Results: 63 patients were included. Median age was 76 years (range, 70 to 89 years), and 84% of patients were men. 44 patients (69%) were G8 impaired, 22 patients (34%) were fTRST impaired, 23 patients (36%) were impaired on both screening tools. G8 was an independent predictor of overall survival (hazard ratio 9.9; 95% confidence interval 1.24-79.4, p=0.02), while fTRST was not. The CD≥3 postoperative complications occurred in 33 patients (52%).
In univariable logistic regressions, ECOG-PS, G8 and fTRST were associated with CD≥3 complications. G8 alone was not independently predictive for CD≥3 complications, however combined with fTRST, the predictive value of G8 was increased (p=0.001).

Conclusions: G8 is useful for prognostic value of OS and prior to fTRST in EC. G8 combined with Ftrst has the strongest predictive value for postoperative CD≥3 complications. Further studies are needed to design interventions to improve outcomes for those frail patients.

P213 PROGNOSTIC SIGNIFICANCE OF CHANGES IN LYMPH NODE MORPHOLOGY ON SURVIVAL IN ESOPHAGEAL CANCER AFTER NEOADJUVANT THERAPY: A SYSTEMATIC REVIEW AND META-ANALYSES

Eliza Hagens[1] (MD), Karina Tukanova[2] (MD), Sara Jamel[2] (MRCS, BSc), Mark van Berge Henegouwen[1] (MD, PhD), George B. Hanna[2] (PhD, FRCS), Suzanne Gisbertz[1] (MD, PhD), Sheraz R. Markar[2] (PhD, PhD, MSc, MA, MRCS)
[1]*Department of Surgery, Amsterdam UMC, University of Amsterdam, Cancer Center Amsterdam, the Netherlands*, [2]*Department of Surgery and Cancer, Imperial College London, United Kingdom.*

Aim: To assess the prognostic significance of lymph node regression or downstaging following neoadjuvant therapy for esophageal cancer.

Background and methods: The prognostic value of histomorphologic regression in the primary esophageal cancer has been established, whilst the impact of lymph node response on survival still remains unclear.
An electronic search was performed to identify articles evaluating lymph node regression or downstaging after neoadjuvant chemo- or chemoradiotherapy. Random effects meta-analyses were performed for regression and downstaging and primary outcome was the hazard ratio (HR) for overall mortality. Survival data were compared between patients with complete regression and those with partial or no response. Histopathological tumor regression in lymph nodes was defined by the absence of viable cells or degree of fibrosis. Furthermore, survival of patients with downstaged lymph nodes to N0 were compared to those with positive nodes following treatment.

Results: Eight articles were included, 4 of which assessed tumor regression (number of patients=789) and 4 assessing downstaging (number of patients=1937). Complete tumor regression (average rate of 30.0%) in the lymph nodes was associated with higher survival [HR= 0.63, 95% CI (confidence interval) = 0.43 – 0.92; p=0.017] (figure 1). Lymph nodes downstaging (average rate of 47.6%) had improved survival compared to node positivity (HR = 0.38, 95% CI = 0.29 – 0.50; p<0.0001) (figure 2).

Conclusion: A prognostic benefit was seen in patients with good lymph node response to neoadjuvant therapy, suggesting this should be used as an important additional prognostic marker in staging and in comparative evaluation of different neoadjuvant regimes.

P214 ESOPHAGECTOMY FOR ESOPHAGEAL CANCER IN AN UPPER GI UNIT OF THE NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS DURING THE PERIOD 2004-2019

Mylonas K[1], Schizas D[1], Hashemaki N[1], Mpaili E[1], Ntomi V[2], Michalinos A[3], Theochari N[1], Theochari C[1], Mpoura M[1], Liakakos T[1]
[1]*First Department of Surgery, Laiko General Hospital, National and Kapodistrian University of Athens*, [2]*Third Department of Surgery, National and Kapodistrian University of Athens, Attikon University Hospital*, [3]*Department of Anatomy, European University of Cyprus*

Aim: To describe the clinicopathological features and outcomes of patients registered in the esophageal cancer database of an academic upper GI unit in Greece.

Methods: We performed a retrospective analysis of patients that underwent esophagectomy for esophageal or gastroesophageal junction (GEJ) cancer at an upper GI unit of the National and Kapodistrian University of Athens, during the period January 2004-June 2019. Time-to-event analyses were performed to explore trends in survival and recurrence.

Results: A total of 146 patients were identified. Mean patient age was 62.3 XXX 10.3 years. Male to female ratio was 6.3:1. Overall, Ivor-Lewis, McKeown, and left thoracoabdominal esophagectomy was performed in 98 (67.1%), 34 (23.3%), 12 (8.2%), patients, respectively. Pharyngolaryngoesophagectomy was performed in 2 (1.4%) cases. R0 resection was achieved in 142 (97.7%) patients. Postoperative complications developed in 62 (45.3%) patients. Neoadjuvant chemotherapy and radiation were administered to 35 (26.9%) and 11 (8.5%) patients, respectively. Postoperative chemotherapy and radiation were administered to 68 (54.8%) and 17 (13.7%) patients, respectively. In total, 4 (2.7%), 23 (15.8%), 30 (20.6%), 55 (37.7%) 34 (23.3%) patients were Stage 0, I, II, III, IV respectively. Among patients with available

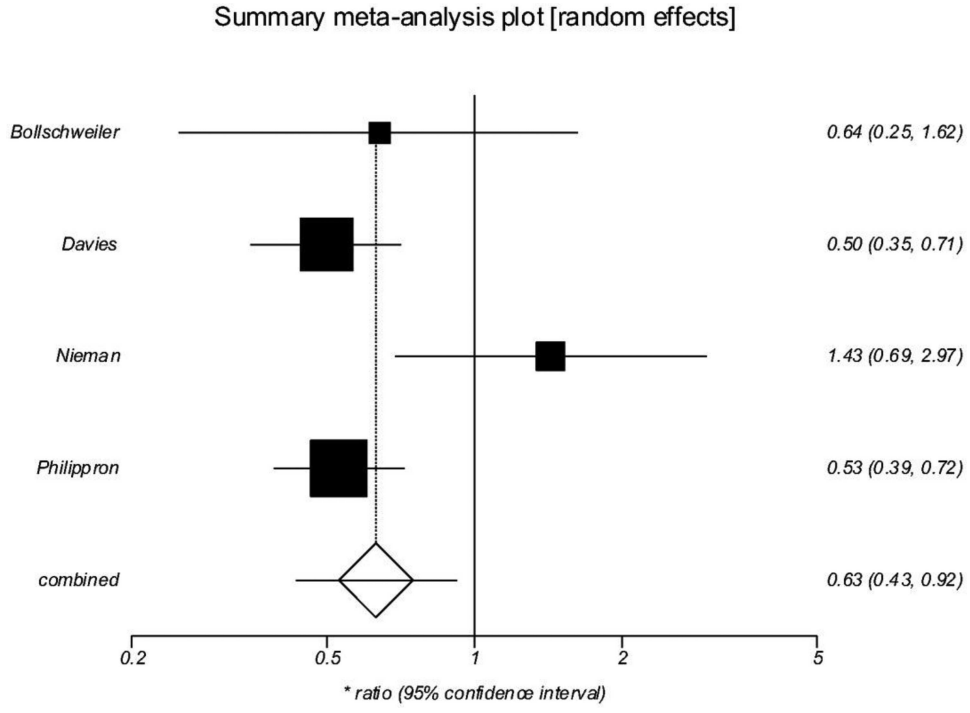

Figure 1. Forrest plot showing improved overall survival with complete lymph node regression (HR=0.63, 95% CI = 0.43 – 0.92; p = 0.017).

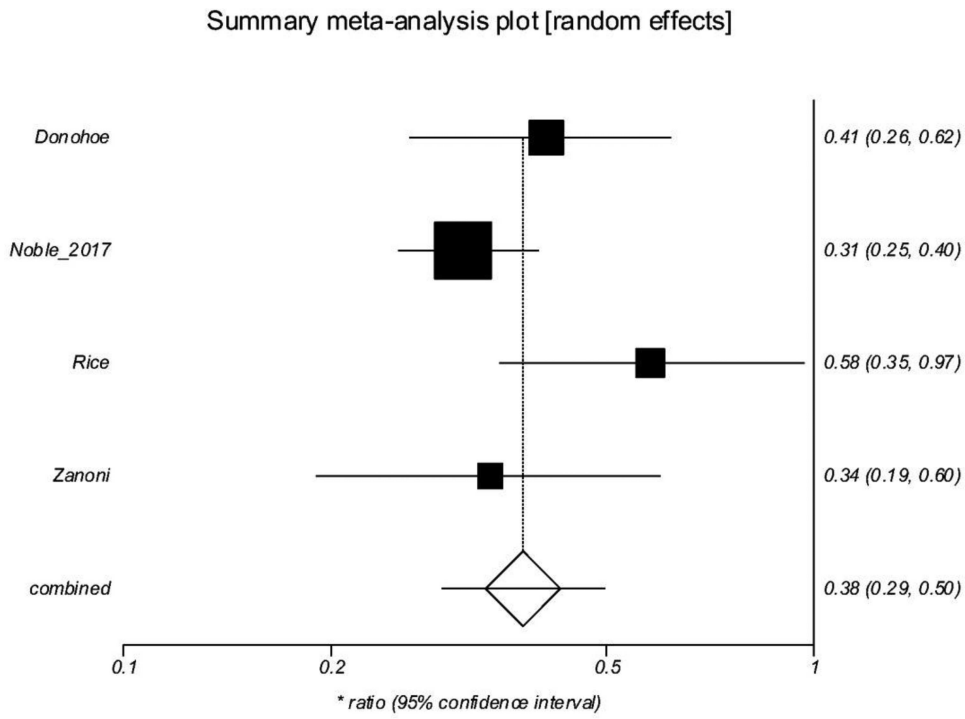

Figure 2. Forrest plot showing improved overall survival with lymph nodes downstaging to N0 (HR = 0.38, 95% CI = 0.29 – 0.50; p < 0.0001).

follow-up information, overall recurrence and all-cause mortality rates were 41.2% and 46.2%, respectively. Median recurrence time and median time of death were 11.3 months and 2.5 years, respectively. On multivariate Cox regression, presence of positive lymph nodes (HR: 1.1, p=0.03) was predictive of higher recurrence rates, while neoadjuvant chemotherapy had a protective effect on disease relapse (HR=0.4, p=0.04). On multivariate Cox regression, need for neoadjuvant radiotherapy (HR: 6.9, p=0.001) and recurrence (HR: 3.4, p=0.002) were independently associated with higher risk of all-cause mortality.

Conclusions: In this study, we explored outcomes of patients undergoing esophagectomy for esophageal and GEJ cancer in an upper GI unit in Greece over a 15-year period. Outcomes were comparable to those reported from major referral centers across the globe.

P215 THE COMPLEX BENIGN UPPER GI MDT - A QUALITY IMPROVEMENT INITIATIVE FROM A TERTIARY CENTRE

Syed Soulat Raza, Ikenna Anderson Aneke, Alistair Sharples, C Bradbury, Stephanie Evans, Nagammapudur Balaji
Department of Upper GI Surgery and Medical Gastroenterology, University Hospital North Midlands, Stoke On-Trent

Introduction: The Upper GI cancer Multidisciplinary team (MDT) has become an essential and integral part of the cancer treatment pathway in the management of Oesophagogastric (OG) cancer. There exists an need for the MDT management of complex benign diseases of the oesophagus which can be equally rewarding if proper decision making for treatment is achieved in this potentially challenging group of patients.

Methods: We explore the utility of a Benign Complex MDT model consisting of Surgeons, Gastroenterologists, radiologists and GI Physiologists in a tertiary teaching hospital setting.
A retrospective review of 72 patients who were discussed in the Complex Benign UGI MDT over a 2 year was undertaken. The referral pattern, decisions and outcomes have been analysed. All results were analysed using SPSS version 23. Results are reported in median +/- ranges or percentages where applicable.

Results: Patients had median age of 57 years with 62.5% being women.
30/72 (41.7%) patients had previous surgery. Majority of the referrals were made by surgeons 61/72 (84.7%) followed by gastroenterologist 10/72 (13.9%).
Dysphagia was the predominant symptom in 34/72 (47.2%) patients followed by reflux in 31/72 (43%) patients and 19.4% patients had a combination.
The purpose of an MDT referral was expert advice in 45/72 (62.5%) and consideration of surgery in 23/72 (31.9%) patients. The recommendations of the MDT was further clinic review (30%), further investigation (30.5%), surgery (18%), discharge (11%). MDT changed patient's management in 30/72 (41.7%) cases.

Conclusion: Our results show that surgery was recommended less frequently after initial MDT discussions in patients who were initially referred for potential surgical advice. The management of complex benign conditions of the oesophagus can be challenging particularly after initial interventions. A MDT approach to the management of these patients can be recommended as equally vital to their management on recommending/avoiding further surgical or endoscopic interventions.

P216 WHAT IS THE TIME BURDEN AND RESPONSE RATE ASSOCIATED WITH WRITTEN OR ONLINE COMPLETION OF HEALTH-RELATED QUALITY OF LIFE QUESTIONNAIRES AFTER CANCER TREATMENT?

Klevebro F[1], Boshier P[2], Jenq W[2], Low D[2]
[1]*Karolinska Institutet*, [2]*Virginia Mason Medical Center*

Background: Patient reported outcomes are increasingly important assessments to be applied in the follow-up of patients after cancer treatment. The primary aim of this study was to clarify the patient related time burden associated with completing these questionnaires. Secondary aims was to assess completion rates, and to investigate how symptomatic outcome differs according to the response time.

Method: Patients who had undergone surgical management of esophageal cancer (1991-2018) and were disease-free at the time of assessment were asked to complete a total of six questionnaires: SF36, EORTC-QLQ-C30, EORTC-QLQ-OG25, EuroQol 5D, Digestive Symptom Questionnaire, and Dumping Syndrome Rating Scale. Patients were offered either paper or online questionnaires that were completed consecutively allowing for accurate quantification of the time taken to complete each online questionnaire.

Results: In total, 117 of 147 eligible patients (79.6%) responded to the questionnaires. In the online group 60 (90.9%) responded compared to 57 (70.4%) in the paper group (P=0.002). The median age was 74.5 years in the online group compared to 70.9 years in the paper group (P=0.022). In the patients completing their questionnaires online, the six questionnaires took