

TABLE: Occurrence of intestinal after Ivor Lewis Esophagectomy (n = 12).

Patient ID	Prior History of IM	Duration of Preoperative IM (months)	Local Adenocarcinoma Recurrence	Time to Occurrence of Postoperative IM (months)
1	Yes	9.1	No	2.7
2	Yes	6.9	No	60.0
3	Yes	7.8	No	25.9
4	Yes	2.8	Yes	3.0
5	Yes	0.5	Yes	20.5
6	Yes	6.9	No	26.8
7	No (identified on operative pathology only)	0	No	31.9
8	No	N/A	No	86.4
9	No	N/A	No	107.6
10	No	N/A	No	48.9
11	No	N/A	No	55.0
12	No	N/A	Yes	3.5

IM: intestinal metaplasia

institution from 2006–2018 were identified. Pathology records were reviewed for the presence of IM on pretreatment biopsies, surgical specimen, or post-resection biopsies. Categorical variables were compared using Pearson's chi-square test or Fisher's exact test, where appropriate, and continuous variables were compared using Kruskal-Wallis test. Time-to-event outcomes were assessed using the Kaplan–Meier method.

Results. 621 patients were included, and 242 (39%) were known to have had IM prior to esophagectomy. An additional 26 (4%) patients without a preexisting diagnosis of IM were found to have IM in the surgical specimen. During a median follow-up of 62 months, development of new IM was rare, occurring only in 12 (2%) patients, 7 of whom had a prior history of IM (Table); incidence was 0.6 cases per patient-years. Of these 12, 3 (25%) developed local adenocarcinoma recurrence. Overall, local recurrence of adenocarcinoma was uncommon, and occurred at similar rates in patients with and without a history of IM ($p = 0.774$).

Conclusion. Despite several factors predisposing to mucosal damage following esophagectomy, occurrence of new IM after trimodality therapy in our patient population appears to be rare, even among patient with a previous history of metaplasia.

79 PREOPERATIVE TOBACCO CESSATION AND MAJOR POSTOPERATIVE MORBIDITY IN PATIENTS UNDERGOING ESOPHAGECTOMY

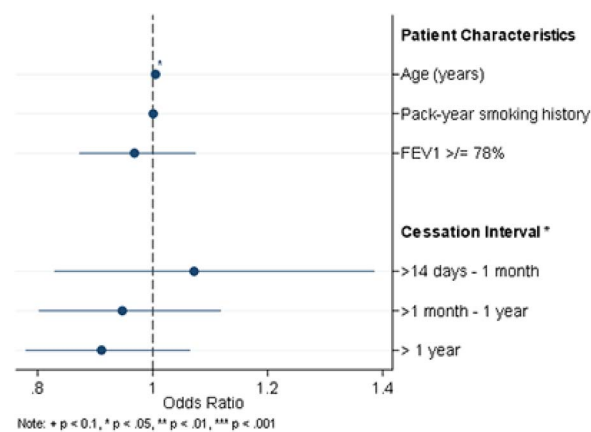
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While preoperative tobacco cessation has been associated with decreased pulmonary complications in lung cancer patients in the postoperative period, this relationship has not been explored among patients undergoing esophagectomy in this era of increasingly prevalent tobacco cessation campaigns and enhanced recovery after surgery.

Methods. We reviewed ever-smokers who underwent esophagectomy at a single institution from January 2004 through June 2019 for esophageal cancer. Occurrence of Clavien-Dindo classification ≥ 3 major postoperative morbidity (MPM), including anastomotic leak, chylothorax, reoperation, organ dysfunction, respiratory failure, and ICU readmission was calculated. In an effort to evaluate an effect of smoking cessation on outcome, never-smokers were excluded from analyses. Multivariable logistic regression with backwards stepwise elimination was completed to determine the optimal cessation interval associated with reduction in MPM. Robust standard errors were used to account for clustering among surgeons.

Results. 725 patients met inclusion criteria, including 666 (92%) with adenocarcinoma and a smaller proportion with squamous cell carcinoma. Most patients were male (650, 90%), and the median age was 63 years (IQR



57–69). Records showed that 505 patients (60%) had quit >5 years prior to esophagectomy, and 82 (11%) were current smokers or had quit within the month preceding esophagectomy. MPM occurred in 213 (29%). After univariate regression, age, gender, pack-year history, operative duration, and FEV1 were included in a multivariable model. While age remained associated with MPM, preoperative tobacco cessation of any interval was not associated with outcomes.

Conclusion. Our previous publication showed increased complication risk for smokers undergoing esophagectomy compared to non-smokers. However, among ever-smokers, no specific interval of preoperative cessation demonstrated decreased MPM. In a setting of active tobacco cessation programs, patients who have not completely achieved abstinence may still be offered surgery with equivalent perioperative outcomes.

82 POSSIBLE NOVEL BIOMARKER OF ESOPHAGEAL SQUAMOUS CELL CARCINOMA

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Recently, patients with esophageal squamous cell carcinoma (ESCC) have been treated with combination therapy, including surgical resection, chemotherapy, and/or radiation therapy. Therefore, the development of novel and useful biomarkers is expected because the malignant behavior of tumors and the treatment effect vary in each case. In this study, we examined the clinical significance of microRNA-X (miR-X) as a biomarker because it has been reported in studies that examined ESCC cell-lines in vitro.

