

AB017. The impact of dysplastic proximal resection margin on anastomotic recurrence and survival in esophageal cancer patients

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Background: Positive proximal resection margin (PRM) is an established predictor for anastomotic recurrence (AR) in esophageal malignancy. As yet, little is known about the prognostic significance of dysplasia on PRM. This study investigated the incidence and oncological outcome of patients who presented with dysplasia on PRM after surgery.

Methods: Esophageal cancer patients who underwent none-R2 resection and survived the perioperative period were selected. The PRM status was re-assessed by two pathologists and divided into three groups (Gr1: negative PRM, Gr2: moderate and high grade dysplastic PRM, Gr3: positive PRM). Study endpoint included AR and overall survival (OS).

Results: The cohort comprised 495 patients (male: 468, female: 27). A total of 321 (64.8%) patients received chemoradiotherapy before surgery. There were 444 (89.7%), 37 (7.5%) and 14 (2.8%) patients in Gr1, Gr2, Gr3, respectively. With the median follow-up period of 26.3 months, LR developed in 32 (6.5%) of patients. Both Gr1 & 2 had significantly lower AR rate than Gr3 (5.9% & 8.1% *vs.* 21.4%, $P=0.06$). Multivariate cox-regression analysis showed positive PRM (HR: 6.03, $P=0.003$) and receiving CRT (HR: 8.80, $P=0.003$) as an independent factor for AR while dysplastic PRM (HR: 1.54, $P=0.483$) was not. Five-yr OS rate was the lowest in Gr3 (9.5%) while Gr2 (27.0%) and Gr1 (38.4%) was similar.

Conclusions: Up to 7.5% esophageal cancer had dysplastic PRM. Compared with negative PRM, the presence of dysplasia on PRM was not associated with higher rate of AR or poorer OS.

Keywords: Esophageal cancer; dysplasia; proximal resection margin (PRM); anastomosis recurrence and survival

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