on average 26.4 (range 10-55) minutes to complete. The fastest quartile of patients completed the six questionnaires in 17 minutes or less (N=14). There was no significant association between time to complete the questionnaires and age, gender, time from surgery or health-related quality of life scores.

Conclusions: The results of the study demonstrates that online questionnaires in some ways might be superior to paper questionnaires, and that patients are willing and able to complete online questionnaires irrespective of age. Time to complete questionnaires was not associated with level of health-related quality of life.

P217 SAFETY OF ESOPHAGEAL DILATION IN PATIENTS WITH EOSINOPHILIC ESOPHAGITIS IN A SINGLE CENTER COHORT

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Aim: This study is aimed to assess the safety of esophageal dilation (ED) in a large cohort of eosinophilic esophagitis (EoE) cases in a single center.

Background and Method: EoE, the leading cause of food impaction, is a chronic immune-mediated disorder characterized by esophageal dysfunction and mucosal eosinophilic infiltration ($\geq$ 15 eos/hpf). ED is considered a second-line therapy for EoE after failure of medication, due to concern of perforation.
We performed a retrospective review of EoE patients who received ED at University of Iowa Hospitals and Clinics from 2006 to 2018. ED types, complications, and symptomatic improvement were extracted via chart review. Descriptive statistic with univariate analysis was performed.

Results: Of 1050 EoE patients, 160 received 295 EDs, ranging from 1-12 dilations per patient, with 67 patients requiring >1 dilations. Procedures were generally well-tolerated, without major bleeds or perforations. The overall complication rate was 6.1%, mostly post-procedural chest pain (4.8%). Three patients had sedation-related complications: one aspiration pneumonia and two ICU admissions for respiratory distress. Symptomatic improvement was documented in 87% of dilations on follow up.

Conclusion: EoE prevalence is increasing with rates of 1 cases per 1000 individuals, with up to one-third requiring ED for symptomatic relief. Previous reports suggested an increased procedure-related risk, mainly esophageal perforation. However, recent systematic reviews have shown low perforation rate of <0.3%, approximating that of other benign conditions. Our findings are consistent with current data, suggesting that ED should be considered a safe treatment for EoE along with dietary and pharmacological interventions.

P219 THE ROLE OF PET-CT IN THE EVALUATION OF LYMPH NODE INVOLVEMENT IN ESOPHAGEAL AND GASTROESOPHAGEAL JUNCTION CARCINOMA - A 5-YEAR SINGLE CENTER EXPERIENCE

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Aim: To determine the efficacy of positron emission tomography-computed tomography (PET-CT) in the evaluation of lymph node status during preoperative staging on patients with esophageal and gastroesophageal junction carcinoma compared to the final histopathological findings.

Background and Methods: Data on patients that underwent esophagectomy from 01/03/2014 to 01/03/2019 were prospectively collected and retrospectively reviewed. Based on the medical records, the following parameters were extracted and analyzed: patient demographics, histopathological parameters, surgical and oncological outcomes. All patients were staged according to the AJCC 8th edition.

Results: A total of 79 patients underwent Ivor Lewis or McKeown esophagectomy for either squamous cell carcinoma (n= 7 patients) or adenocarcinoma of esophagus or gastroesophageal junction (n= 72 patients). In 60 cases, clinical staging was conducted without performing PET- CT, while 19 cases underwent PET-CT. Among the 19 patients, 16 (84.2%) were men, and 3

(15.8 %) were women. Mean age was 62 years, (range 41- 72). Mean nodal harvest per patient was 30.6 lymph nodes. Twelve out of 19 patients (63.2%) revealed lymph node invasion, with a mean of 5.6 positive lymph nodes per patient. PET-CT identified the primary tumor in all 19 patients (100%). PET-CT demonstrated 100% compliance with the final histopathological reports regarding N status in only 5 out of 19 cases (26.3%). Four patients were staged as N0 both pre- and postoperatively, while one was deemed positive by PET-CT in right paracardial lymph nodes which was histopathologically confirmed. In other 4 patients (21.1%), PET-CT was 100% false negative, whereas in 3 patients (15.8%) PET-CT was 100% false positive. In the remaining 7 patients, PET-CT findings were in accordance with the pathology report in 7 out of 25 examined lymph node stations, false positive in 9 out of 25 and false negative in 9 out of 25.

Conclusion: PET-CT seems to have a considerable number of false positive and false negative results in esophageal cancer in our study as far as N-staging is concerned. Further studies with larger sample size are needed to reach more conclusive results.

P220 DEVELOPMENT OF A NEW PSYCHOLOGICAL TOOL TO IMPROVE PATIENT ABILITIES TO DEAL WITH ESOPHAGECTOMY: PRELIMINARY RESULTS

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Aim: This study aims to create a tool for evaluation of patient ability to deal with postoperative course after esophagectomy for cancer.

Background and methods: Esophagectomy requires patient to be active and compliant to face up to postoperative impairments. Health related quality of life (HRQoL) data in short and medium-term after surgery show that competences used by patients are not appropriate. Lack of patient abilities to manage postoperative course influences patient recovery and reduces HRQoL.
Psychological analysis of patient clinical needs was conducted to identify peculiar patient competences involved after esophagectomy. Four competences (future forethought; context evaluation; consequences of own actions forethought; use of available resources), each relevant to four areas (clinical; familiar; working; daily-activities) were identified and converted in open-ended questions to assess patient level of skills: a 16 questions structured interview was composed.
From April to June 2019 we performed a feasibility study on 18 consecutive patients between 3rd and 15th postoperative day. They underwent esophagectomy for esophageal or esophagogastric junction cancer in two high volume centers. Patients with metastasis, with language problems due to neurological impairment or age <18 were excluded. M.A.D.I.T.-Methodology of Computerized Textual Data Analysis (University of Padua) was used.

Results: Each interview was administered orally to all patients and took 15 minutes. 5 questions were asked to be repeated. No complaints or negative comments were received.
Non-responding percentage was 0,4% (one question in one interview). Textual corpus was composed of 3210 words, passable of analysis. No differences between postoperative days administration were found.
M.A.D.I.T. analysis showed that answers were adequate and pertinent and allowed us to stratify patients in three different levels of competences (low, median, high). No need of additional competences or areas was observed.

Conclusion: This new psychological tool shows content validity, adequacy and pertinence to the study aim. It is understandable, easy, quick to be answered during any postoperative day and useful to identify patients with low abilities to deal with esophagectomy.
Therefore a multicentric study will be conducted to use this tool further in multiple-choice format with a larger number of patients, in order to identify which patients will benefit of psychological intervention for HRQoL improvement.