463. OESOPHAGEAL PERFORATIONS: CAUSES, MANAGEMENT, AND OUTCOMES AT A SPECIALIST UPPER GASTROINTESTINAL UNIT OVER A TEN-YEAR PERIOD
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Perforation of the oesophagus is a relatively rare but life-threatening condition, which requires early laparoscopic or surgical intervention. The aim of this work was to describe the causes, management and outcomes of emergency patients treated at a single high volume upper gastrointestinal specialist unit in the United Kingdom.

In this retrospective case series, we identified all patients who presented to a tertiary upper gastrointestinal surgery unit with a spontaneous or iatrogenic oesophageal perforation. Patient demographics, clinical management, and outcomes were identified by hand review of the medical notes.

Between March 2011 to July 2020, 58 patients were identified. The median age was 71 years (interquartile range 52 years to 83 years) and 64% were male. A total of 83% of patients had benign perforations, the rest being malignant. Management of all patients was supportive in 41%, endoscopic in 19% and surgical in 40%. In total 63% of spontaneous benign perforations were managed surgically, and only 6% endoscopically. The median length of hospital stay for all patients that survived more than 90 days was 13 days. The 90-day mortality rate for all patients was 42%.

Oesophageal perforations are a relatively rare but lethal disease, carrying a mortality. Whilst surgery has historically been the most common management of benign spontaneous perforations, endoscopic treatments are likely to become increasingly common in the future.

465. RELATIONSHIP BETWEEN THE PERIOPERATIVE NUTRITION, INFLAMMATION AND PROGNOSIS IN RESECTABLE ESOPHAGEAL CANCER PATIENTS, POSSIBLE SIGNIFICANCE OF NUTRITIONAL INTERVENTION
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Inversed relationship between inflammatory response and nutrition were reported, and preoperative mGPS score has been proposed as a useful prognostic biomarker in several malignancies. It has been reported that the postoperative inflammatory responses may cause cancer recurrence and metastasis. In the present study, we investigated the treatment strategy from perioperative inflammatory reaction and nutritional status in patients with resectable esophageal cancer.

110 esophageal cancer patients (Squamous cell carcinoma, Stage I / II / III / IV, 44/17/39/20) were evaluated. The preoperative mGPS score was evaluated on a scale of 0 to 2. The cut-off value of albumin, CRP were 3.5 g/dl, 0.14mg/dl, respectively. As the postoperative CRP, CRPmax and the area under the CRP curve (CRP (7), CRP (14)) for 7 days and 14 days after the operation, and ROC curve was used to set at optimal cut-off value of these parameters. Outcome was RFS (Recurrence Free Survival) and identified prognostic factors were determined by Cox multivariate analysis.

1. Preoperative albumin value was significantly lower in high CRP (p < 0.14mg/dl) (p < 0.05). 2. Preoperative mGPS score 0 was better RFS than in the other groups (p < 0.05). 3. Univariate analysis showed that mGPS, albumin, and CRP were prognostic factors for RFS, but Cox analysis showed mGPS was not prognostic factor. 4. The cut-off value of CRP (7) and CRP (14) were 59.9, 115.3, respectively. CRP (7) was prognostic factor for RFS in univariate analysis, but Cox analysis showed that only pStage and tumor locations were significant prognostic factors, high CRP (7) was tended to be poor prognostic (p = 0.089).

Clinical Stages, tumor locations were most important prognostic factors in resectable esophageal cancer patients. However, preoperative nutritional intervention may improve the prognosis of patients with esophageal cancer if preoperative CRP values can be suppressed. Suppressing the inflammatory reaction one week after surgery may improve the prognosis of patients with esophageal cancer.

466. OUTCOME OF NIVOLUBAM FOR UNRESECTABLE ADVANCED OR RECURRENT ESOPHAGEAL CANCER IN OUR INSTITUTION
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In recent years, drug therapy for esophageal cancer has seen rapid progress, including immune checkpoint inhibitors. Guidelines for the treatment of esophageal cancer recommend nivolumab as second-line therapy. We report the results of nivolumab for unresectable advanced or recurrent esophageal cancer in our institution, including the cases that responded to the therapy.

We analyzed 12 patients (male: female = 10:2, median age: 67 years) treated with nivolumab for unresectable advanced or recurrent esophageal cancer between March 2020 and March 2022.

The status of treatment, response rate, adverse effects, and conversion rate to next line were analyzed for these patients.

The median follow-up period was 4.2 months, and the median number of treatment cycles was 5 (2-41). Response rate was 17%, and disease control rate was 42%. Adverse effects included one case (8%) of severe diarrhea, considered ir-AE. The patient was treated with steroids. The rate of conversion to next-line treatment was 17% (2 cases).

Nivolumab for esophageal cancer has a good prognosis in patients who respond to it. In addition, it is important to pay attention to ir-AE, perform imaging and physical examinations, and evaluate accurately and treat quickly.

467. USEFUL ANASTOMOSIS AFTER ESOPHAGECTOMY USING ICG FLOW AND COLLARD MODIFIED METHOD
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Risk of anastomotic leakage after esophagectomy is reported morbidity, surgical technique, and others. One of management to reduce AL is to measure indocyanine green (ICG) of gastric conduit. It may be more sensitive and useful than traditional method. Furthermore, by changing the anastomotic technique with modified Collard method, AL rate was reduced from 15% to 4% and anastomotic stenosis was also reduced. In this study, we examined some marker of stomach roll depiction by ICG.

We enrolled 52 cases for which ICG data were obtained from August 2019 to December 2021. The distance from stump of the stomach roll was measured by marking the line ICG 5mg stained after 30, 60 seconds We examined some data of arterial network between left and right gastroepiploic arteries, the depiction of gastric conduit, and intra and extramural vessels from the wall of the recorded images. We decided anastomotic line stained with ICG in 30 second.

We reconstructed gastric conduit with 42 stomach roll and 10 subtotal stomach. The distance of gastric conduit stained with ICG was Mean ± SD: 47 ± 19 mm (0-80 mm) at 30 seconds and 28 ± 17 mm (0-60 mm) at 60 seconds. Arterial network between left and right gastroepiploic artery: yes/no (8:43), whole gastric wall depiction: yes/no (24/28), extramural blood flow: yes/no (44/7). There was no necrosis of gastric conduit, AL rate was 3.8% (2/52), and anastomotic stenosis requiring endoscopic bougie was 2%. Ten cases of subtotal stomach had no AL and stenosis.

By using ICG, anastomotic line drawn in 30 second was shorter than 60 seconds and gastric conduit was shorter than traditional line. Determining good blood flow sites using ICG in gastric conduit and widening anastomotic caliber using modified Collard method may have reduced AL and stenosis. It is considered to be very simple procedure that does not depend on surgeon.

468. THE EFFECT OF ROUTINE ENDOSCOPIC SCREENING FOR SYNCHRONOUS ESOPHAGEAL NEOPLASIA IN PATIENTS WITH HEAD AND NECK SQUAMOUS CELL CARCINOMA
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Esophageal squamous cell carcinoma (ESCC) and head and neck (H&N) cancer coincide in high frequency and early detection of synchronous cancer is inevitable for these patients. The aim of this study is to analyze the effect of routine endoscopic screening for synchronous esophageal cancer in patients with H&N cancer.