Methods From October 2010 to January 2012 (15 months) 18 patients underwent laparoscopic thoracoscopic cardio-oesophagectomy. All 18 patients (12 male, 6 female) had laparoscopic insertion of Freka feeding jejunostomy are included in the study. The feeding jejunostomy was used for feeding from first post-operative day. The standard regimen was water at 20 ml/h on day 1 followed by feed (jevity/osmolyte) at 30 ml/h on day 2. The rate of feed was increased at daily increments of 10 ml/h/day to achieve target rate to meet patient’s nutritional requirements. Patients were discharged with feeding jejunostomy in situ, removed at follow-up if nutritionally stable.

Results The average procedure time was 20 min. Median duration of feeding jejunostomy in situ was 3 weeks (range 8 days–6 weeks). Tube related complications, n=3 patients (tube fall-out-1, leak-2). Only one of these three patients needed additional parenteral nutrition. There were no procedure or feed related complications. The overall length of stay was not affected by this procedure. The availability of enteral route was useful in n=2 patients (chest infection-1, gastric stasis-1) for nutrition longer than the anticipated period.

Conclusion Laparoscopic insertion of feeding jejunostomy is safe, aids early establishment of enteral route for nutrition in patients undergoing cardio-oesophagectomy and useful in providing prolonged nutritional support in patients who develop complications were oral route is not possible.

Neoplasia (basic science)

A LARGE PROPORTION OF COLORECTAL TUMOUR-INFILTRATING CD4+ T CELLS ARE SUPPRESSIVE IRRESPECTIVE OF FOXP3 EXPRESSION
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Introduction The presence of increased numbers of CD3+ T cells in colorectal cancer (CRC) correlates with improved prognosis. However, it is difficult to measure anti-tumour responses in tumour-infiltrating lymphocytes (TILs) suggesting these cells are suppressed. Although we have demonstrated CD4+.Foxp3+ regulatory T cells (Tregs) within the tumour and its stroma, the numbers are often low. We sought to identify phenotypic and functional characteristics of CD4+.Foxp3+ T cells to determine whether other regulatory populations exist within this environment.

Methods Tumour samples were obtained from CRC patients with different stages of malignancy. Fixed tumour samples were examined by immunofluorescence for CD3, CD8 and FoxP3. TILs from fresh tumour tissue were stained with a panel of 20 antibodies (including HELIOS, LAG-3, LAP) and examined by FACS.

Results Histology revealed tumours to be infiltrated by CD4+, CD8+ and Foxp3+ positive cells. Despite an increase in CD4+ and CD8+ T cells in advanced tumours, there was not always a concomitant increase in Foxp3+ cells. Flow cytometry revealed the majority of the Treg fraction was HELIOS+ (indicating thymically-derived) and expressed higher levels of CTLA-4 and CD59 than Tregs from colon and blood. However, 30% of “conventional” CD4+.Foxp3+ T cells express markers associated with Tregs including LAP (latency-associated peptide), LAG-3 and CD25 and were highly suppressive in vitro.

Conclusion Tumour-infiltrating CD4+ T cells are heterogeneous. A high percentage of these cells appear to have a regulatory function and include both Foxp3+ as well as Foxp3− T cells. Overcoming the suppressive environment of CRC is a major challenge for boosting anti-tumour immunity.

Competing interests None declared.

REFERENCES

GALECTIN-3 INDUCES SECRETION OF CYTOKINES FROM VASCULAR ENDOTHELIUM THAT ENHANCE CANCER CELL-ENDOTHELIUM ADHESION: A NOVEL MECHANISM FOR GALECTIN-3-MEDIATED METASTASIS PROMOTION
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Introduction Galectin-3 is a galactoside-binding protein whose concentration is increased up to 31-fold in the bloodstream of patients with cancer including colorectal cancer. We have recently