Oral presentations

therapy. These patients need to be stratified according to prognostic variables for precise identification of high-risk groups.

Aims/Background We reviewed our experience in surgically treated esophageal cancer and explored factors influencing overall survival (OS) and Progression free survival (PFS).

Method One hundred and sixty nine patients with esophageal carcinoma were uniformly treated with curative intent between 2005 and 2010. Results and prognostic factors were analyzed by univariate and multivariate analyses.

Results Ninety-six patients (57%) survived at end of follow up. Median OS was 52 months and a 5-years OS rate was 50%. Median follow up for the whole cohort was 25 months (0–79). Fifty patients (30%) developed recurrence at end of follow up. Median PFS was 33 months and 5-years PFS rate was 20%.

Complete resection rate R0 was achievable in 113 patients (67%), R1 in 24 (25%) and R2 in 15 (9%). Adenocarcinoma was the commonest histology type in 109 patients (65%). The majority were males 126 (75%) and median age of 65(28–85) years. Depths of invasion were T1 in 37 (22%), T2 in 36 (21%), T3 in 76 (45%) and Tx in 20 (12%) patients. Gastric serosal involvement was positive in 36 (21%) patients, and lymphatic space invasion recorded in 68 (40%). Lymph nodes involvement was N0 in 100 (60%) patients.

Independent prognostic factors for OS determined by multivariate analysis were: recurrence of tumor; odd ratio (OR)=3.5 (95% CI 1.8–6.5; p<0.001), nodal involvement (N1 vs. N0); OR=2 (95% CI 1.1–3.8; p<0.05) and performance status (I vs. 0); OR=2.1 (95% CI 1.2–3.8; p<0.01). Adjuvant chemotherapy use; OR=0.47 (95% CI 0.29–0.76; p<0.001) was the only independent predictive factor for prolonged PFS.

Conclusion Tumor recurrence and lymph involvement after resection plays an important prognostic role in esophageal cancer. Adjuvant chemotherapy extends disease free but not overall survival.

SURVIVAL, RECURRENCE AND PROGNOSTIC FACTORS
IN SURGICALLY RESECTED ESOPHGEAL CANCER

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Introduction Esophageal cancer is one of the most malignant tumors, with a dismal prognosis in spite of recent advances in early diagnosis, imaging modalities and current neo-adjuvant