



Figure 2.

Methods. From 2014–2018 all patients with LGD and superficial esophageal cancer were included. The patients underwent endoscopic mucosal resection (EMR) and/or radiofrequency ablation (RFA). In June 2019 the patients were contacted per mail for assessment of the level of dysphagia and HRQOL, using the Ogilvie score and the European Organisation for Research and Treatment of Cancer (EORTC) core-questionnaire QLQ-C30 together with the disease-specific module QLQ-OG25.

Results. 59 out of the 86 patients alive (69%) completed the questionnaires after a median follow-up of 28 months (8–65 months). 24% of the patients answering the questionnaires underwent EMR, 31% RFA and 44% both EMR and RFA. There was no significant difference (p > 0.05) regarding the level of dysphagia, weight loss, global QoL and emotional status, neither with respect to a non-cancerous reference population nor between the treatment groups. For the other variables in QLQ-C30 and QLQ-OG25, the patients experienced significant lower HRQOL. 12% had minor problems eating solid food (Ogilvie score 1), of whom all underwent EMR.

Conclusion. The majority of patients endoscopically treated for LGD and superficial esophageal cancer experienced no dysphagia after a median follow-up of 28 months. The patients experienced significant lower HRQOL when being compared to an age-matched non-cancerous reference population. There was no difference regarding the level of dysphagia, weight loss, global QoL and emotional status.

147 EFFECTIVE UNDERWATER ENDOSCOPIC SUBMUCOSAL DISSECTION FOR A SUPERFICIAL CERVICAL ESOPHAGEAL CANCER

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Underwater method is now mainly used in endoscopic mucosal resection of colorectal and duodenal lesions based on the fact that mucosa and submucosa float into the lumen moving away from the muscularis propria after filling with water without submucosal injection. We performed underwater endoscopic submucosal dissection (ESD) for a cervical esophageal lesion.

Methods. Case report.

Results. An 81-year-old man with a history of drinking and smoking underwent endoscopy, revealing a 1/3 round superficial cancer in the cervical esophagus. ESD was performed under general anesthesia and tracheal intubation. The lumen was so narrow from natural constriction that a good

view could not be secured under CO2 insufflation. Therefore, we tried the underwater method. As the lumen was expanded by filling with 0.9% saline solution, it was possible to secure a visual field. Because the submucosal layer floated up underwater, a circumferential incision and submucosal dissection were completed easily and quickly.

Conclusion. Endoscopic resection for lesions within a physiologic narrow space is difficult. The underwater method is reported to be useful for treatment of rectal tumors near the dentate line and cecal tumors in the appendiceal orifice. We found that the underwater method made ESD for the cervical esophageal cancer even easier by securing a good view. To our knowledge, this is the first report of underwater ESD for a cervical esophageal cancer.

160 SURVIVAL ANALYSIS OF 18F-FDG PET/CT QUANTITATIVE PARAMETERS MEASURED IN PRIMARY TUMOR AND SUSPICIOUS LYMPH NODES IN PATIENTS WITH ESOPHAGEAL CARCINOMA

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18F-FDG PET/CT quantitative techniques have been described as prognostic indicators in esophageal cancer. Objective: To evaluate the prognostic value of the maximal Standardized Uptake Value (SUVmax), the Metabolic Tumor Value (MTV) and the Total Lesion Glycolysis (TLG) measured in the primary tumor and in the suspicious lymph node.

Methods. A cohort study was performed to assess the association of SUVmax, MTV and TLG measured prior and post to neoadjuvant therapy, as well as the variation of these values between the two studies, with overall survival (OS) in patients with esophageal cancer submitted to trimodal therapy. The quantitative techniques were applied in the primary tumor (PT) and in the suspicious nodes (LN) by a nuclear medicine physician. The OS rates were analysed. Before neoadjuvant therapy, 106 patients had PET/CT, and 39 patients had post neoadjuvant PET/CT exams.

Results. Before neoadjuvant period all the variables related to LN were able to predict OS. MTV of primary (HR: 1.89; 95%CI: 1.01–3.52) tumor were also able to predict OS. On post neoadjuvant period and the variation pre-to-post neoadjuvant periods, none of the PET/CT variables related to LN were related to prognosis. All primary tumor volumetric variables were related to OS. MTV (HR: 4.66; 95%CI: 1.54–14.08) and TLG (HR: 4.86; 95%CI: 1.66–14.26) of PT of post neoadjuvant period; and the variation of MTV (HR: 4.66) and the variation of MTV (HR: 4.86) and the variation of MTV (HR: 4.86) and the variation of MTV (HR: 4.86) and the variation of MTV (MR: 4.86) and the varia