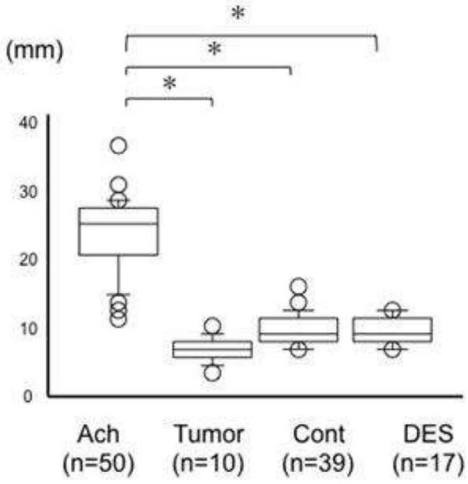
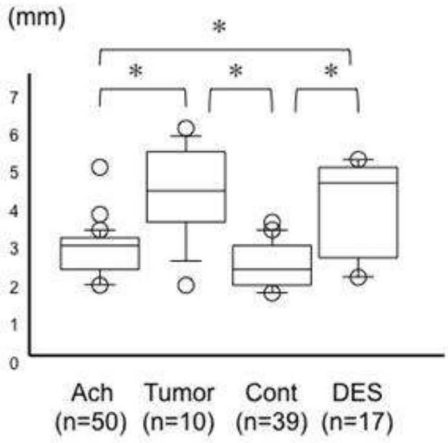


Diameter of esophageal lumen



Wall thickness

of this study was to investigate whether transabdominal ultrasonography (TUS) can differentiate among patients complaining of esophageal dysphagia including achalasia, distal esophageal spasms (DES), neoplasms involving the esophagogastric junction (EGJ) and healthy controls.

Methods: All patients complained of esophageal dysphagia, while healthy controls had no symptoms originating from esophagus. TUS was performed in 50 patients with achalasia, 17 DES patients, 10 patients with neoplasms, and 39 sex- and age-matched controls. All studies were performed with a 3.5 MHz real time curved array scanner and using an electronic caliper to measure esophageal wall thickness and the maximum esophageal diameter at 3 cm from EGJ. Manometric diagnoses were made based on the Chicago classification ver.3. The cutoff value of each TUS parameter was then calculated. Specificity and sensitivity in making a diagnosis of each disease were determined.

Results: There were significantly differences in the TUS parameters among four groups (Fig). The cutoff value of diameter of esophageal lumen to differentiate achalasia from other 3 groups was calculated as 13.1 mm (sensitivity, 0.96; specificity, 0.93), with an area under the curve (AUC) of 0.99, and that of esophageal wall thickness to differentiate both the tumor and DES groups from the other two groups was 3.5 mm (sensitivity, 0.64; specificity, 0.62), respectively. Using these parameters, sensitivity and specificity of diagnosis was 0.56 and 0.95 in achalasia, 1.00 and 0.24 in DES, and 1.00 and 0.21 in tumors.

Conclusion: TUS is a useful, non-invasive diagnostic aid in differentiating patients with primary achalasia from those with other causes of dysphagia.

151 A RANDOMIZED,OPEN CLINICAL TRIAL TO COMPARE THE EFFICACY AND SAFETY OF ANLOTINIB PLUS IRINOTECAN VERSUS IRINOTECAN IN PATIENTS WITH ESCC

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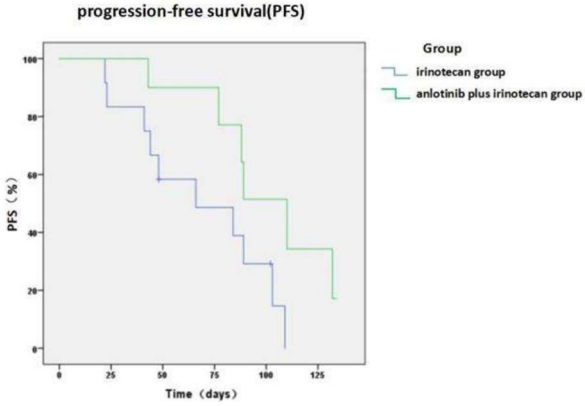
The benefit of systemic treatment in esophageal squamous cell carcinoma (ESCC) which has progressed after chemotherapy is still uncertain. Anlotinib (AL3818) is a novel multi-target TKI, inhibiting tumor angiogenesis and proliferation. A phase II trial (NCT02649361) has demonstrated that anlotinib has a durable antitumor activity with a manageable adverse event profile in refractory metastatic ESCC. This study (NCT03387904) aimed at comparing the effects and safety of Anlotinib Plus Irinotecan versus Irinotecan in patients with ESCC.

Methods: We conducted a prospective randomized, multicenter, phase II trial to compare the efficacy of Anlotinib Plus Irinotecan with Irinotecan in recurrent ESCC patients who had resistance to platinum or taxane-based chemotherapy. Eligible patients were adults with pathologically confirmed recurrent ESCC, and 82 patients were randomized 1:1 to Irinotecan



(65 mg/m^2/day 1 and day 8) with or without anlotinib (12 mg qd day 1 to 14) of a 21-day cycle till progression or intolerable. The primary endpoint is the disease control rate (DCR) and progression-free survival (PFS) and the secondary end points are objective response rate (ORR) and overall survival (OS).

Results: Between 13/1 2019 and 20/1 2020, a total of 43 patients were enrolled and randomly assigned to either the anlotinib plus irinotecan (n = 22) or the irinotecan group (n = 21).The mPFS was longer in trial group than in control group (89 days vs 66 days, HR = 0.447, P = 0.055). The Disease control rate (DCR) was 54.5% in trial group and 38.1% in the control group. The treatment-related adverse events (>10%) were fatigue (59.1%), nausea (50.0%), decreased appetite (36.4%), hoarseness (27.3%), thyroid-stimulating hormone elevation (22.7%), diarrhea (9.1%), and decreased lymphocytes count(9.1%) in trial group. Grade 3 AEs included fatigue (4.5% vs 4.8%), nausea (4.5% vs 0%) and diarrhea (4.5% vs 0%) in two groups.

Conclusion: Anlotinib plus irinotecan was similarly tolerable but prolonged PFS compared to irinotecan monotherapy as a second-line treatment in patients with recurrent ESCC.

152 SURGICAL PROCEDURE AND OUTCOME OF MEDIASTINOSCOPIC RADICAL ESOPHAGECTOMY FOR ESOPHAGOGASTRIC JUNCTION CANCER

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We started performing mediastinal lymph node dissection by a laparoscopic transhiatal approach (LTHA) in 2009. To date, 371 patients had undergone