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vs 0 in TTE group ($p < 0.01$). 3-year overall survival was comparable, being 36.5% after TEG and 48.4% after TTE ($p = 0.12$). After TEG, we reported a higher rate of locoregional recurrence (16.7% vs 5.1% after TTE, $p = 0.04$). At multivariate analysis, (y)pT- category was an independent risk factor for 3-year recurrence. After matching, TEG was still associated with an increased risk of incomplete tumor resection ($p = 0.03$) and proximal margin involvement ($p < 0.01$), while there were no more differences in postoperative morbidity ($p = 0.56$) and mortality ($p = 0.31$) between the groups. **Conclusions:** Siewert type II tumors can be treated with transhiatal extended gastrectomy or transthoracic esophagectomy, provided that an appropriate patient selection is performed. Even so, TEG exposes the patient to an increased risk of an irradical resection at the proximal margin.

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GLOBAL IMPACT OF COVID-19 PANDEMIC ON GASTRIC CANCER TREATMENT: FINDINGS FROM A GLOBAL CROSS-SECTIONAL MULTICENTRE STUDY (GLEOHUG-GC).

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Background: Gastric cancer (GC) is the 5th most common malignancy and remains one of the major causes of worldwide cancer-related deaths. COVID-19 pandemic has had a significant impact on the provision of cancer care. This study aims to overview the global standpoint of gastric cancer patients (GCP) during the first year of pandemic (PY1).

Materials and Methods: The Upper Gastrointestinal Surgeons (TUGS), within its Global Level of Harm Project, designed an online cross-sectional survey to assess how GCP's management changed during PY1. The questionnaire included 33 questions about expertise, kind of health system, hospital organization and screening policies, personal protective equipment (PPE), change in patient's characteristics, preoperative, operative and postoperative management of GCP.

Results: There were 209 answers from 178 centres (50 countries) around the world. Results of the survey showed: most hospitals (88,2%) had restricted areas for the management of COVID-19 patients; 53,6% of participants were redeployed; most frequent COVID-19 screening methods were PCR (78,8%) and chest CT-scan (25,6%), and 55,9% thought there was a lack of PPE. **Preoperative management:** 43,2% decrease in the number of multidisciplinary teams (MDT) meetings; 28,4% increase in the number of cT2 or higher GCP; 34,7% increase in metastatic (M1) GCP; 26,8% increase in GCP receiving definitive palliative treatment; 23,7% increase in the number of frail patients; 50% increase in waiting list time (WLT); and 41,6% faced problems in the provision of oncological treatment. **Operative**

management: 54,5% decrease in elective gastrectomies; 29,1% increase in the number of urgent/semi-urgent gastrectomies; 37% decrease in the number of minimally-invasive gastrectomies (MIG); and 18,5% increase in the number of surgeries with palliative intent. **Postoperative management:** 16,5% increase in the overall complication rate (OCR); 12,6% increase in the number of Clavien-Dindo 3 or higher complications; 8% increase in the leak rate; increase in pulmonary infections (26,8%) and bowel obstruction (2,4%); 44,5% development of postoperative COVID-19 infection; 15,4% increase in 30-days mortality rate; 23,1% mortality due to COVID-19 infection; 17,6% increase in the need for adjuvant treatment. Most patients were postoperatively assessed either through a face to face consultation or a combination of face to face and remote consultation. **Conclusions:** COVID-19 pandemic has affected GC management by decreased frequency of MDT's, higher clinical-stage migration and fueled frailty. The pandemic increased WLT, the number of urgent and palliative surgeries, OCR, Clavien-Dindo 3 or higher complications, leak rate, and pulmonary infections. There was a noticeable high rate of postoperative COVID-19 infection and associated mortality. Further multicentric studies are warranted to affirm these findings.

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WEIGHT LOSS AND PROLONGED POSTOPERATIVE HOSPITALIZATION AFTER AN ABDOMINOTHORACIC ESOPHAGECTOMY WITHOUT ANASTOMOTIC LEAKAGE IN ESOPHAGEAL CANCER – WHAT ARE THE POSSIBLE RISK FACTORS?

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Background: The only curative solution for esophageal carcinoma is the resection of the tumor. The anastomotic leak is the main complication of the procedure. If this does not occur, other factors determine the further clinical course. Among these factors, both postoperative weight loss and length of postoperative hospital stay are very important. In particular, weight loss and the associated cachexia in tumor patients lead to death in an estimated 30%. [1] The aim of this project was to identify and potentially eliminate risk factors for significant weight loss resulting in an extension of the hospitalization.

1.van Haehling et al., *Cachexia as a major underestimated and unmet medical need: facts and numbers. Journal of Cachexia, Sarcopenia and Muscle*, Sept 2010. 1(1): 1–5.

Materials and Methods: This work is based on a retrospective data collection. The implementation was approved by both the responsible ethics committee and the patients involved in the study. Especially the following data was collected from 104 patients: postoperative length of hospital stay, weight loss since admission, duration of the respective diets (fasting, liquid, S1, S2, S3, S4 / desired food) as well as the laboratory values for the inflammatory parameters leukocytes and CRP on the postoperative day. Afterwards the coherences were checked and evaluated by using the SPSS statistics program.

Results: It turned out that the patients who received a purely liquid diet for a longer period of time lost less weight ($p = 0.049$). Patients who received an S3 diet for longer had a significantly bigger weight loss ($p = 0.001$). In addition, patients with a higher maximum CRP also lost more weight ($p = 0.003$). Increased weight loss resulted in a longer postoperative length of hospital stay ($p = 0.006$). The higher the CRP value, the longer the patient is hospitalized postoperatively ($p = 0.036$). The maximum leukocyte value has the same influence ($p = 0.017$).

Conclusions: Since the duration of the S3 diet level promotes greater weight loss, this diet level should be shortened as far as possible. It was also shown that a prolonged liquid diet can bring advantages and therefore it should be preferred to a long S3 diet. In addition, both the maximum leukocyte and CRP values indicate a potentially longer stay, which is why one should be particularly careful with the diet of patients with elevated inflammatory parameters.