

esophageal squamous cell carcinoma (ESCC) patients including this group of tumors that had been excluded in the previous randomized studies.

Material and Methods: A total of 202 patients who were diagnosed with stage II-III thoracic ESCC initiated NACRT between January 2003 and July 2014. Among them, 9 patients refused further treatment during the course of NACRT and finally 200 patients were analyzed. For clinical staging, endoscopic ultrasonography was performed in 116 (58.0%) and FDG PET/CT in all patients. 75 patients (37.5%) had supraclavicular or celiac LN metastasis, which staged as M1a ($N=54$, 27.0%) or M1b ($N=21$, 10.5%) according to the 6th edition of AJCC staging. 168 patients (84.0%) completed both NACRT and surgery, 79 (47.0%) of whom underwent 2 field LN dissection while 89 (53.0%) received 3 field LN dissection. Prognostic factors for survival were assessed using Cox regression.

Results: After the median 17.8 months' follow-up, patients (%) experienced disease progression and (%) died. In all patients, the 2-year locoregional control (LRC), disease free survival (DFS), and overall survival (OS) rates were %, 47.8%, and 67.9%, respectively. Following surgery, the pathologic complete response was achieved in 44 (26.2%) patients. In multivariate analysis, 3 field LN dissection ($p=0.0439$), ypT0 ($p=0.0380$), ypN0 ($p=0.0024$), and negative surgical margin ($p=0.0037$) were favorable prognostic factors for DFS and negative surgical margin ($p<0.0001$) and age < 60 years ($p=0.0411$) were favorable factors for OS. The metastasis to supraclavicular and/or celiac LN was not significant factor for and DFS ($p=0.5584$) and OS ($p=0.5874$).

Conclusion: Celiac and/or supraclavicular LN metastasis did not compromise treatment outcomes significantly following NACRT and surgery in selected patients who tolerates the trimodality treatment.

PO-0697

Neoadjuvant vs. adjuvant treatment of gastroesophageal junction cancer: a retrospective analysis

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Purpose or Objective: Cancer of the gastroesophageal junction (GEJ) has been rising in incidence in recent years. The role of radiation therapy (RT) in the treatment of GEJ cancer remains unclear, as the largest prospective trials advocating for either adjuvant or neoadjuvant chemoradiotherapy (CRT) combine GEJ cancer with either gastric or esophageal cancer. The aim of the present study is to examine the effect of neoadjuvant versus adjuvant treatment on overall and disease-specific survival for patients with surgically resected cancer of the true GEJ (Siewert type II).

Material and Methods: The Surveillance, Epidemiology, and End Results (SEER) registry database (2001-2011) was queried for cases of surgically resected Siewert type II gastroesophageal junction cancer. The variables obtained for each case include patient demographics (race/ethnicity, sex, age at presentation, year of diagnosis), disease characteristics (histologic grade, surgical stage/extent of disease, nodal status of the disease, presence of distant metastases), and treatment modalities (radiation sequence relative to surgery, type of surgery performed, and type of radiation administered). Patients with metastatic disease, no surgical intervention, and missing data were excluded from the cohort. 1497 patients with resectable GEJ cancer were identified, with 746 receiving adjuvant RT and 751 receiving neoadjuvant RT. Retrospective analysis was performed with the endpoints of overall and disease-specific survival.

Results: Using cox regression and controlling for independent covariates (age, sex, race, stage, grade, histology, and year

of diagnosis), we showed that adjuvant RT resulted in significantly lower death risk (hazard ratio [HR], 0.84; 95% confidence interval 0.73-0.97; p -value=0.0168) and significantly lower disease-specific death risk (HR, 0.84; 95% confidence interval, 0.72-0.97; p -value=0.0211)

Conclusion: This analysis of SEER data showed a survival benefit for the use of adjuvant RT over neoadjuvant RT for the treatment of Siewert type II GEJ cancer. We suggest future prospective studies to compare outcomes of adjuvant versus neoadjuvant treatment for true GEJ cancer.

PO-0698

Integration of radiotherapy to chemotherapy for abdominal lymph node recurrence in gastric cancer

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Purpose or Objective: We hypothesized that selected cases among patients with localized ALN recurrence in gastric cancer (GC) might be salvaged by integration of radiotherapy (RT) in the multimodal treatment.

Material and Methods: We retrospectively identified patients with isolated ALN recurrence from GC between 2005 and 2013. We categorized patients into two groups by treatment approach after diagnosis of ALN recurrence: those who treated with integration of RT to chemotherapy (RCT group) vs. those who received systemic chemotherapy only (CT group).

Results: Of 53 patients with ALN recurrence from GC, 31 patients were classified as RCT group and 22 as CT group. The isolated distant failure (DF; 11/31, 35.5%) was dominant pattern of failure (POF) in the RCT group (median DF-free, 26 months). While local progression (LP) followed by DF (7/22, 31.8%) was dominant POF in the CT group, in which LP (median LP-free, 8 months) occurred earlier than DF (median DF-free, 18 months). RCT group had significantly prolonged median PFS compared with CT group (25 vs. 8 months, $p = 0.021$). In multivariate analysis, the treatment group was identified as independent prognostic factor related to PFS ($p = 0.013$). There was a borderline significance in OS between RCT group and CT group (29 vs. 20 months, $p = 0.095$).

Conclusion: Integration of RT and chemotherapy influenced the pattern of failure, and significantly improved PFS with isolated ALN recurrence in recurrent GC. RT may be considered in the treatment course of isolated ALN recurrence.

PO-0699

Treatment of metachronous esophageal cancer after head and neck cancer

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Purpose or Objective: To review the treatment result of metachronous esophageal cancer (ESC) after head and neck cancer (HNC).