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**Introduction** Surgical resection is considered the gold standard curative treatment for oesophageal cancer, however, there is debate regarding the role of endoscopic resection for “early” (Tis, T1) oesophageal cancer. However, studies have identified that a significant number of early cancers will have lymph node metastases (LNM) at time of diagnosis. The aim of this study was to determine the incidence of LNM in early oesophageal cancer patients in a 10 year UK cohort.

**Methods** A total of 482 consecutive patients who had transthoracic oesophagectomy for adenocarcinoma or squamous cell carcinoma, at a supra-regional upper GI cancer centre, were registered on a prospective database between 2002 and 2012. Patients with early oesophageal cancer were retrieved from the database based on pre-operative endoscopic and radiological staging.

**Results** Of the 482 patients, 53 (11%) had early oesophageal cancer, of which 41 (77%) were adenocarcinoma, 11 (21%) squamous cell carcinoma and 1 (2%) carcinoma in situ. The median lymph node harvest was 14 (IQR 9–17). Lymph node metastases were present in 4 (7.6%) cases, all of which had tumour extending into the submucosal layer.

**Conclusion** Early oesophageal cancer has a significant risk of lymph node involvement especially when the submucosal layer is breached by tumour. In our opinion, surgical resection remains the gold standard to achieve cure in patients with early cancer.

**Competing interests** None declared.

#### PWE-041 OBESITY IS ASSOCIATED WITH IMPROVED SURVIVAL IN SURGICALLY RESECTED OESOPHAGEAL CANCER

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**Introduction** Obesity is an increasing health burden in the western world and a known risk factor for oesophageal cancer. The aim of this study was to determine the impact of obesity on circumferential resection margin (CRM), lymph node yield (LNY) and survival among a 10 year cohort of surgically resected oesophageal cancer patients.

**Methods** All patients who underwent transthoracic oesophagectomy for histologically proven adenocarcinoma or squamous cell carcinoma, performed at a supra-regional upper GI cancer centre, were registered on a prospective database between 2002 and 2012. Total LNY, CRM and survival was compared between different BMI groups: normal (18.5–24.9), overweight (25–30), and obese (>30). Patients who were malnourished prior to surgery were excluded from the analysis.

**Results** A total of 482 consecutive patients underwent oesophagectomy during the study period, of which the complete dataset was available for 441 (91%); normal (155), overweight (177) and obese (91). The median lymph node yield was 16 (IQR 11–22), normal 15 (10–23), overweight 17 (12–23) and obese 15 (10–21), with no significant difference seen between the three groups ( $p=0.4565$ ,  $\chi^2$  test). The CRM was involved in 30 (27%) of the obese patients compared to 55 (31%), 54 (35%) and of overweight, healthy patients respectively ( $p=0.0615$ ,  $\chi^2$  test).

**Conclusion** Obesity appears to confer a survival advantage in patients undergoing surgical resection for oesophageal cancer. Interestingly, there appeared to be a trend towards an uninvolved CRM in obese patients but no significant impact on the lymph node yield.

**Competing interests** None declared.

#### PWE-042 THE RELEVANCE OF THE SIEWERT CLASSIFICATION IN THE ERA OF MULTIMODAL THERAPY FOR ADENOCARCINOMA OF THE GASTRO-OESOPHAGEAL JUNCTION

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**Introduction** Since the early 1980s the Siewert classification has been used to plan treatment for tumours of the gastro-oesophageal junction. However, the relationship between tumour site and survival has not been conclusively demonstrated, with conflicting outcomes in the largest series, before the widespread application of neoadjuvant chemotherapy. The aim of this study was to evaluate whether there were differences in the biology and clinical characteristics of adenocarcinomas by Siewert type, in a contemporary cohort of patients, in whom the majority had received neoadjuvant chemotherapy. The relationship of the surgical approach and tumour site with patient survival was also assessed.

**Methods** A prospective database was reviewed for all patients who underwent resection for adenocarcinoma of the distal oesophagus and gastro-oesophageal junction from 2005 to 2011. In our unit, based on pre-operative assessment, distal oesophageal, type I and II tumours are treated as oesophageal cancer, with transthoracic procedures. Type III tumours are treated as gastric cancer with an abdominal approach. Classification systems used for analysis included TNM 7 for staging, Clavien-Dindo for grading complications and Siewert with final tumour site determined from the pathological specimen. Survival was estimated by Kaplan–Meier analysis excluding inpatient deaths ( $n=4$ ) and R1 resections ( $n=42$ ).

**Results** 216 patients underwent oesophagogastric resection: 133 for type I, 51 for type II and 33 for type III tumours. Median follow-up was 2.94 years. 62.5% of patients received neoadjuvant chemotherapy with no difference between groups. There were no significant differences in age, sex, pT stage, pN stage, pM stage, ASA, or inpatient complications between patients with adenocarcinoma based on their Siewert classification. Type I tumours were significantly associated with coexisting Barrett’s metaplasia (presence of Barrett’s: Type I 58.3%, Type II 21.6%, Type III 9.1%;  $p$ Type II > Type I). Median overall survival was significantly shorter for more distal tumours (Type I: 4.96 years vs Type II: 3.3 years vs Type III: 2.64 years;  $p=0.04$ ). The surgical approach did not influence survival for all tumour types and had no impact on the rate or severity of complications.

**Conclusion** This study demonstrates significant differences in the biological characteristics of adenocarcinomas of the gastro-oesophageal junction based on their anatomical topographical sub-classification. In the era of multimodal therapy overall survival is worse for tumours arising at or below the gastro-oesophageal junction compared with oesophageal tumours.

**Competing interests** None declared.

#### PWE-043 CHANGING EPIDEMIOLOGY OF FOOD BOLUS IMPACTION: IS EOSINOPHILIC OESOPHAGITIS TO BLAME?

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**Introduction** The epidemiology of acute food bolus impaction (FBI) of the oesophagus in adults remains unclear. The incidence of eosinophilic oesophagitis (EE) is increasing and is a well-known cause for FBI. Currently, there are no data on the epidemiological changes in FBI and its relationship to EE.