

Table: D22. Multivariate analysis for mDFS and OS		
Variable	mDFS (p value)	mOS (p value)
Sex	n.s.	n.s.
Tumor location (GE-cardia vs others)	n.s.	n.s.
Histology (Lauren)	n.s.	n.s.
T (1-2 vs 3-4)	n.s.	n.s.
N (0 vs 1-2-3)	n.s.	n.s.
R (0 vs 1-2)	0.033*	0.001 *
G (3-4 vs 1-2)	n.s.	n.s.
Stage (I-II vs III vs IV)	n.s.	0.012 *
NLR (> vs < median value)	n.s.	n.s.
Lymphadenectomy (D1 vs D2-D3)	n.s.	n.s.
Adj CTRT (no vs yes)	n.s.	n.s.
Neoadj CT (no vs yes)	n.s.	n.s.
Adj CT (no vs yes)	n.s.	0.001 *

*: statistically significant; n.s.: not significant

D22 Prognostic factors associated with survival and recurrence in resectable gastroesophageal cancer: retrospective analysis of 338 patients operated at the Hospital of Cremona in ten years' time

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Background: Surgical resection remains the only curative treatment for non-metastatic gastroesophageal (GE) cancer. A large cohort of GE cancers derived from a high-volume Italian center was analyzed to describe clinical outcomes and prognostic factors.

Methods: 338 patients (pts) diagnosed with GE cancers who underwent curative resection from 2007 to 2016 were considered. Variables analyzed were: age, sex, tumor location, histology, tumor (T), nodal status (N), resection margin status (R), grade (G), (neo) adjCT, adj CTRT, neutrophil/lymphocyte ratio (NLR) and lymphadenectomy status (D1-D2-D3). Statistical analysis was performed according to intention to treat principle.

Results: Included pts were 131 women (39%) and 207 men (61%), median age 75 years. Adenocarcinomas (Lauren intestinal type) accounted for 69% (232 cases), 76 cases were diffuse carcinomas (22%) and 30 of mixed histology (9%). In 182 cases TNM stage was I or II (54%), 128 pts had stage III (38%) and 28 stage IV (8%). Median overall survival (mOS) was 33.8 mo and median disease free survival (mDFS) 24 mo. Adj CT was administered in 98 cases (29%); 93 pts (28%) had adj CTRT and 26 (8%) neoadj CT. D2 or D3 lymphadenectomy was performed in 182 pts, 54%. Median NLR was 2.52. Statistically significant variables for mOS and/or DFS at univariate analysis were: age, T, N, R, G, stage, tumor location, NLR and adjuvant chemotherapy. Pts with proximal disease (GE junction-cardias, 41 patients, 12%) had the poorest survival (mOS 17.1 vs 36.4 months for others, p = 0.0025). A low NLR was associated with higher mOS (44. vs 27.8 months for NLR over median value, p = 0.0016). Results of multivariate analysis are shown in Table 1.

Conclusions: Despite a short follow-up, our analysis performed on a large cohort of consecutive pts showed the prognostic value of R for both mDFS and OS. Moreover, disease stage and adj CT administration were significantly correlated with mOS. A longer follow-up is needed to achieve more conclusive data.