

risk, but did not account for the difference between the two groups (table 1).

Conclusions ESD remains a low risk therapeutic option for early oesophageal neoplasia, however the stricture risk is higher in squamous neoplasia, irrespective of circumferential lesion involvement. We would suggest counselling patients with squamous neoplasia for a higher risk of stricture and having a lower threshold for steroid injection or prophylactic dilatation in these patients.

P228 OUTCOMES OF RFA FOR BARRETT'S MUCOSA: 10 YEARS' DATA FROM A TERTIARY CENTRE

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Introduction Radiofrequency ablation (RFA) with or without endoscopic mucosal resection (EMR) is an established, effective and safe treatment for dysplastic Barrett's oesophagus, aiming to cause complete regression to squamous mucosa. In high volume centres, complete remission of dysplasia (CR-D) is seen in 91%, and complete remission of intestinal metaplasia (CR-IM) in 83.9%¹.

Method The audit assessed the outcomes of all patients treated at the Royal Liverpool Hospital for Barrett's mucosa with low grade dysplasia (LGD), high grade dysplasia (HGD) or intramucosal cancer (IMC) through RFA (HALO 360 or HALO 90) with or without EMR over a ten year period (2009–2019). The patients were treated by consultant gastroenterologists following referrals from throughout the Mersey region. Data was collated through the United Kingdom Radio Frequency Ablation Registry, which was regularly updated in this time period.

Results 227 patients completed treatment in the 10 year period; 185 male and 42 female, with a median age of 68 years at time of first therapy (range 38–88). 45 had initial histology of LGD, 135 HGD, and 47 IMC. The median Barrett's extension was C1 (range 0–15 cm) M4 (0–16 cm). 147 patients underwent EMR prior to RFA.

The median number of ablations performed was 3 (range 2–12). Patients were followed up for a median of 1020 days (range 188–3557). As highlighted in the graphic, 209/227 (92.07%) patients achieved CR-IM at their latest endoscopy. Of those patients who have not achieved or maintained squamous mucosa upon completion of treatment, initial histology was predominantly HGD (12/18), with both LGD and IMC accounting for the remainder (3/18 each).

Conclusion The data demonstrates a high proportion of patients receiving RFA for Barrett's with dysplasia achieve CR-IM, exceeding national standards. Those whose initial histology was HGD or IMC were at higher risk of failing to achieve this.

These outcomes, from a large dataset over an extended time period, highlight the level of expertise of the relevant endoscopists, and reinforce the benefit of therapy being undertaken in high volume centres.

REFERENCE

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P229 A NOVEL APPROACH TO RADIOTHERAPY TARGETING FOR OESOPHAGEAL SQUAMOUS-CELL CANCER USING LUGOL'S-SOLUTION GUIDED ENDOCLIP MARKING

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Introduction Squamous cell carcinoma (SCC) of the oesophagus often presents at a late stage with dysphagia symptoms. Chemoradiation (definitive or neoadjuvant treatment) remains the standard strategy for the treatment of localised SCC. Accurate radiotherapy target delineation is however problematic for very early tumours that cannot be visualised on cross-sectional imaging. We describe a novel technique of endoscopic clip placement to mark the area for targeted radiotherapy, in conjunction with Lugol's iodine chromoendoscopy to delineate the dysplastic field.

Methods A prospective study of procedures performed using the technique between 2017 and 2020 was undertaken in a tertiary referral centre. Unstained lesions (USL) were described and photographed, The proximal and distal extent of USLs were marked with ResolutionTM endoclips (Boston Scientific) which were placed on normal appearing squamous tissue 0.5 cm away from the USL. Four operators carried out the procedures with expertise in Endoscopic Eradication therapy and lesion recognition. Endoscopy reports, clinic letters, and imaging modalities were all interrogated to evaluate patient outcomes.

Results Fifteen patients were enrolled, 4 male, 11 female. Thirteen (86.7%) were for a new diagnosis of SCC, and 2 (13.3%) were for SCC recurrence. All patients were staged as T2N0M0 on CT. Eight patients had prior EUS and 13 had PET-CT scans, but these imaging modalities could only detect the area of abnormality in 3 (20%), and 4 (26.7%) of cases respectively.

Lugol's Chromoendoscopy was able to clearly delineate the dysplasia in all cases (100%). The mean total length of oesophageal USL marked with clips was 7.3 cm ± 3.8. The mean length of endoscopic procedure was 9.2 minutes ± 2.4. All procedures were undertaken with conscious sedation with a median dose of 2.5 mg midazolam (2.5–3.0) and 50 mcg fentanyl (0–75 mcg). All 15 patients scored comfortable on a GRS scale. Mean time from clip deployment to CT radiotherapy planning scan was 7.8 days (± 5.1). No clips fell off prematurely requiring repeat endoscopy. Median dose of radiotherapy delivered was 50Gy. At 12-months, of those followed up 26.7% had evidence of relapse free survival.

Conclusions Here we describe a novel technique using Lugol's guided clip placement prior to radiotherapy, demonstrating it to be a quick and uncomplicated procedure which can be used in the management of patients with SCC.

P230 PREVALENCE OF CERVICAL INLET PATCH IN PATIENTS WITH AND WITHOUT GLOBUS

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Introduction The cervical inlet patch (CIP) is an island of heterotopic gastric mucosa, most commonly found in the