The majority of women undergoing LD flap reconstruction do well with minor complications and low rate of major complications (flap/ implant loss) but further surgeries are often required for symmetry, as highlighted in UK-GIRFT audit.

60.
THE ROLE OF STAGING PETCT PT4B MELANOMA: A 5 YEAR ANALYSIS

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Aim: In our Trust, patients diagnosed with pT4b cutaneous melanoma are offered PETCT for initial staging as a sensitive way to detect tumour metastasis. We assessed the value of PETCT in these patients in terms of positive findings from the scan and subsequent recurrence and survival.
Methods: A 5 year retrospective analysis of all patients diagnosed histologically with pT4b melanoma who had staging PETCT in a tertiary referral centre was carried out. Patients were identified using MDT records and cross-referenced with clinical coding. Patient demographics, final staging and results of PETCT were collected and recurrence and survival were monitored.
Results: Of the 60 patients identified over a 5 year period, 24 were females and 36 males. The median age was 74 (range 54-86). 13.3 % had metastases identified on staging PETCT. 81.6 % had wide local excision and 31.6 % had sentinel lymph node biopsy. Over a median follow up period of 2.3 years, 58.3% had recurrence of their melanoma and 28.2% had died.
Conclusion: Initial staging with PETCT may not be necessary for all patients with pT4b melanomas. Few patients had positive findings from the scan and it is a significant radiation dose that carries its own risks. Having the PETCT may also be delaying other interventions including wide local excision and sentinel lymph node biopsy. We can use these results to provide information to patients within our trust and development of a national guideline would be beneficial.

65.
INVESTIGATING MEN'S PERCEPTIONS ON THE USE OF MULTIPARAMETRIC MRI FOR THE DIAGNOSIS OF PROSTATE CANCER

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Background: Multiparametric MRI (mpMRI) has enabled enhanced risk stratification for men with suspected prostate cancer; however, views of patients experiencing this novel technology have not been explored.
Method: Men with suspected prostate cancer completed questionnaires that explored their views on the mpMRI-directed pathway, compared to traditional systematic transrectal biopsy. They were also asked about their perception of "significant" cancer. Statistical comparison was with Fisher's exact test. The Joint Research Office at UCL/UCLH deemed this study to be service evaluation.
Results: 56 men completed the questionnaire. Median age was 64 (38-82). 73% of men rated mpMRI as "very good," compared with 19% for the traditional approach. In the context of negative mpMRI, 75% of men were willing to forgo immediate biopsy; however, 9% still opted for biopsy, regardless of mpMRI status. Older men (over 60-years-old) had significantly lower levels of concern than younger men (under 60-years-old) that mpMRI might miss prostate cancer (p=0.04). Concerns that men had regarding missed prostate cancer on mpMRI included "reduced treatment time" and "unclear follow-up." When asked about the most significant cancer features, life expectancy was most highly cited, followed by quality of life, then metastasis.
Conclusion: Men with suspected prostate cancer appear to strongly value the diagnostic accuracy and risk stratification afforded by mpMRI. The majority favour avoidance of biopsy in the context of negative mpMRI and consider life expectancy to be the strongest determinant of clinical significance. This is the first dedicated insight into views held by men experiencing the new mpMRI-led diagnostic pathway.

66.
EFFICACY OF INTRA-OPERATIVE PTH MONITORING IN DETERMINING POTENTIAL CURE IN PATIENTS UNDERGOING PARATHYROID SURGERY

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Background: Surgical removal of abnormal parathyroid glands is the only curative treatment for Primary Hyperparathyroidism (PHPT); adenoma being the most common cause. The use of Intra-operative Parathyroid Hormone (iPTH) helps to improve the surgical cure rate in patients with one or more adenomas. There are several variations in the site and timing of collection of samples and in the cut-off used to indicate cure. We use pre-incision, pre-excision and 20 minutes post-excision, 50% drop in PTH as the cut-off and Roche analysers rather than Point of Care Testing (POCT).
Methods: iPTH data was collected prospectively in 82 patients underwent parathyroidectomy at a single institution between 2015-2018. 4 patients whose operation was undertaken by a surgeon unfamiliar with the process were excluded. Aim was to assess the positive & negative predictive value (PPV, NPV) of IOPTH in our centre and the mean time taken to obtain the result.
Results: 69 of the 78 patients were cured & the iPTH results were as follows.

Cured (69)	Not Cured (9)		
>50% Fall	<50% Fall	>50% Fall	<50% Fall
68	1	0	9
PPV: 100%	NPV: 88%		

Average time from sample collection to results was 43 minutes (data from 21 patients). Anecdotally this was only a slightly longer than frozen section (data not yet available)
Conclusions: iPTH is highly accurate in intra-operative prediction of cure of parathyroid surgery. We hypothesize that our high PPV/NPV as compared to the literature is due to the use of laboratory analyser rather than POCT although this does prolong the intra-operative time by a small degree.

67.
SURVIVAL AND OUTCOMES AFTER ROBOTIC RECTAL CANCER SURGERY – SINGLE CENTRE EXPERIENCE

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Background: Rectal cancer is increasingly being performed robotically as it facilitates precise surgery in three-dimensional high definition. Oncological outcomes in rectal cancer are related to the quality of pathological specimen. This study investigates oncological outcomes in patients undergoing robotic cancer surgery in an experienced Robotic colorectal unit.
Methods: Patients' clinical information, disease stage, post-operative course and survival outcomes were recorded prospectively with ethical committee approval.
Result: Between February 2015 and July 2019, 84 patients underwent robotic surgery for rectal cancer. Forty nine patients (58.3%) had T3 disease at presentation (21 with T2, 9 with T1 and 5 with T4 disease) and 15 (18%) received preoperative chemoradiation.
Anterior Resection of Rectum was performed in 57 (68%) patients, whereas 24 (28.5%) underwent Abdominoperineal resection of Rectum. Total mesorectal resection (TME) was performed in 60 patients (71.4%) and 24 patients (28.5%) had transection.
Histopathologically, 83 patients (98%) had R0 resection and 79 (94%) specimens were TME grade 3, (3 TME Grade1 and 2 TME Grade2). Adjuvant chemotherapy was given 31 patients (37%).
No patient developed local recurrence. Ten patients (12%) developed distant recurrence, of which seven patients had solitary metastasis, two patients had multiple visceral metastases, and one patient developed