

outcomes (PROs), receiving future information on new interventional studies (including cohort multiple randomized controlled trials (cmRCT)), and/or 3) linkage with Dutch databases e.g. the Dutch Upper GI Cancer Audit, the biobank of The Paresnoer Institute and general practitioner databases. Funding: Dutch Cancer Society (UVA 2014-7000).

Results: Thus far, clinical data is being collected from almost all Dutch patients with oesophagogastric cancer diagnosed from 2015 onwards. Clinical data mainly consist of patient, tumour and multidisciplinary sequential treatment characteristics. The collection of longitudinal PROs started in 2016. Of all patients who gave consent (N = 1000), 92% also participated in the PRO-registry. PRO compliance was 87%, 67% and 46% (not accounted for death or drop-out) at diagnosis, 3 and 6 months follow-up, respectively. 81% of patients consented to receive future information on new interventional studies, including cmRCTs. Collaborations with phase II/III trials and other cohort studies were established to reduce patient burden regarding completion of PROs and trial registration burden. Obtained data is governed by the DUCG scientific committee which includes members of participating hospitals, the study team and the NCR.

Conclusions: POCOP provides real world population-based data to stimulate (international) multidisciplinary research and provides the opportunity to perform novel trials within the established infrastructure. Researchers can acquire data by submitting a research proposal to the scientific committee of the DUCG (www.ducg.nl).

Legal entity responsible for the study: Dutch Upper GI Cancer Group.

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695P Prospective observational cohort study of oesophagogastric cancer patients (POCOP): A Dutch nationwide cohort

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Background: POCOP is a novel prospective scientific database including oesophagogastric cancer patients, initiated by the Dutch Upper GI Cancer Group (DUCG) to stimulate multidisciplinary research. Within POCOP treatment and diagnostic strategies as well as prognostic and predictive factors for outcome can be evaluated on a population-based level. We present the design and current proceedings.

Methods: All patients with oesophagogastric cancer in the Netherlands are eligible. Patients need to provide consent for: 1) the reuse of clinical data collected by the Netherlands Cancer Registry (NCR), 2) longitudinal collection of patient reported