

## REFERENCE

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PTU-165 **ENDOSCOPIC RESPONSE OF OESOPHAGEAL CARCINOMA TO NEO-ADJUVANT CHEMOTHERAPY AND SURVIVAL POST-OESOPHAGECTOMY**

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**Introduction** Endoscopy and biopsy is an essential initial investigation in oesophageal carcinoma. At our unit a repeat endoscopy is conducted after a patient has completed neo-adjuvant chemotherapy and prior to proceeding to oesophagectomy, predominantly to obtain anatomical information. This study aims to determine whether prognostic information can be derived from the response to chemotherapy.

**Methods** Data were retrospectively collected for patients who had undergone oesophagectomy following neo-adjuvant chemotherapy under a single surgeon over a 10-year period. At endoscopy after chemotherapy, it was noted whether the tumour had made a complete response, a partial response or no response at all, according to length, circumferential involvement and degree of stenosis. Survival data were obtained and compared between groups.

**Results** 72 patients (60 Male, 12 Female) were identified. 25 patients had no response to neo-adjuvant chemotherapy as assessed endoscopically and had a median survival of 27 months and 2-year survival of 38%. 39 patients showed a partial response endoscopically and had a median survival of 30 months and a 2-year survival of 40%. For the eight patients who had a complete response median survival was 57 months and 2-year survival of 68%.

**Conclusion** The response to neo-adjuvant chemotherapy as assessed endoscopically is predictive of post-operative prognosis. A larger study is required to determine if endoscopic assessment could be used to select patients unlikely to benefit from surgery.

**Competing interests** None declared.

PTU-166 **COMPARATIVE OUTCOMES FOLLOWING SURGERY FOR PATIENTS ENTERING OE02 AND MAGIC NEO-ADJUVANT REGIMENS**

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**Introduction** MAGIC<sup>1</sup> regimen of three cycles of ECF chemotherapy pre- and post-op is widely used in gastric cancer but its use in oesophageal cancer remains controversial. We have compared post operative survival outcomes of oesophageal and GOJ cancer patients entered into either OE02<sup>2</sup> (2 cycles of CF pre-operatively) or MAGIC regimen to determine if either is advantageous.

**Methods** A database of cancer resections was maintained from 2000 until present. Patients fit for treatment were mainly given OE02 regimen from 2002 to 2006 and MAGIC regimen from 2006-present. The database was searched for patients receiving pre-operative chemotherapy using either ECF/X or CF/X. Kaplan–Meier survival analysis was undertaken using log-rank test for comparisons.

**Results** Median follow-up was more than 8.5 years for the 97 patients with complete data in the OE02 group and 3.7 years for the 138 complete patients in the MAGIC group. Oesophageal cancer patients that had received MAGIC regimen pre-operatively had

significantly longer median survival compared to those that had received OE02 (34.0 months vs 23.4 months,  $p=0.033$ ). A significant benefit was not shown in GOJ cancer (MAGIC: 32.3 months, OE02: 23.5 months,  $p=0.095$ )

**Conclusion** Oesophageal cancer patients attending for curative surgery that commenced treatment with MAGIC style chemotherapy have better survival than patients that started OE02 regimen.

**Competing interests** None declared.

## REFERENCES

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PTU-167 **THE ROLE OF PROTON PUMP INHIBITORS IN PATIENTS WITH BARRETT'S OESOPHAGUS FOLLOWING LAPAROSCOPIC FUNDOPLICATION CAN ONLY BE DETERMINED AFTER THE LEVEL OF RESIDUAL REFLUX HAS BEEN QUANTIFIED**

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**Introduction** Laparoscopic fundoplication is carried out for pathological Gastro Oesophageal Reflux in patients with and without Barrett's oesophagus. It has been suggested that in patients with Barrett's, only those patients with no physiological evidence of reflux post surgery have any reduction in risk of transition to cancer. The aim of this study is to quantify and compare residual reflux post fundoplication in patients with and without Barrett's Oesophagus.

**Methods** Data were collated from January 2002 to December 2011, using the hospital coding database for a single consultant surgeon. Each case was studied for patient demographics, indication, operative findings and outcomes. Prospectively collected data on pre and post operative pH manometry was assessed for evidence of reflux. Total percentage time less than pH 4 was used to determine reflux and a paired t-test was used to compare reflux between the groups. **Results** 78 patients had a Nissen Fundoplication, 32 with Barrett's oesophagus. There was no significant difference between age and sex of the Barrett's and non Barrett's groups. There is seen to be a significant difference in reflux between the pre operative groups ( $p=0.0227$ ) when looking at reflux, but a very significant difference ( $p=0.0038$ ) when comparing reflux postoperatively between those with and those without Barrett's.

**Conclusion** There is a significantly higher level of residual reflux in patients with Barretts oesophagus following fundoplication even when patients report no symptoms. Therefore those with Barrett's should continue with Proton Pump Inhibitors until there is confirmed evidence of no reflux.

**Competing interests** None declared.

PTU-168 **2-STAGE OESOPHAGECTOMY CONFERS NO SURVIVAL ADVANTAGE OVER TRANSHIATAL RESECTION: ANALYSIS OF 550 CONSECUTIVE CASES IN A SINGLE UNIT**

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**Introduction** The optimal operative approach to resectable cancers of the oesophagus and oesophago-gastric junction is contentious. Both