P-OGC36  Staging Laparoscopy in Oesophago-gastric cancers; A highly selective approach and its impact on patient outcome during COVID 19

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Background: Staging laparoscopy is performed in all Oesophago-gastric cancer patients suitable for radical treatment with tumour staged ≥ T2 prior to neoadjuvant chemotherapy. In response to COVID 19 pandemic, on 25th March 2020, the joint statement issued by the Royal College of Surgeons and AUGIS advised all laparoscopic procedures should be avoided due to the risk of virus transmission.
associated with aerosol-generating procedures. In accordance with the guidance, a more selective approach on who underwent a staging laparoscopy was followed. This audit explores its impact on patient outcome comparing data from pre COVID period with the COVID period.

**Methods:** Retrospective and prospective data was collected for 24 months on all OG cancer patients from 25th March 2019 to 24th March 2021. ‘Pre COVID’ period was defined as 25th March 2019 to 24th March 2020 and ‘COVID’ period was defined as 25th March 2020 to 24th March 2021. All patients with Oesophago-gastric cancer with MDT cancer staged ≥T2, suitable for neoadjuvant chemotherapy were included. Patients with tumour staged <T2 and or diagnosed with squamous cell carcinoma involving upper or middle third of oesophagus were excluded. Fishers Exact model using SPSS V24 was used to identify any statistically significant differences between the 2 groups.

**Results:** Pre-COVID Period: 80 patients underwent staging laparoscopy. Of these, 9 patients (11.6%) with tumour staged as >T3 were declined curative surgery due to advanced disease (n = 2), metastatic disease (n = 3) or both (n = 4). In total, 40 patients underwent curative surgery and there were 0 open/close laparotomies.

COVID Period: Of the 79 patients suitable for staging laparoscopy, only 7 patients (8.7%) underwent laparoscopy. Of these, 3 patients (3.8%) with tumour staged as >T3 were declined curative surgery due to advanced disease (n = 2) and metastatic disease (n = 1). In total, 33 patients underwent curative surgery and only 1 patient had an open/close laparotomy due to a liver metastases. No statistically significant difference was found p = 0.0913

**Conclusions:** Staging laparoscopy is a useful tool for accurate staging of Oesophago-gastric cancers. It helps avoid unnecessary open and close laparotomy due to advanced disease and also allows us to assess patient fitness to major surgery. During the pandemic, the number of staging laparoscopies performed declined significantly but with no statistically significant difference to patient outcome. Thus we conclude, the COVID 19 pandemic has enabled us to have a selective approach to performing staging laparoscopy in Oesophago-gastric patients with advanced disease staged ≥T3 only.