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

widespread disease recurrence in mesentery and peritoneum. At median follow up of 11 months, the disease free survival was 95%.
Conclusion: Experience of robotic surgery for rectal cancer at our centre suggests that high quality specimen is associated with safe short-term outcomes for local recurrence and acceptable outcomes for distant metastasis.

70.
RECURRENCE +/- METASTASIS FOLLOWING IRON THERAPY VERSUS PRE-OPERATIVE BLOOD TRANSFUSION IN PROXIMAL COLORECTAL CANCERS

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Introduction: Colo-rectal Cancer (CRC) is the fourth most common cancer in the UK. Studies indicate 11-57% of the patients diagnosed with CRC develop Iron Deficiency Anaemia (IDA). A meta-analysis of 37 studies supports the association between Perioperative Blood Transfusion (PBT) and the recurrence of curable CRC.
Methods: Aim of this study is to compare recurrence in curable Proximal CRC patients between two cohorts; Pre-Operative Iron Therapy (IT) alone and Pre-Operative Blood Transfusion (BT).Data was collected from hospital database retrospectively from January 2016 to August 2018. Recurrence rates were calculated between the two cohorts. Chi-Square test was used to calculate p-values.
Results:

- **124** patients had curative intent Proximal CRC resections.
- 75 patients had anaemia of those 52 had IDA (41.9%).
- 44/124 patients received Pre-Operative IT.
- 28 patients had PBT out of those, 14 patients had Pre-Operative BT.
- Recurrence rate for IT cohort was 11.6% whereas, for Pre-operative BT; 14.2% (p-value 0.88).
- Average length of stay (LoS) for PBT was 19 days compared to 10 days in IT cohort.

Conclusion: Although the values are too small to suggest an impactful result, a prospective study could provide definitive data. Since medical optimisation with iron, therapy carries lower recurrence rates it is prudent to establish Pre-Operative anaemia clinics minimising the number of PBT and reducing average LoS.

82.
SYSTEMIC ADJUVANT CHEMOTHERAPY FOR CHOLANGIOCARCINOMA SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: The role of adjuvant therapy for biliary tract cancer is not clearly defined with conflicting results demonstrated across non-randomized and randomized studies. We report a systematic review and meta-analysis to delineate the effect of AT on overall survival.
Methods: Eligible studies were identified from MEDLINE, EMBASE, Cochrane and PubMed. Studies comparing adjuvant chemotherapy or chemoradiotherapy after curative-intent surgery with curative surgery only for biliary tract cancer were included. Data pertaining to tumours of the gallbladder and bile ducts were included. The primary outcome assessed was overall survival.
Random-effects meta-analysis was performed, as well as pooling of un-adjusted Kaplan-Meier Curve data.
Results: 35 studies involving 42,917 patients were analysed. There was a significant improvement in overall survival with any adjuvant therapy after surgery compared with surgery only (HR 0.74; 95% CI, 0.67 to 0.83; P < 0.001). There was a significant benefit for adjuvant therapy in those with margin positive surgery (RR, 0.83; 95% CI, 0.77 to 0.91; $P < 0.001$) and node-positive disease (RR 0.82; 95% CI 0.76 to 0.89; $P < 0.001$)
Conclusion: Our review advocates the use of adjuvant therapy in bile duct cancer after curative intent resection. Further prospective studies are needed to determine the optimal regime and timing of an adjuvant approach.

118.
PREDICTORS OF SURVIVAL LOCAL RECURRENCE AND METASTASES OF LEIOMYOSARCOMAS OF TRUNK WALL AND EXTREMITIES: A RETROSPECTIVE STUDY

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Introduction: The Leiomyosarcomas are aggressive neoplasms with poorly understood pathogenesis. More importantly, accurate prediction of their behaviour have proven to be difficult, and, there are no universally accepted prognostic factors.
Our aim was to identify the risk factors for early recurrence, metastases and poor survival with an aim to reduce relapse or enable early detection.
Methods: We included 97 patients who had Leiomyosarcomas involving trunk wall and extremities. We collected demographic, clinical, histo-pathologic data, and, recorded local recurrence, metastases and survival. We have used Kaplan Mier plot, Uni and multivariate analysis for prognostication.
Results: The mean survival was 60.8 months (SD 49.3). 14% patients had local recurrence. 56% of patients developed metastases . Age > 60 years (p value 0.02)was an independent predictor of poor survival. Whereas, induction treatment (P value 0.04) independently predicted better survival. The univariate analysis suggested that size > 5 cms (p value 0.029) and higher grade (p value 0.02) as possible prognostic factors predicting metastases. Similarly, induction treatment was associated with lower risk of metastases (p value 0.003). However, the multivariate analysis showed none of these factors were prognostic. Similarly, the multivariate analysis did not identify any risk factors which could independently prognosticate local recurrence.
Conclusion: Age > 60 years is an independent factor predicting death. Whereas Induction treatment is a factor associated with better survival and probably lower metastasis. Besides, >5 cm and high-grade tumours could potentially predict of higher risk of metastases.

121.
PREDICTING SURVIVAL, LOCAL RECURRENCE AND METASTASIS IN LEIOMYOSARCOMA OF THE EXTREMITIES AND TRUNK WALL: A SYSTEMATIC REVIEW

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Background: Leiomyosarcomas are aggressive, their pathogenesis is poorly understood
Objectives: To quantify prognostic impact of various clinical and pathological markers on survival and recurrence of leiomyosarcomas.
Methods: We conducted a systematic review as per PRISMA protocol. Overall survival, local recurrence and metastasis were outcome measures. Odds ratios extracted from the studies, the odds ratio along with 95% CI were computed. The pooled odds ratio was calculated and weighted.
Results: Our search brought forth fifteen studies comprising 2799 patients, which we included in our analysis, 7 of these 15 publications were later than 2012.Our analysis showed that, age > 60 years was associated with poor overall survival with an odds ratio (O.R.) of 1.77(95% CI 1.33- 2.35, p 0.0001). Further, Size > 5 cms adversely affected the outcome with an O.R 2.79 (2.19- 3.56, p < 0.0001). Other factors which reduced the overall survival were, positive margins of excision O.R 2.32(1.67- 3.22, p < 0.0001), Grade >2 O.R 3.66(p < 0.0001) and deep location O.R 4.16 (2. 34- 7.39, p < 0.0001).The risk of metastasis was strongly associated with increasing size