



**Figure: (A)** OpenArray results showing downregulation of 10 miRNAs in CDX2 positive glands and upregulation of one miRNA (miR-590). **(B)** miR-24-3p in situ hybridization: intestinal metaplastic glands were characterized by a positive staining for CDX2 (red) and faint to negative miR-24-3p. Adjacent non-intestinalized CDX2-negative glands showed a moderate miR-24-3p expression. **(C)** Transfection of KYAE-1 cells with miR-24-3p and miR-24-39 inhibitor. A significant CDX2 decrease was observed.

in the compliant group compared to the not-compliant group: 22.6 versus 43.3;  $p < 0.0001$ . This resulted in a significant lower median (IQR) length of stay between both groups: 9 (8-10) days versus 14 (11-22) days;  $p < 0.0001$ . Some of the benchmarks showed a direct relation to individual complications, e.g. the percentage of pneumonias is correlated to the benchmark 'active mobilization on postoperative day 1' (Fig1B)

**Conclusion:** Higher compliance to the ERP protocol helps to reduce postoperative complications and thus shortens the postoperative hospital stay.

**P163 OUTCOMES OF DISTAL PANCREATECTOMY AND SPLENECTOMY DURING 2-STAGE ESOPHAGECTOMY FOR CANCER**

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**Aim:** The aim of the study was to assess safety, feasibility and outcomes of esophagectomy with distal pancreatectomy and splenectomy for T4a esophageal and esophagogastric junction adenocarcinoma.

**Background and Methods:** From 01/10/2018 to 01/03/2019, three patients were operated in our Unit for adenocarcinoma of the distal esophagus or esophagogastric junction with 2-stage esophagectomy combined with distal pancreatectomy and splenectomy. Records were reviewed and clinicopathological outcomes presented.

**Results:** All patients were males with a mean age of 55 years (Range: 44-64). Two out of three had undergone neoadjuvant chemotherapy. Mean operative time was 420 min. (Range: 360- 480 min.). Mean blood loss was 180 ml (Range: 150-230ml). Mean ICU stay was 2.33 days (Range:1-3 days). Mean length of stay was 20 days (Range: 15-25 days). Postoperative complications observed was pneumonia in n=1. R0 resection was achieved in all patients while positive lymph node ratio was 0.3 (Range: 0- 0.73). Adjuvant chemotherapy was administered in all patients.

**Conclusion:** Two-stage esophagectomy for cancer along with distal pancreatectomy and splenectomy may be safely performed in specialized Upper GI Units offering adequate postoperative clinical and oncological outcomes. Further studies with larger sample size are needed to reach reproducible results.