

AB059. The incidence and oncological outcomes of oesophageal cancer in Ireland—a 5-year retrospective review

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Background: The epidemiology of oesophageal cancer has evolved with Adenocarcinoma now the predominant subtype in Ireland and Europe. The aim of the current study is to demonstrate the trend in oesophageal cancer presentation, tumour biology, tumour location, management strategies, outcomes and survival rates over a 5-year period in our institution.

Methods: A retrospective study of all patients who attended our unit with a diagnosis of oesophageal cancer between 2013 and 2017 inclusive was performed. Patients were identified from a prospectively maintained Upper Gastrointestinal (UGI) database. Mann-Whitney U Test for continuous variables was utilized and P values of <0.05 were

considered statistically significant. All calculations were done using Prism (Version 8.0, GraphPad USA).

Results: In the period from 2013 to 2017, 980 patients were diagnosed or treated at St James Hospital (SJH) for oesophageal or junctional cancer (OGJ). Seventy-three percent of cases were male ($P<0.001$) with a median age of 68. The predominant subtype, adenocarcinoma represented 57% ($n=559$) of all new cases with intramucosal cancer accounting for 13% ($n=127$). The lower Oesophagus and OGJ represented 79% ($n=661$) of all cases ($P<0.001$). Six hundred and two patients were treated with curative intent with 264 of these undergoing endoscopic surgical techniques. Of the cohort 275 patients had neoadjuvant therapy. The 5-year survival for those treated with curative intent was over 50% with 67% ($n=196$) of patients having a final histology of T2 or less.

Conclusions: These improved outcomes in oesophageal cancer may in part reflect the increased percentage of early cancer diagnosed through the Barrett's surveillance programme, and the advent of endotherapies.

Keywords: Oesophageal cancer; Barrett's oesophagus; survival; nodal burden; pathology

doi: 10.21037/map.2020.AB059

Cite this abstract as: Donlon NE, Sheppard A, Davern M, Rafferty N, Ravi N, Donohoe C, Lysaght J, Reynolds J. The incidence and oncological outcomes of oesophageal cancer in Ireland—a 5-year retrospective review. *Mesentery Peritoneum* 2020;4:AB059.