post-operatively. At 3 months, all PA measures except time spent upright (p=0.009) and time spent standing (p=0.013) had recovered. Measures of PA correlated positively with physical and functional domains of HRQL, including EORTC-QLQ30 Global Health Status, FAACT Trial Outcome Index (TOI) and FACIT-TOI (p<0.001), and inversely with HADS-Depression (p<0.001).

Conclusion There is marked impairment of PA at the time of hospital discharge and a gradual recovery over 3–6 months. This carries significant implications in a disease where surgical patients may survive <2 years. PA measures are suitable outcomes for evaluating the impact of enhanced recovery programmes on functional recovery and HRQL.

Competing interests None declared.

PWE-030 IMMUNOCYTOCHEMICAL ASSESSMENT OF INTRA-TUMOUR MICROSLEEVE DENSITY IN OESOPHAGOESOPHAGEAL CANCER DOES NOT HAVE PROGNOSTIC SIGNIFICANCE
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Introduction Intra-tumour microvessel density (IMD), a marker of tumour angiogenesis, correlates with metastasis and poor prognosis in many cancers. In oesophagegastroch cancer however, the prognostic significance of IMD assessment remains incompletely investigated.

Methods Patients undergoing surgery with curative intent, without pre-operative chemotherapy, were prospectively recruited between February 1999 and August 2000. Immunocytochemical staining of tumour microvessels was undertaken using anti-CD34 (QBEND 10 clone) antibodies. IMD (microvessels per mm²) was assessed using a validated “hot-spot” technique. Patients were followed-up over a 10-year period using the Northern Ireland Cancer Registry. The relationship between IMD and standard clinicopathological variables was assessed using the Mann-Whitney U test. Univariate survival analysis was calculated using a Cox’s proportional hazard model while survival analysis was calculated using Kaplan-Meier estimation and log rank.

Results 61 patients were recruited (male=45) with a median age of 66.0 years (range 39–83). The overall 10-year survival rate was 19.7% (n=12). IMD was significantly higher in males compared to females (332.93 vs 252.44, p<0.05) and adenocarcinomas compared to squamous cell carcinomas (556.10 vs 203.66, p<0.001). On univariate survival analysis only lymphovascular invasion predicted poor prognosis (HR 2.26, 95% CI 1.01 to 5.07, p=0.05). Kaplan-Meier survival analysis demonstrated no difference in long-term survival for patients with IMD levels greater or less than the median value (738 days vs 882 days, p=0.67).

Conclusion Immunocytochemical analysis of IMD does not have a prognostic benefit in determining long-term survival in patients with oesophageagastroch cancer.

Competing interests None declared.

REFERENCES

PWE-032 ENDOSCOPIC MUCOSAL RESECTION (EMR) FOLLOWED BY ADJUVANT RADIOFREQUENCY ABLATION (RFA) CAN RESULT IN BETTER OUTCOMES COMPARED TO EMR ALONE IN PATIENTS WITH BARRETT’S EARLY NEOPLASIA (EN). A COMPARATIVE STUDY FROM A TERTIARY CENTRE IN THE UK
doi:10.1136/gutjnl-2012-302514d.32
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Introduction RFA has shown efficacy in eradicating Barrett’s EN (high grade dysplasia (HGD) or intra-mucosal cancer (IMC)). To our knowledge, there are no studies directly comparing outcomes in patients with EN who undergo EMR alone vs EMR followed by RFA. The aim of this study was to assess the efficacy, safety and long term outcomes of adjuvant RFA in this setting.

Methods We searched our prospective Barrett’s Oesophagus EMR database for patients who had EMR of lesions harbouring EN followed by RFA for eradication of residual Barrett’s neoplasia between 2007 and 2008 as part of a multi-centre trial (intervention group). The control group included patients with similar lesions