pylori representing the majority of cases. In those with no apparent cause, there may be an association with IBS and the IEL count becomes normal on repeat biopsy in 71%.

Competing interests None declared.

OC-103 TUMOUR REGRESSION GRADING CORRELATES TO SURVIVAL IN OESOPHAGO-GASTRIC CANCER. A REPORT OF CURRENT SURVIVAL OUTCOMES FOLLOWING NEO-ADJUVANT CHEMOTHERAPY

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Introduction Patients who demonstrate a histological response to chemotherapy as determined by tumour regression grading (TRG) are known to have improved survival.[1 2] We report current survival expectations for patients following neo-adjuvant chemotherapy and resection of gastro-oesophageal cancer.

Methods TRG was determined by a specialist pathologist in 250 patients after chemotherapy, and survival outcomes were assessed by Kaplan–Meier analysis of patients divided into responder (Mandard TRG 1–3) and non-responder (TRG 4&5) groups, with log-rank comparisons.

Results After a median follow-up of 54.4 months survival was found to be improved in those with histological response to chemotherapy ($p<0.001$). Median survival was estimated to be 34.0 months and 21.2 months in oesophageal adenocarcinoma responders and non-responders and this was statistically significant ($p=0.050$). Junctional cancers demonstrated the largest survival difference at 51.1 months compared to 24.6 months ($p=0.003$). In gastric cancers the median survival was yet to be reached for responders and was 35.2 months for non-responders. However, smaller numbers in this group led to loss of statistical power ($p=0.166$). A higher proportion of patients with good response to chemotherapy was not seen using MAGIC regimen (Pearson χ^2 $p=0.616$). Good response to chemotherapy (TRG1-3) was associated with lower incidence of positive CRM ($p=0.021$)

Conclusion Tumour regression grading is a useful predictor of overall survival allowing clinicians greater ability to counsel their patients. However, MAGIC therapy appears to improve survival possibly through mechanisms other than simply increasing the proportion of patients that have histological response.

Abstract OC-103 Table 1 Proportion of patients achieving which tumour regression grades following either MAGIC regimen chemotherapy (three cycles of neo-adjuvant ECF/X) or other regimens (non-MAGIC)

TRG		1	2	3	4	5	Total
Non-magic	n=	3	5	24	33	35	100
	%	3.0%	5.0%	24.0%	33.0%	35.0%	100.0%
Magic	n=	8	12	31	46	41	138
	%	5.8%	8.7%	22.5%	33.3%	29.7%	100.0%
Total		11	17	55	79	76	238

Competing interests None declared.

OC-104 THE VALIDITY OF THE ROYAL COLLEGE OF PATHOLOGISTS' STOMACH CANCER MINIMUM DATASET IN A POPULATION USING THE NORTHERN & YORKSHIRE CANCER REGISTRY DATA

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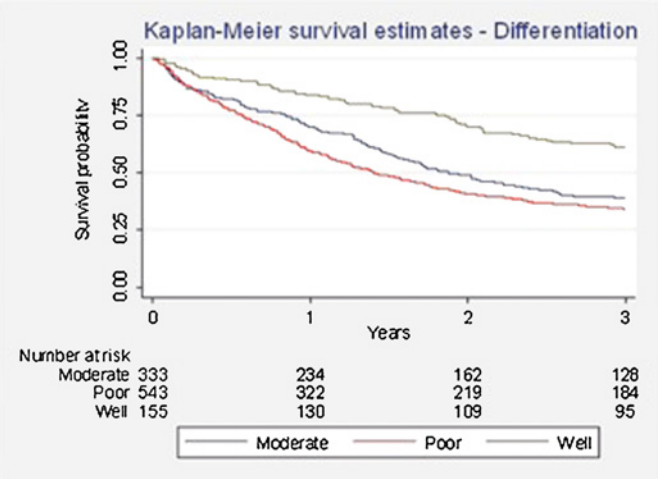
Introduction Quality histopathological reporting of resceted stomach cancer provides important information for treatment of patients. Sub-standard reporting leads to incorrect staging which impacts on treatment and ultimately survival. Proforma reporting has been introduced as a means of standardisation. This study sought to validate the prognostic significance of the Royal College of Pathologists (RCPath) stomach cancer dataset[1] in a population.

Methods A retrospective analysis of pathology forms from 1065 resected stomach cancer from 1995 to 2006 was carried out. The variables reported were related to NYCRIS registry survival data using univariate Kaplan–Meier method and Cox proportional regression modelling.

Results The study population was representative of the Yorkshire stomach cancer population. Survival was poorer with increasing age but it improved significantly from 29.0% (95% CI 23.1% to 35.1%) in 1995–1997 period to 50.5% (95% CI 40.1% to 60.1%) in the 2004–2006 period. Depth of local invasion, nodal stage and completeness of excision are validated as independent prognostic factors in a population setting. Importantly tumour differentiation is shown to be an independent prognostic factor. Patients recorded as well differentiated tumours had significantly better 3-year survival (61.3%; 95% CI 53.2% to 68.4%) compared to moderate (38.4%; 95% CI 33.2% to 43.6%) and poor differentiation (34.1%; 95% CI 30.1% to 38.1%)—Abstract OC-104 figure 1. The effect remains significant after adjusting for age and gender with HR of 1.74 (95% CI 1.11 to 2.71) for moderately differentiated and 2.1 (95% CI 1.3 to 3.4) for poorly differentiated tumours compared to well differentiated tumour.



Abstract OC-104 Figure 1 Kaplan–Meier survival estimates for differentiation ($p<0.0001$).

Conclusion The variables in the RCPath stomach cancer dataset are validated to be of prognostic significance in a population setting. Importantly, the result showed that there is a significant survival differences between the three grades of differentiation. This is in contrast to the current recommendation by the RCPath that well and moderately differentiated tumours be reported together as a single category.[1] We recommend separating this category in the next version of the RCPath stomach cancer dataset guidelines.

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