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**OGC P51 Development of a symptom response questionnaire following therapeutic interventions for patients recovering from oesophagogastric cancer resection**

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**Background:** Patients frequently experience symptoms after major oesophagogastric (OG) cancer resection which can delay quality of life resolution. Multiple symptoms can arise simultaneously making diagnosis of the underlying problem(s) and subsequent treatment complex. While diagnostic tests can offer valuable insight, some conditions are treated empirically and a positive response to therapy can go some way to confirming the diagnosis. Whilst numerous baseline symptom questionnaires exist, there is currently no established questionnaire to assess treatment response to an intervention following OG cancer surgery.

**Methods:** A survey of 362 OG cancer patients in survivorship phase identified their most important symptoms after surgery. A questionnaire based on validated EORTC symptom questionnaires including those derived from EORTC QLQ- CR 29, Bil 21, C30, ST022, OES 18 and OG25 has been developed to assess intervention impact on symptoms. For each reported symptom the patient is asked to grade the degree to which the symptom affected them before and after the intervention on a Likert scale. This study reports the development of the questionnaire and patient feedback following pyloric dilatation for delayed gastric emptying at 2 and 4 weeks post-procedure.

**Results:** The development of the questionnaire incorporated the use of previously validated EORTC questions and two measures that compared the patient’s symptoms before and after therapeutic intervention. All 12 patients involved in the initial development and first-stage review of the questionnaire rated it as easy or very easy to complete. Further validation is needed before the questionnaire can be widely used, including testing with various interventions and on a digital platform.

**Conclusions:** Symptom response to an intervention is not routinely collected in a prospective setting despite potentially offering important clues as to accuracy of underlying diagnosis and documenting efficacy of the treatment. Patient recall of response to treatment retrospectively may be inaccurate and susceptible to bias. To best of our knowledge, this is the first questionnaire to detail symptomatic responses to therapeutic interventions in patients after OG cancer surgery. The questionnaire appears to be acceptable to patients and easy to complete. Further validation is needed before the questionnaire can be widely used, including testing with various interventions and on a digital platform.
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