outcome data available. Negative CRM status was correctly identified on post chemo MRI in 17/19 (89%) cases; positive CRM in 5/9 (56%) cases. When compared to pathological staging there was concordance between MRI T staging in 36% cases, with overstaging in 43% and understaging in 21%. Concordance between MRI and CT for T/N staging was 66% and 77% respectively. Tumour size reductions and ADC increases were observed during chemo. Local sites predicted significantly more CRM involvement than central review (48 vs 19%).

Conclusions: This represents the first prospective, multi-centre, national trial of MRI in oes cancer and is the first report of interobserver variability between treatment centres. Although limited by small numbers, MRI showed promising specificity to identify negative surgical margins and reasonable correlation with pathological outcome. Discrepancy between local and central review was observed, suggesting that more standardised methods of MRI assessment in oes cancer are required.

Clinical trial identification: EudraCT: 2006-000811-12.
Legal entity responsible for the study: Medical Research Council, UK.
Funding: Cancer Research UK, Clinical Trials Awards Advisory Committee.
Disclosure: D. Cunningham: Research funding: Amgen, AstraZeneca, Bayer, Celgene, Merck-Serono, Medimmune, Merrimack, Novartis, Roche, Sanofi. N. Starling: Research funding: AZ, BMS, Merck; Honoraria: AZ. All other authors have declared no conflicts of interest.