619. THE STRATEGY OF THE SURGICAL TREATMENT FOR ESOPHAGEAL NEUROENDOCRINE CARCINOMA
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Esophageal neuroendocrine carcinoma (ENEC) are rare and aggressive behavior with early dissemination and poor prognosis. According to previous reports, including case reports and reviews, the incidence of ENEC ranges from about 0.8–2.8%. Unfortunately, the rarity of this tumor has not yet permitted the prospective recruitment of patients in clinical trials, in order to establish the optimal therapy. The purpose of this study was to determine the optimal surgical treatment of ENEC.

The histological diagnosis of ENEC was determined by examination of the optimal therapy. The purpose of this study was to determine the optimal surgical treatment of ENEC.

We study 27 cases of ENEC who performed operation with lymph node dissection. We investigated (1) the patient characteristics, (2) pathological findings including immunohistochemical profiles, (3) recurrence pattern, and survival curves, (4) ki-67 index. This study was approved by the ethics committee of Tokyo Women's Medical University in Tokyo Japan.

(1) gender (mail: female = 23: 4), depth (T1: T2; T3: T4)=8: 3; 12: 4 Lymph node (N0: N1)=2: 25 (2) Immunohistochemistry of synaptophysin: chromogranin A: NCAM = 70.4%: 45%; 60% (3) recurrence pattern, (4) ki-67 index. In cases with long-term survival was obtained by surgical treatment was T1 or 0-2 numbers of lymph node. Ki-67 index was more than 80%.

622. EVALUATION OF THE PSOAS MUSCLE INDEX ON CLINICAL OUTCOMES IN PATIENTS WITH ESOPHAGEAL SQUAMOUS CELL CARCINOMA RECEIVING NEOADJUVANT CHEMOTHERAPY
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Some studies have reported that sarcopenia is linked to clinical outcomes in multiple types of malignancies. Muscle mass, defined as the psoas muscle index (PMI), is an important parameter of sarcopenia. However, the relationship between esophageal cancer and PMI has not been fully investigated, especially in patients receiving neoadjuvant therapy.

We assessed how sarcopenia affects clinical outcomes of multidisciplinary treatments for esophageal cancer. We included 112 esophageal cancer patients who had undergone neoadjuvant chemotherapy followed by esophagectomy. Computed tomography was used for cross-sectional measurement of the psoas muscle at the third lumbar vertebra: we then calculated the height-adjusted psoas muscle index. Pre- and post-neoadjuvant chemotherapy psoas muscle index were evaluated for associations with postoperative complications, in addition to survival.

PSOAS muscle index (PMI) cutoffs were 6.0 cm2/m2 for men and 4.0 cm2/m2 for women. In this study, sarcopenia was defined based on the value of PMI.

63 patients (56.3%) were diagnosed with sarcopenia after receiving neoadjuvant chemotherapy (NAC). Patients with sarcopenia after NAC were significantly older than patients without sarcopenia. No significant difference was found in gender or ASA score. The rate of postoperative complication in the patients with sarcopenia was higher than that in the patients without sarcopenia (40.0% vs 24.5%; p=0.090). Especially, the rate of postoperative pneumonia in the patients with sarcopenia was significantly higher than that in the patients without sarcopenia (23.8% vs 6.1%; p=0.012).

Cross sectional measures of sarcopenia after neoadjuvant chemotherapy could predict postoperative complications in multidisciplinary treatments for esophageal cancer. It is important to maintain or improve nutritional status by intervention from the time of neoadjuvant chemotherapy.

623. A NEW PROGNOSTIC EVALUATION OF POSTOPERATIVE ESOPHAGEAL CANCER: LONG-TERM FLAIL INVESTIGATION
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Recurrence-free survival and 5-year survival rates are still commonly used as prognostic indicators for gastrointestinal cancer. We believe that there is a need to find an appropriate index to evaluate changes in health status over time in postoperative patients.

We evaluated changes in "frailty" after esophageal cancer surgery using the Kihon Checklist (KCL) developed by the Japanese Ministry of Health, Labour and Welfare, and examined risk factors for worsening health status after surgery.

Twenty-four patients (21 thoracoscopic sub-total esophagectomy, 1 mediastinoscopic sub-total esophagectomy, and 2 total laryngopharyngoeosophagectomy) who underwent esophageal cancer surgery in our department from December 2019 to April 2021 were included. Patients were asked to write down their KCL before surgery and one year after surgery at an outpatient clinic, and changes over time were checked. We compared the background factors in the "maintain" group (M group) and the "worsened" group (W group), and investigated the risk factors for pre-frail and frail states one year after the surgery.

8 patients worsened from robust to pre-frail to frail and pre-frail to frail, and 16 patients maintained their condition, with 33% of them worsened.
p = 0.167). The preoperative blood samples were Alb (M/W: 4.3/3.8 g/dl, p = 0.046), Hb (M/W: 14.2/12.8 g/dl, p = 0.015) and Cre (M/W: 0.85/0.79 mg/dl, p = 0.713).

At 1 year after esophageal cancer surgery, health worsened and 33% of patients were in a pre-frail or frail state. Risk factors for worsening health were low Alb and low Hb, which were not related to stage or actual age. Further study is needed to clarify risk factors for frailty.

625. PROPENSITY SCORE-MATCHED COMPARISON OF OUTCOMES BETWEEN POSTERIOR MEDIASTINAL AND RETROSTERNAL ROUTES OF RECONSTRUCTION FOLLOWING THREE-PHASE ESOPHAGECTOMY
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The retrosternal (RS) and posterior mediastinal (PM) routes can be chosen for gastric conduit reconstruction following three-phase esophagectomy with cervical anastomosis. It is controversial if the choice of reconstruction route would affect the operative outcome. This study aims to evaluate the surgical outcome by comparing the routes of reconstruction.

Between 2002 and 2019, patients who underwent esophagectomy with cervical anastomosis and gastric conduit reconstruction via the retrosternal (RS) or posterior mediastinal (PM) route for esophageal squamous cell cancer were included. Clinicopathological data were analyzed from a prospectively managed database. Postoperative morbidity and mortality rates, presence of recurrent tumor invasion of the conduit and overall survival were compared between the two groups. Further analyses were made after propensity score matching (PSM).

There were 89 patients in the RS and 266 in PM groups. R0 resection rates were 47.2% and 89.1% in the RS and PM groups, respectively (p = 0.01). Anastomotic leak occurred more frequently in RS group at 16.9% vs. 6.8%; (p = 0.02) while cardiac complications were fewer: 19% vs. 32% (p = 0.02). 90-day mortality rates were ~4% in both groups. Median survival was 20 and 64 months in RS and PM groups respectively (p = 0.01). PSM yielded 60 patients in each group. Postoperative morbidities, and survival, were similar. Mediastinal tumor recurrences infiltrated the gastric conduit only in the PM group in 6.8% of patients.

When corrected for selection biases, RS and PM routes did not differ in postoperative morbidity and mortality rates. Placing the gastric conduit in the RS route could avoid invasion by mediastinal tumor recurrence. RS is the operative morbidity and mortality rates. Placing the gastric conduit in the RS route could avoid invasion by mediastinal tumor recurrence. RS is the other route could avoid invasion by mediastinal tumor recurrence.

629. TRENDS AND ESOPHAGEAL FINDINGS IN UPPER ENDOSCOPY AT MNAZI MMOJA HOSPITAL, ZANZIBAR
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The Zanzibar islands are a group of islands found off the coast of East Africa. The main referral hospital is based on Unguja Island and this is the only government hospital with gastroenterologists and endoscopy services. Many patients may go for long periods before gaining access to these services.

This paper aims to describe trends and esophageal findings in upper endoscopy as well as describe a case study of adenocarcinoma of the esophagus.

Data was collected retrospectively from January 2014 to December 2021. Records were reviewed to assess total number of endoscopies done as well as to determine the diagnosis of those with endoscopic findings. The total number of endoscopies combines both upper and lower endoscopy. The following data were registered total number of endoscopies, cancer of esophagus, esophagitis, esophageal varices as well as any other esophageal disorder diagnosis found.

A total of 2955 endoscopies were undertaken between January 2014 to December 2019. Of those 176 were found to have an esophageal abnormality although specific diagnosis was missing for records from the years 2015, 2016 and 2017.

The commonest disorder was esophagitis followed by esophageal cancer and varices. Other disorders were much rarer and are placed under the category others which include submucosal tumors, Mallory-Weiss tears, esophageal strictures and fistula.

There has been a gradual increase in the number of endoscopies done over the period of 2014 to 2021. Despite previous beliefs, esophageal varices and infectious causes were not the commonest finding. Esophagitis and esophageal cancer were common in our setting and causes should be determined.

631. OPERATIVE OUTCOMES OF ROBOTIC GASTROPEXY IN THE TREATMENT OF GIANT PARAESOPHAGEAL HERNIA IN PATIENTS WITH PREDOMINANTLY OBSTRUCTIVE SYMPTOMS
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Our approach to the repair of giant paraesophageal hernia (GPEH) has undergone a paradigm shift. In cases with predominantly obstructive symptoms, following hernia repair, we have transitioned from a mandatory antireflux procedure to a comprehensive extended gastropexy. Further, we have successfully adopted the robotic platform, faithfully replicating the tenets of the operation that we previously refined using the laparoscopic approach.