in 3 patients and T2 in 4 patients. Lesion depth before repetitive PDT was T1 in 5 patients, and T2 in 2 patients. Local CR rate in 7 patients treated with repetitive PDT was 42.9% (3/7). Additionally, local CR rate in T1 cases was 60% and 0% in T2 cases. Adverse events of grade 3 or higher were not observed in any patient.

Conclusion: Repetitive salvage PDT was considered to be an effective and safe treatment option in residual T1 lesions after initial PDT for local failure of esophageal cancer treated with chemoradiotherapy.

Disclosure: All authors have declared no conflicts of interest.

Keywords: repetitive PDT, Esophageal cancer

PS02.039: SERUM CRP LEVEL IS A PROGNOSTIC FACTOR OF ESOPHAGEAL CANCER TREATED WITH DEFINITIVE CHEMORADIOTHERAPY

Daisuke Ishioka, Masaaki Saito, Jun Takahashi, Tamotsu Obitsu, Hirokazu Kiyozaki, Toshiki Rikiyama
Saitama Medical Center, Jichi Medical University, Saitama/JAPAN

Background: In advanced esophageal cancer, definitive combined chemoradiotherapy (d-CRT) is considered to be one of standard therapy in Japan. However, there have been few studies of the correlation of clinical factors and response to chemoradiotherapy. The aim of this study is to clarify the correlation of serum CRP level and response to definitive chemoradiotherapy for advanced esophageal cancer.

Methods: A total of 78 patients with clinical stage II/III esophageal cancer who were treated with d-CRT at our institute from 2002 to 2014 were retrospectively reviewed. 57 patients received chemotherapy using low-dose 5-FU and cisplatin, and remaining 19 patients received chemotherapy using standard-dose 5-FU and cisplatin according to the protocol described in the RTOG trial combined with radiation therapy. The patients were stratified by response to chemoradiotherapy by two groups. 60 patients (54 patients had a complete response and 6 had a partial response) were in Responder group, and 18 patients (7 patients had a stable disease and 11 had a progressive disease) were in Non- responder group. The correlation of survival rate and serum CRP level before d-CRT was evaluated.

Results: At the time of analysis, the median follow-up period was 32 months (range 3–124 months). The overall survival of the Responder group was significantly better than that of Non- responder group ($P < 0.001$). Univariate analysis showed that white blood cell > 8000/m3 ($P = 0.036$), CRP > 1.0mg/dl ($P = 0.002$), adventitia invasion ($P = 0.04$) and history of the smoking ($P = 0.037$) were predictive for response of d-CRT. Multivariate analyses identified serum CRP level ($P = 0.002$) as independent prognostic factors for response of d-CRT.

Conclusion: Our findings suggest that serum CRP level may be a useful marker to predict a response to definitive chemoradiotherapy. However, further examinations in the future will be necessary to determine its efficacy.

Disclosure: All authors have declared no conflicts of interest.

Keywords: Esophageal cancer, definitive chemoradiotherapy

PS02.040: EXPRESSION OF INTESTINAL/NON-INTESTINAL DIFFERENTIATION MARKERS IN ADENOCARCINOMAS OF THE ESOPHAGUS CORRELATES WITH ESOPHAGO-GASTRIC INTESTINAL METAPLASIA

Elena Bonora[1], Federica Isidori[2], Marialuisa Lugaresi[3], Claudia Sala[4], Deborah Malvi[1], Silvia Fittipaldi[5], Gastone Castellani[4], Jari Räsänen[6], Antonietta D'Errico[2], Roberto Fiocca[7], Sandro Mattioli[8]
[1]Esophageal Adenocarcinoma BAGH study group, Bologna Amsterdam Genova Helsinky/ITALY, [2]Alma Mater University of Bologna, Bologna/ITALY, [3]Alma Mater University of Bologna, BOLOGNA/ITALY, [4]Alma Mater University of Bologna, BoLOGNA/ITALY, [5]Technische Universität München, München/GERMANY, [6]Helsinki University Central Hospital, Helsinki/FINLAND, [7]University of Genova, Genova/ITALY, [8]GVM Care & Research, Cotignola (RA)/ITALY

Background: Esophageal adenocarcinomas (EAC), grouped according to the presence (+)/absence (-) of intestinal metaplasia in esophagus (BIM) and stomach (GIM) differ in terms of nodal metastatic patterns and survival. We studied the differentiation profile in BIM/GIM categories.

Methods: In 77 EAC surgical specimens we assessed CDX-2, CK7, CK20, MUC1, MUC2, MUC5A/C, MUC6 antibodies. The expression of such markers was correlated with: BIM + GIM- (Barrett-like), BIM-GIM- (cardiopyloric-like), BIM-GIM + (gastric-like).

Results: CDX2 ($P = 0.0481$), CK7 ($P = 0.0150$), MUC2 ($P = 0.0395$) were differently expressed (Kruskall-Wallis test) in BIM/GIM categories. Binary relations (Mann-Whitney test) showed that CDX2 was more expressed in BIM + /GIM- than in BIM-/GIM- ($P = 0.0046$) tumors; CK7 was more expressed in BIM-/GIM- than in BIM-/GIM + ($P = 0.0020$) and in BIM + /GIM- than in BIM-/GIM + ($P = 0.0101$); MUC2 was more expressed in BIM + /GIM- than in BIM-/GIM- ($P = 0.0061$). The other investigated markers were randomly distributed among BIM/GIM categories.

Conclusion: The greater expression of intestinal markers (CDX2-MUC2) in Barrett's intestinal metaplasia associated tumors (BIM + /GIM-) compared to those with no intestinal metaplasia (BIM-/GIM-) is consistent with their predominant intestinal differentiation. In contrast, CK7, although mostly expressed in tumors not associated with intestinal metaplasia (BIM-/GIM-) was less efficient in distinguishing them from those associated with Barrett's metaplasia (BIM + /GIM-) while showed the lowest level of expression in tumors associated with gastric intestinal metaplasia (BIM-/GIM +). In conclusion, intestinal (CDX2-MUC2) and non-intestinal (CK7) differentiation markers appear to be expressed differently in BIM/GIM categories. Those findings support the opportunity to investigate further biology of these tumors in view of clinical-prognostic implications.

Disclosure: All authors have declared no conflicts of interest.

Keywords: marker, Esophageal cancer, adenocarcinoma of the esophagus, immunohistochemistry

PS02.041: VITAMIN D SIGNALING PATHWAYS CONFER THE SUSCEPTIBILITY OF ESOPHAGEAL SQUAMOUS CELL CARCINOMA

Aifang Ji, Yang Zhou
Changzhi medical college, jiefang east street/CHINA