

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 unadjusted 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, histopathologic 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