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Background: For advanced gastric cancer (AGC), D2 gastrectomy is the standard treatment. However, a laparoscopic D2 gastrectomy(LG) is technically challenging surgery. Our previous report of COACT 1001 study, which is randomized phase II study to evaluate the feasibility of LG compared with open surgery(OG) for AGC, showing primary endpoint of non-compliance of lymph node dissection and three-year disease-free survival supported role of LG for AGC. Herein we report five-year overall and disease-free survival outcome of the study.

Methods: Patients with cT2-T4a and cN0-2 (AJCC 7[th]staging system) distal gastric cancer were randomly but not blindingly assigned to LG or OG groups. Patients were followed up for recurrence and survival for 5 years.

Results: Between Jun 2010 and Oct 2011, 204 patients were enrolled and underwent either LADG (n = 105) or ODG (n = 99). Of those, 196 patients (100 in LADG and 96 in ODG) were included in the intention-to-treat analysis. There were no significant differences in the five- year overall survival between LG and OG groups (85.1% vs 84.1%, respectively; p = 0.749). In the subgroup analysis, five-year overall survival was not different in between the groups according to the clinical stage (stage I: 95.7 % vs 95.5 %; p = 0.988, stage II: 96.1 % vs 84.6 %; p = 0.057, stage III: 48.3 % vs 74.1 %; p = 0.156) and pathological stage (stage I: 97.5 % vs 94.4 %; p = 0.512, stage II: 100 % vs 90.8 %; p = 0.099, stage III: 48.7 % vs 72.7 %; p = 0.151, stage IV: 100 % vs 0 %; p = 0.18). Five-year disease-free survival also was not significantly different between two groups (74.5 % vs 78.7 %, respectively; p = 0.604). The trend of overall and disease-free survival was favorable for LG in stage II but OG in stage III.

Conclusions: LG was feasible for AGC based on the five-year overall and disease-free survival rate. Further research should be done in large scale for stage III gastric cancer.

Conflict of interest: No conflict of interest.

Scientific Symposium
Innovations and Areas for Development in the Surgical Management of Melanoma

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RISK STRATIFICATION OF SENTINEL NODE POSITIVE MELANOMA PATIENTS DEFINES SURGICAL MANAGEMENT AND ADJUVANT THERAPY TREATMENT CONSIDERATIONS

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Background: In light of the evolving landscape of adjuvant therapy in melanoma and the recently confirmed absent survival benefit of completion lymph node dissection (CLND), it becomes important to explore possible consequences of omitting CLND, and whether it is possible to adequately stratify positive sentinel node (SN) patients solely based on information retrieved from the melanoma up to the sentinel lymph node biopsy (SLNB).

Methods: A retrospective cohort from nine European Organization for Research and Treatment of Cancer Melanoma Group centers was used. Patients were staged based on SLNB and CLND result according to the American Joint Committee on Cancer (AJCC) criteria and stratified by ulceration and SN tumour burden. These were incorporated in Cox regression models. Predictive ability was assessed using Harrell's concordance index (c-index) and the Akaike information criterion (AIC).

Results: In total, 1015 patients were eligible. CLND led to upstaging in N-category in 19% and in AJCC stage in 5-6%. The model incorporating only ulceration and SN tumour burden performed equally well as the model incorporating substages after CLND. The model incorporating substages based on SLNB had the lowest predictive ability. Stratifying by ulceration and SN tumour burden resulted in four positive SN groups from which low-, intermediate and high-risk prognostic classes could be derived.

Conclusions: Adequate stratification of positive SN patients was possible based on ulceration and SN tumour burden category. The identification of low-, intermediate- and high-risk patients could guide adjuvant therapy in clinical practice. Omitting CLND seems to have little consequences.

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Scientific Symposium
State of the art in Breast Reconstruction Surgery (SSM/NSM/ Implants, Autologous, RT)

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PATIENT REPORTED OUTCOMES OF SATISFACTION WITH BILATERAL BREAST REDUCTION SURGERY FOR BREAST CANCER TREATMENT

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Background: Oncoplastic surgery for breast cancer has increased in popularity over the last few years, with the oncological safety confirmed in several studies. There is, however, limited published data on patient reported outcomes from this surgical approach. This study will look at patient reported outcomes on satisfaction following bilateral breast reduction surgery as part of breast cancer treatment.

Materials and Methods: The validated BREAST-Q breast reduction module was sent to all surviving patients who had had no documented cancer recurrence and had undergone bilateral breast reduction surgery as part of breast cancer treatment in Tayside between August 2013 and August 2017. Q-score was then used to analyse data and correlate this with patient and clinical information including age, specimen weights, BMI, diagnosis,

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