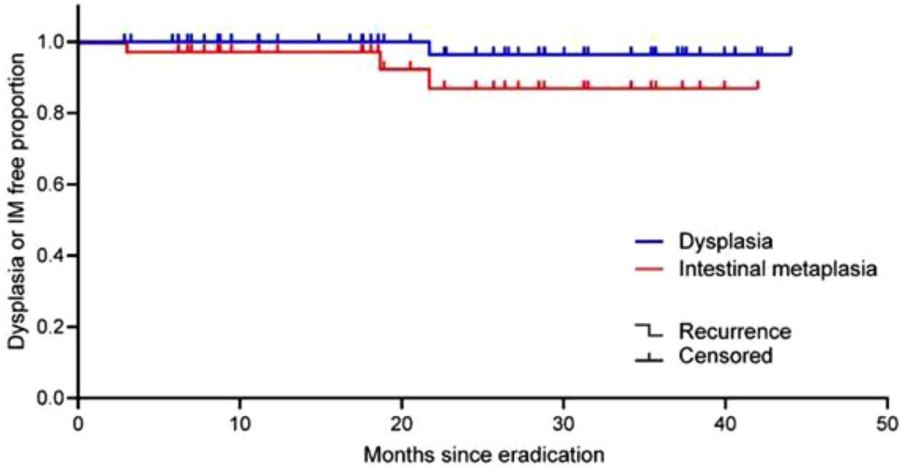

Figure 1. Kaplan-Meier analysis of the durability of complete eradication of dysplasia and intestinal metaplasia. All subjects in this analysis achieved either complete eradication of dysplasia (n = 58) or intestinal metaplasia (n = 45) at 12 months. Time 0 for this analysis is the first finding of coplete eraducation of dysplasia or intestinal metaplasia at 12 months. Any recurrent dysplasia (n = 1 LGD) or IM (n = 3; 2 HGD, 1 LGD) noted after achieving CE-D or CE-IM was considered a failure, even if it was subsequently successfully eradicated by cryoballoon ablation.

Conclusion: Recurrence rate of IM after initial CB eradication is low patient with no patients progressing to cancer or beyond their baseline dysplasia grade. CB ablation has high efficacy, safety, and durability for eradicating dysplasia and intestinal metaplasia in dysplastic BE as a primary or rescue therapy.

294 LONG TERM OUTCOMES OF THORACOSCOPIC-ASSISTED OESOPHAGECTOMY FOR EARLY OESOPHAGEAL CANCER

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Oesophageal cancer is the 9th most common cancer in Scotland, yet is ranked 5th for cancer mortality. This is in part due to most new patients presenting with locally-advanced or metastatic disease. Early disease is often found during Barrett's surveillance or serendipitously. There is a paucity of literature describing the outcomes of patients who undergo resection for early disease in Europe, particularly morbidity, actual five-year survival rate, recurrence patterns and ultimate causes of death.

Methods: Data for fifty consecutive patients from the Royal Infirmary Edinburgh (RIE) with cN0 disease who underwent thoracoscopically-assisted McKeown (three-stage) oesophagectomy between 2005 and 2013 were recorded in a prospectively-maintained database. 20/50 were in a formal endoscopic surveillance program for Barrett's oesophagus. Endoscopic ultrasound (EUS) became widely used at RIE in 2007 with the introduction of an endoscopic mucosal resection service, with 39/40 patients operated on since 2007 undergoing pre-operative EUS.

Results: Median age was 67 (range 46–81) with 34 males and 16 females. 44 had ≤pT1b, while 48 patients were pN0 (median node yield of 12). There were 4 anastomotic leaks, 4 recurrent laryngeal nerve palsies and 2 tracheo-oesophageal fistulas. There was one in-hospital death secondary to intra-operative and post-operative myocardial infarctions. As of January 2020, 16/50 patients had died, with a median survival of 9 years; five year survival was approximately 85%. 5 patients died of metastatic disease (1.3 to 6.8 years post-resection). 10 patients died of other causes, the most common being alcoholic liver disease (n = 3).

Conclusion: Patients in this case series received high quality surgery and peri-operative care, and survival rates were high. This dataset demonstrates that a holistic approach to healthcare is vitally important in the long-term care of such a cohort, because most deaths were not related to their cancer. This should be kept in mind when counselling patients with early disease and when liaising with their primary care provider.

299 EXAMINATION OF ALBUMIN/GLOBULIN RATIO IN ESOPHAGEAL CANCER

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Albumin and globulin make up the majority of serum proteins and are strongly involved in inflammation. In recent years, reports on cancer and inflammation have been scattered, and there are reports indicating that the albumin / globulin ratio (A/G ratio) may be a predictor of prognosis in patients with cancer. Here, we examined the A/G ratio and clinicopathological factors in curative cases of esophageal cancer.

Methods: A retrospective study was conducted on 122 patients who underwent radical surgery for esophageal cancer in our department from January 2013 to December 2017. We analyzed the correlation between A/G ratio and blood biochemical test values, and the relationship between postoperative complications and prognosis. With respect to prognosis, the cut-off value was set to 1.6 from the ROC curve, and divided into a high-value group and a low-value group, and comparatively examined.

Results: There were 106 males and 16 females. The median age at surgery was 69 years. Neoadjuvant chemotherapy was performed in 65 patients. A negative correlation was found between the A/G ratio and inflammatory markers. On the other hand, a positive correlation was observed between the A/G ratio and the value of a marker for nutritional indicators. In the prognostic study, the low-value group had a significantly worse prognosis than the high-value group. The group with an A/G ratio of less than 1.6 after chemotherapy had a poor prognosis. The A/G ratio was lower in the group with pneumonia after surgery.

Conclusion: The A/G ratio reflects the preoperative inflammatory response and nutritional status, suggesting that it is a useful factor for predicting postoperative complications and prognosis in patients with curative esophageal cancer.

301 IS IT WORTH USING MESH FOR THE TREATMENT OF GIANT HIATAL HERNIA? A SYSTEMATIC REVIEW AND META-ANALYSIS.

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The use of mesh associated with cruroplasty is still controversial in giant hernias, due to possible complications of the prosthesis reported in the literature, such as infection, chest migration, shrinkage, esophageal and

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