**0998: POSTRON EMISSION TOMOGRAPHY IN OESOPHAGEAL CANCER STAGING: A TAILORED APPROACH**

David Bunting*, Wesley Lai, Grant Sanders. Derriford Hospital, Plymouth, UK.

**Introduction:** The authors aim to re-evaluate the role of PET-CT in the staging of oesophageal cancer (OC). They investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that can safely be spared from this investigation.

**Methods:** Consecutive patients undergoing PET-CT scan for the staging of localised OC diagnosed between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the PET-CT result, patients were stratified into low-risk or high-risk groups according to the likelihood of identifying metastatic disease on PET-CT based on specific CT/endoscopy criteria.

**Results:** In 385 undergoing PET-CT, metastatic disease was identified in 52 (13.5%) patients. All 52 patients had been correctly stratified as high-risk according to the criteria. 112 patients were stratified as low-risk and 273 as high-risk. Mean time from diagnosis surgery was 68.6 days which compared to 49.6 days in a separate group of patients not undergoing PET-CT (p=0.04).

**Conclusions:** In one of the largest studies to date, the authors have introduced a new classification that can accurately stratify patients according to the risk of having metastatic disease. This could be used to avoid unnecessary PET-CT in 33% of patients.

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**1048: STAGING LAPAROSCOPY IN OESOPHAGO-GASTRIC CANCER: A TAILORED APPROACH**

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**Introduction:** The authors aim to re-evaluate the role of staging laparoscopy (SL) in the management of oesophago-gastric cancer and investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that will not benefit and can be spared from this investigation.

**Methods:** Consecutive patients undergoing SL in the work-up of localised oesophago-gastric cancer between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the SL result, patients were stratified into low-risk or high-risk groups according to the likelihood of operability based on specific endoscopy/CT criteria.

**Results:** Of 193 patients undergoing SL, 28 (15%) were found to have inoperable disease at SL. All 28 cases identified at SL had been correctly stratified as high-risk. 42 patients were predicted as low risk and 151 as high risk. None of the low risk patients went on to have inoperable disease at SL or laparotomy.

**Conclusions:** A proposed classification based on initial endoscopy and CT findings is able to identify a group of patients at low risk of having inoperable disease. This group, representing 25% of the cases subsequently deemed resectable on SL could have safely been spared the procedure.

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**1202: BIODEGRADABLE OESOPHAGEAL STENTS IN THE MANAGEMENT OF BENIGN AND MALIGNANT OESOPHAGEAL STRICTURES**

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**Introduction:** Biodegradable oesophageal stents are used in the management of refractory benign oesophageal strictures and malignant strictures which may proceed to surgery. Our aim was to review the safety and efficacy of biodegradable oesophageal stents in the management of benign and malignant strictures.

**Methods:** Patients were identified using hospital coding data and radiology PACS. Charts and hospital databases were retrospectively reviewed. Data collected included patient demographics and outcomes. Dysphagia was graded using the Mellow and Pinkas dysphagia grading scale.

**Results:** Stents were deployed successfully in 29 of 30 attempts. 17 stents were inserted for benign and 12 for malignant disease. Pre and post procedure swallowing scores were recorded for 27 procedures and resulted in a mean improvement (2.88-1.15 p<0.002). One patient experienced transient chest pain. No serious complications occurred. There was no mortality at 30 days. 3 patients progressed to oesophagectomy with no anastomotic leaks in this group. 4 patients required repeat biodegradable stenting (mean 273 days), 5 patients with malignancy proceeded to metal stent insertion (mean 51 days).

**Conclusions:** Biodegradable stent insertion is a safe and efficacious method of treating oesophageal strictures, limiting repeat intervention in benign disease and allowing nutrition during staging of malignancy. There were no increased surgical complications at oesophagectomy.