(1). ER was successful in a mean of 1.46 procedures per patient (range 1–3). Complication rate was 5.2% (4 bleeds, 1 microperforation, 2 strictures). Additional RFA was used in 11 cases. 12 (20%) of patients developed recurrence of HG/IMC during follow-up requiring further endoscopic therapy. 2 (3.4%) patients developed more advanced Barrett’s neoplasia during follow-up. The calculated cost per patient of an ER-dominant approach is £41,250 compared to £88,688 per patient for an RFA dominant approach.

Conclusion ER acted as an accurate and safe staging procedure in up to 23% of cases found to have advanced histology. ER is an effective and safe treatment for HG/IMC within Barrett’s oesophagus without the need for routine RFA and can be performed successfully in a UK centre. However the recurrence of HG/IMC is not uncommon and therefore close follow-up is required to identify and treat it at an early stage. An ER-dominant approach may offer significant cost-savings compared to an RFA-dominant approach without compromising overall outcomes.

Disclosure of Interest None Declared

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**PTU-165**

**THE BETTER DEFINITION OF NODAL STAGING IN THE 7TH EDITION OF TNM MANUAL DOES NOT PREDICT SURVIVAL OR TRANSLATES INTO BETTER PROGNOSTICATING ABILITY IN OESOPHTHAL-GASTRIC JUNCTIONAL ADENOCARCINOMA**

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Introduction The 7th TNM staging defines a minimum number of nodes, recommends an optimal number for each T stage, emphasises the prognostic importance of number of regional nodes involved and upstages based on the number of metastatic lymph nodes. We intend on studying the impact of application of 7th TNM rules on nodal staging (N) of resected and pathologically reported oesophago-gastric junctional (OGJ) adenocarcinomas during the last 10 years stratifying them according to the 7th edition TNM staging and to compare against the original staging and assess possible impact of nodal neo-staging on survival.

Methods A retrospective database was used to capture the clinico-pathological data of all consecutive curative resections of OGJ adenocarcinomas over the last 10 years in two UK Upper GI Units. Any report with less than 12 lymph nodes was considered inadequate and denoted as (Nx). All cases were re-reported and re-staged on September 16, 2023 by guest. Protected by copyright.http://gut.bmj.com/ Gut: first published as 10.1136/gutjnl-2013-304907.256 on 4 June 2013. Downloaded from http://gut.bmj.com/ on September 16, 2023 by guest. Protected by copyright.

Results Fifty seven (57) pathology reports confirming OGJ adenocarcinomas were reviewed. Adequate lymphadenectomy (minimum of 12 nodes) was noted in 33 patients. Overall stage migration was noted in 33 patients. 20 reports (60.6%) had stage migration was calculated from the time of initial surgery. Two year survival was assessed in the whole group (n = 57). Five year survival for patients operated between 2000 to 2007 (n = 34) and 10 year survival for those operated on between 2000 to 2002 (n = 10). For stage 3b and stage 3c (7th TNM) there was a 12.5%, 8.9% and 8.9% higher survival rate respectively (for 2.5 and 10 years), compared to the original 6th TNM staging for stage 3. Correspondingly for stage 1b, the survival rate was 5.3%, 3.6% and 3.6% respectively.

Conclusion The 7th edition of TNM staging provides a detailed documentation of the lymphatic staging. This better defined lymphatic staging does not seem to predict survival or have a superior prognosticating ability.

Disclosure of Interest None Declared