 2 years,1 year, and less than 2 months. Patients were asked to recall the date of their last colonoscopy and the findings including polyps and quantity, and recommended follow-up interval. Answers were compared to the electronic health record.

RESULTS: Two hundred patients, 50 patients in each group, were contacted. When recalling the average time since their colonoscopies, only 42%, 30%, and 28% of patients in the 1-, 2-, and 4-year groups could accurately remember to within a 6-month period the date of their scope. Of the 2-month group, 94% accurately remembered the date of their last scope to within 1 month. The numbers of patients who knew about polyps on their endoscopy were 65.2%, 31.6%, 35.7%, and 37.5%, respectively; the numbers of patients who accurately recalled the number of polyps on their exam were 39.1%, 10.5%, 7.1%, and 6.25% (2-month, 1-, 2-, 4-year groups, respectively).

CONCLUSIONS: Patient recollection of having any polyps in their scope is less than 40% when more than 1 year lapses from the time of a colonoscopy. Clinically significant information in regard to the number of polyps found is unreliable. So physicians should always obtain the endoscopy report before making clinically significant decisions.

Predictors of Elective Surgery in Symptomatic Uncomplicated Diverticular Disease

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INTRODUCTION: Optimal timing of elective surgery in patients with symptomatic uncomplicated diverticular disease who have had previous acute diverticulitis is debated. Our dedicated diverticular disease clinic has a focus on symptom management over surgery when possible. We assessed risk factors for progression to surgical management, which might have resulted in more efficient patient care.

METHODS: All patients were counselled on the risks and benefits of surgery, as well as medical management. Ultimately, 143 patients chose randomization into a 3-month trial of probiotic treatment. At enrollment, patients recorded abdominal pain and bowel habits for 7 days. For this analysis, we assessed disease course and severity, as well as inflammatory markers as risk factors for progression to surgery. We performed multiple logistic regression for the outcome of surgery, including variables with biologic plausibility and those significant on univariate analysis.

RESULTS: Ninety-one patients enrolled in the trial after at least 1 episode of acute diverticulitis, 9 of whom ultimately underwent elective surgery in the 12 months after trial (9.9%). No patient underwent emergent surgery. Patients who underwent surgery were younger, with a median age of 50, and had a median of 5 previous episodes of diverticulitis (Table). On logistic regression, a description of at least moderate pain for 7 days strongly predicted elective surgery (odds ratio 29.8, p=0.02).

CONCLUSIONS: Patients who underwent surgery had greater and more persistent pain. Baseline CRP and fecal calprotectin were