of life (HRQOL), annual number of diagnostics required and the risk that esophagectomy is still necessary later in time. The importance of attributes and willingness to trade-off 5-year survival for other attributes were assessed using panel latent class model.

Results: A total of 107 patients were consecutively included, of whom 100 (93%) responded between August 2018 and October 2020. Regardless of the attribute levels, 28 patients preferred active surveillance and 28 patients preferred standard esophagectomy. When considering both treatments, five-year survival and long-term HRQOL were considered most important attributes. Patients were willing to trade-off 5.4% five-year overall survival to obtain a better long-term HRQOL.

Conclusion: At least one year after neoadjuvant chemoradiotherapy and esophagectomy, over a quarter of patients would choose not to undergo standard esophagectomy again, regardless of the attribute levels. Patients were willing to trade-off five-year survival chance in order to achieve an HRQOL which was much better than their own situation. When considering both treatments, five-year survival and long-term HRQOL were the most important determinants in the choice for treatment.

794 DOES TRACHEOSTOMY PREDISPOSE GASTROESOPHAGEAL REFLUX?

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Lung diseases have a strong relationship with gastroesophageal reflux disease (GERD). It has been previously demonstrated that conditions such as tracheal stenosis, asthma and even lung transplantation may worsen with reflux and these patients have few symptoms of GERD. With the COVID-19 pandemic, the number of people who needed mechanical ventilation and tracheostomy increased. Our objective was to demonstrate the prevalence of gastro-oesophageal reflux in patients with tracheostomy and describe its characteristics.

Methods: Esophageal manometry and 24 h pH-metry was performed in 137 consecutive patients with a tracheostomy already in a chronic phase, independent of symptoms. Inquire on respiratory and digestive symptoms was also carried out at the time of the examination. Prevalence of gastroesophageal reflux was identified in this population and description of the groups with reflux and without it, as well as comparison between them.

Results: Of the 137 patients, 49 were male, the average age was 40.94 ± 17.3 and the body mass index was 26.3 ± 4.85 . The prevalence of gastroesophageal reflux was 45.2%. Baseline characteristics were similar between the groups with and without reflux. In the reflux group, the mean DeMeester score was 36.5 ± 20.8 and the presence of lower sphincter hypotonia was found in only 31% of the patients and was not correlated with reflux between the groups ($p = 0.285$). Regarding the symptoms, 48% had heartburn symptoms and only 30% had a combination of typical symptoms (heartburn + regurgitation).

Conclusion: The presence of tracheostomy is related to an increased prevalence of reflux, even without typical symptoms most of the time. The mechanism for this is still unknown, perhaps the altered respiratory dynamics has a role. These patients should be investigated with functional exams if they develop any condition that may be affected by reflux.

796 OUTCOMES OF DELAYED SURGERY IN PATIENTS WITH RESIDUAL DISEASE AFTER NEOADJUVANT CHEMORADIO-THERAPY FOR OESOPHAGEAL CANCER

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Standard treatment for locally advanced oesophageal cancer is neoadjuvant chemoradiotherapy (nCRT), plus surgery 6-8 weeks later. Time to surgery (TTS) after nCRT seems safe up to 12 weeks, and possibly improves

patient condition and pathological response. However, it is unknown whether prolonged TTS is safe in patients with residual disease. The aim of this study was to investigate whether prolonged TTS leads to inferior surgical outcomes and survival in patients with residual disease after nCRT.

Methods: Patients with pathologically confirmed residual disease 4-6 weeks after nCRT who underwent preoperative PET/CT and surgery were selected from the preSANO-trial and SANO-trial. Patients were stratified by TTS ≤ 12 weeks versus TTS > 12 weeks after completion of nCRT. Primary endpoint was overall survival (OS). Secondary endpoints were progression-free survival (PFS), peroperative unresectability, microscopically radical resections (R0), tumour regression grade (TRG), postoperative complications and risk of distant dissemination. Effects of TTS on OS, PFS and distant dissemination were analysed with Cox regression, adjusted for Charlson comorbidity index (CCI) at baseline, as well as WHO performance score and weight loss after nCRT.

Results: Forty-two patients were included in the TTS > 12 weeks and 132 patients in the TTS ≤ 12 weeks group. Median follow-up was 20.6 months (IQR 16.1-30.3). Adjusted hazard ratios for OS and PFS were 0.50 (95% CI: 0.24-1.02) and 0.47 (95% CI: 0.25-0.91), respectively, in favour of TTS > 12 weeks. Patients with TTS > 12 weeks had more postoperative complications (89% vs 72%, $p = 0.049$), but comparable peroperatively unresectable tumours (11.9% vs. 3.8%, $p = 0.11$), R0-resections (89% vs 87%, $p = 0.89$), and TRG-scores ($p = 0.97$) compared to patients with TTS ≤ 12 weeks. Patients with TTS > 12 weeks showed less distant dissemination (HR 0.40, 95% CI: 0.18-0.88).

Conclusion: Prolonged TTS beyond 12 weeks in patients with clinically proven residual disease after nCRT did not have a negative effect on OS and on PFS, but was correlated with an increase in postoperative complications. The (non-significantly) better survival outcomes for TTS > 12 weeks may be explained by the fact that patients had a lower risk of developing distant dissemination, which may reflect improved selection prior to surgery.

800 ASSOCIATION OF MULTIPLE RAPID SWALLOW PARAMETERS WITH SYMPTOMS IN PATIENTS WITH INEFFECTIVE AND NORMAL ESOPHAGEAL MOTILITY

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Multiple rapid swallows (MRS) is a provocative test to assess inhibitory swallowing mechanisms and esophageal peristaltic reserve. MRS response has been purposed to predict post-fundoplication dysphagia and has been associated with increased acid exposure time. Recently it was added to the Chicago classification v 4.0 protocol as an adjunctive test. This study aimed to understand the association of MRS parameters with symptoms in patients within ineffective (IEM) or normal esophageal motility (NEM).

Methods: After IRB approval, a prospectively maintained esophageal motility database was retrospectively reviewed to identify patients with IEM and NEM who also had an MRS evaluation. Patients with previous gastroesophageal surgery, manometric hiatal hernia, or a diagnosed motility disorder (except IEM) were excluded. Patient-reported symptoms (0-4) (heartburn, regurgitation, dysphagia, and chest pain) were grouped by score: 0, 1-2, or 3-4. We compared the prevalence of normal or abnormal MRS and individual MRS parameters (distal contractile integral [DCI], integrated relaxation pressure, distal latency, adequate inhibition, and post-MRS DCI/mean single swallow DCI ratio) with patient-reported symptoms.

Results: From 2019-2020, a total of 531 patients (254 = IEM, 277 = NEM) met the inclusion criteria and formed the study cohort. The presence of normal or abnormal MRS results was not associated with any patient-reported symptom in either the NEM or IEM group. Furthermore, patient-reported symptoms were not associated with individual MRS parameters in either group.

Conclusion: In patients with IEM and NEM, adjunct assessment with MRS does not correlate with patient-reported symptoms. Further studies are needed to assess the role of MRS as an adjunctive test during routine manometry.