Survival Esophageal and EGJ cancer

2nd largest obese country in the world, and obesity is one of the leading factors for adenocarcinoma. Therefore, we believe that the actual incidence of esophageal cancer in Mexico is likely to be higher.

Retrospective study of patients diagnosed as esophageal and esophago-gastric junction (EGJ) cancer from January 2011 to September 2021. We used the 8th edition (AJCC) to separate esophageal and esophago-gastric junction from gastric cancer and determine the clinical stage. Descriptive statistics were used and Mean Overall Survival (MOS) and Overall Survival (OS) were figured from the date of diagnosis to the date of death or the last follow-up Kaplan-Meier was used to assess the patients’ survival and the differences in subgroups were analyzed by the log-rank with SPSS ver.26.

617 patients were admitted during the period (496 were esophageal and 121 true EGJ). The ratio was men 500 (81%) to women 117 (19%) and the mean age was 60.7±12.3 y.o. (18-90). Main symptoms were solid dysphagia 466 (75.5%) and weight loss 508 (82.3%). The mean BMI was 23.8± 4.6(14.6-42.6). The main histology was intestinal adenocarcinoma 288 (46.7%) and then squamous cell carcinoma 214 (34.7%). Clinical stage IVB 325 (52.7%) and III 213 (34.5%) were the most frequent and 158 (25.6%) cases could not start treatment. The mean following was 11 (0-98) months, MOS was 19.1 (95%CI,16.4-21.9) months and OS was 30.8%. The 5-year SV by stage were I-N 100%, II-A 37%, II-B 16%, III-15%, IVA-B 6%.

This study shows epidemiology from National Cancer Institute in Mexico. Most patients were men in their 60s. The main histology was adenocarcinoma, yet we had many squamous cell carcinoma cases. Although Mexico is the second largest obese country in the world, our patients in the average were not obese. Unfortunately, most patients are diagnosed in advanced stage (IVB) and it might cause the poor prognosis of survival.

539. SURGICAL TECHNIQUES AND OUTCOMES OF GASTRIC CONDUIT RECONSTRUCTION FOLLOWING ESOPHAGECTOMY

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After esophagectomy with reconstruction using a gastric conduit for esophageal cancer, anastomotic leak can cause serious complications and has a significant impact on the postoperative course.

At our institution, gastric conduit reconstruction by hand-assisted laparoscopic surgery (HALS) is the first-line technique for reconstruction following esophagectomy due to its reliability and shortened operative time. In this study, we performed a retrospective review of the surgical outcomes.

We reviewed characteristics and perioperative outcomes of 124 patients who underwent esophagectomy with gastric conduit reconstruction for esophageal cancer by HALS from February 2011 to December 2021.

Surgical procedure: We created a gastric tube via the HALS incision. A 3-cm wide gastric tube was fashioned using the linear staplers. We mobilized and manually stretched the stomach to ensure the length of the gastric tube. Then the blood flow in the gastric tube was evaluated by ICG fluorescence method followed by esophagogastro anastomosis using a 25-mm circular stapler on the greater curvature side.

Among the 124 patients, there were 99 males and 25 females with a median age of 70 years (range, 46 – 85 years). Neoadjuvant therapy was performed in 50 patients. The median operative time was 259 minutes (135-454 minutes). Complications related to the gastric conduit reconstruction included anastomotic leak in two patients (1.6%) and anastomotic stricture requiring dilatation in 39 patients (31.5%), of whom 15 (12.1%) underwent repeat dilatation. Gastric tube stenosis, gastric tube hemorrhage, and gastric tube-to-pulmonary fistula were also observed in one case each.

In the present study, while the incidence of anastomotic leak was low (1.6%) in patients received HALS esophagectomy with gastric conduit reconstruction, almost one-third (31.5%) of the patients had anastomotic stricture and required dilatation.

541. DO WE NEED ANOTHER QUESTIONNAIRE FOR GASTROESOPHAGEAL REFLUX DISEASE? PRELIMINARY ANALYSIS OF A NEW QUESTIONNAIRE

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Gastroesophageal reflux is a very frequent condition and different questionnaires to describe it have been proposed overtime. Nevertheless available questionnaires don’t allow to fully describe all different aspects of the disease.

The aim of this study was to validate a new questionnaire (RoRex) on gastroesophageal reflux disease. The RoRex questionnaire was administered via web in two Italian centres, Rovereto and Verona, to patients attending specialized gastrointestinal surgical units, and to volunteers. Up to now, 54 patients and 50 volunteers participated in the study. Median age was 52 years (range 23-75 years) in patients and 47.5 years (range 25-80 years) in volunteers. Women were more prevalent than men in both groups (57% and 56% respectively).

The RoRex questionnaire comprises 15 questions, where symptoms are scored on a frequency base: no, sometimes, several times per week, every day. Information on smoking habits, alcohol use, diet was also collected.

The two groups largely differed as regards major symptoms. Regurgitation, heartburn, epigastric pain, retrosternal pain, laryngospasm were reported prevalent than men in both groups (57% and 56% respectively).

Preliminary analysis showed a different pattern in principal components between patients and volunteers. The 1st component, comprising heartburn, epigastric pain, retrosternal pain, laryngospasm were reported several times per week/every day in 50%, 39%, 30%, 22%, 23% of patients and 9%, 11%, 7%, 7%, 0% of volunteers.

The new questionnaire, based on symptom frequency, allows to distinguish major symptoms, i.e. heartburn/pain, upper Airways irritation, and regurgitation in patients suffering from gastroesophageal reflux disease. These results, as well as the comparison of RoRex questionnaire with already validated ones and its usefulness as a screening tool in the general population, will be verified in larger samples.