95 INFLUENCE OF FEMALE GENDER IN SURGICALLY TREATED OESOPHAGEAL CANCER: 5-YEARS REVIEW OF SINGLE INSTITUTION STUDY

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Introduction Oesophageal cancer is more commonly described in male patients, and there are far fewer women affected. Gender differences have not been fully investigated.

Aims/Background This report explores such differences in clinico-pathologic features, long-term outcome and disease recurrence in women in comparison to those in men.

Method A total of 169 patients with oesophageal cancer were surgically treated between 2005 and 2010 (43 [25.4%] females and 126 males). Gender differences in these patients were retrospectively investigated.

Results Ninety-six patients (57%) survived at end of follow up. Median survival rate was 52 months and a 5-years survival 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 disease free progression (DFP) rate was 33 months and 5-years DFP rate was 20%.

Data on co-morbidities were only available in 120 patients. Females were more likely to be non smokers (58% vs. 27%; p<0.007) and non drinkers (55% vs. 36%; p<0.05).

Recurrence was less likely in women (19% vs. 35%; p<0.03), and Clinico-pathologic features significantly associated with female gender were: squamous cell type (42% vs. 17%; p<0.001), complete resection (82% vs. 62%; p<0.01), clear circumferential margins (80% vs. 62%; p<0.02), smaller tumor size (32 vs. 39 mm, p<0.02) and higher FDG uptake of tumor on pre-operative PET scan (SUVmax 14.4 vs. 10.5;p<0.02).

Female gender did not seem to influence overall outcome or disease recurrence and did not independently predict survival or disease recurrence.

Conclusion Our data support the fact that common known risk factors for oesophageal cancers are less encountered in females, however certain tumour characteristics were significantly associated with female gender. Esophageal cancer causes the same symptoms and progresses in the same way in both men and women.