esophagectomy from Jan. 2010 to Dec. 2016. Patients were divided into two groups according to the postoperative pathological outcomes: patients with only lymph node metastasis were pointed into group A, patients with only lymphovascular invasion were distributed to group B. Clinical outcomes and survival data were compared using TNM stages of AJCC 8th edition.

After 68.1 months of median follow-up time, 1596 patients who received esophagectomy were included. The median overall survival (OS) was 45.9 months (95% CI 38.5–53.2). Only lymph node metastasis group achieved median OS of 34.9 months (95% CI 30.7–39.1), however, only lymphovascular invasion group did not reach the median OS time. The OS at 1, 3, and 5 years were 91%, 70%, and 64% in the only lymphovascular invasion group respectively. In the only lymph node metastasis group, the OS rates at 1, 3, and 5 years were 82%, 49%, and 37%, respectively (HR 0.438, 95% CI 0.3074–0.624, P = 0.0012).

Esophageal cancer patients with only lymph node metastasis had significantly worse OS than the patients with only lymphovascular invasion. It reveals that we should pay more attention to these risk factors, and further studies need to be done to stratify the accurate subgroups.

366. SURGERY VERSUS NON-SURGICAL TREATMENT FOR THORACIC ESOPHAGEAL CANCER IN PATIENTS OLDER THAN 70 YEARS: A RETROSPECTIVE ANALYSIS OF 749 CASES

Wheatley, David Chan

The highest incidence of esophageal cancer is in East Asia, but as for advanced age people, there are also many non-tumor factors affecting overall survival (OS), such as cardiovascular and cerebrovascular diseases. Our purpose is to determine whether the older patients after esophagectomy had better OS than those treated with non-surgical treatment.

Data were obtained from the Sichuan Cancer Hospital & Institute Esophageal Cancer Case Management Database (SCH-ECCM Database) and Department of Radiation Oncology Database. We retrospective analyzed esophageal cancer patients older than 70 years who underwent esophagectomy or radiotherapy/chemotherapy from Jan. 2009 to Dec. 2017. The patients were divided into two groups: surgery group (S group) and non-surgery group (NS group). Outcome measures depend on OS.

After 60.6 months of median follow-up time, 749 patients were included. 532 of 749 patients (71.0%) underwent surgery, 217 of 749 patients (39.0%) underwent non-surgical treatment including radiotherapy/chemotherapy. In the S group, the median OS was of 39.7 months (95% CI 33.7–45.7), while the NS group was only 24.0 months (95% CI 19.6–28.4). The OS at 1, 3, and 5 years were 91%, 70%, and 64% in the S group, the median OS of was 39.7 months (95% CI 33.7–45.7), while in the NS group, the median OS of was 24.0 months (95% CI 19.6–28.4). The OS at 1, 3, and 5 years were 82%, 49%, and 37%, respectively (HR 0.438, 95% CI 0.3074–0.624, P = 0.0012).

As a feasibility study, the objectives will be to ascertain the following: Number of patients approached; Number of patients who agreed to be randomised; Number of patients successfully randomised; Number of patients who dropped out; Successful measurement of outcome measures (delayed gastric emptying, pneumonia, anastomotic leak).

Prophylactic pyloric balloon dilatation is potentially a safe and effective procedure which can significantly improve outcomes in patients after an esophagectomy. This protocol describes details for the feasibility study to be carried out which will allow important learning points for the main randomised controlled trial.

368. EARLY DELAYED GASTRIC EMPTYING AFTER ESOEPHAGECTOMY: VALIDATION OF THE INTERNATIONAL EXPERT CONSENSUS DEFINITION (IEC GROUP)

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Early delayed gastric emptying (DGE) affects up to 37% of patients after esophagectomy. An international expert consensus (IEC) agreed on a diagnostic criteria in 2020. The degree of adoption of this definition worldwide is unknown and how it compares to well established definitions locally with subtle yet significant differences. The aim of this study was to compare the IEC definition of early DGE to the definition at the University.

All patients who underwent esophagectomy for cancer at UHP between April 2019–August 2020 were analysed. The IEC definition was applied retrospectively and the rates of DGE were compared between the two criteria.

One hundred consecutive patients (74 Male (74%), median age (range) 68 (45–83 years)) were analysed. The rates of early DGE according to the IEC and UHP definitions were 20% and 28% respectively (p = 0.246). Eight patients had anastomotic leak, 6 of whom had DGE. Pneumonia was diagnosed in 28 patients (8 and 6 in the IEC and UHP groups respectively). Twenty-nine patients (29%) had pyloric balloon dilatation (PBD). Seventeen patients in the index admission and twelve at later date. Of the 17 patients 9 were in the IEC group and 11 in the UHP group.