REFERENCE


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 58%. 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 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 (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 5.7 years for the 138 complete patients in the MAGIC group. Oesophageal cancer patients who 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.

PTU-168

2-STAGE OESOPHAGECTOMY CONFERS NO SURVIVAL ADVANTAGE OVER TRANSHIATRAL 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