O.R 2.34 (1.35- 4.07, p=0.002) and deeper location OR 5.13 (2.8- 9.3, p < 0.0001). Only a few studies analysed the impact of factors on local recurrence.
Conclusions: A higher age (>60 years), size (> 5 cms), grade (>2), depth (deep to deep fascia) and positive margins of excision are associated with poor overall survival. Similarly, size (> 5cms) and deeper location are associated with higher metastasis.

Abstracts for BASO Audit & QIP Prize presentation at the BASO Skills Day on Saturday, 16th November 2019

20.

INTRADURAL SPINAL TUMOUR RESECTIONS AT THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST: SERVICE EVALUATION

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Background: Intradural spinal tumour resections at the Royal Orthopaedic Hospital NHS Foundation Trust (ROH) are undertaken by a team of three consultant spinal neurosurgeons. This service evaluation aims to assess current practice of intradural tumour resection at this tertiary centre and compare pre-operative, intra-operative and post-operative outcomes to principles of care published in 2006 by the National Institute of Health and Care Excellence (NICE) in 'Improving Outcomes for People with Brain and Other CNS Tumours'.
Method: Intradural tumour resections undertaken from January 2017 to December 2018 at the ROH were identified and the relevant patients' names and identifiers obtained. Required outcomes were extracted from patients' files, clinical portal and theatre logbooks.
Results: 15/17 patients were reviewed in a multidisciplinary team meeting (MDT) pre-operatively. 14/17 patients experienced improvement, 11 of which experienced complete resolution of symptoms. No change from presentation was seen in three patients. Post-operative MRI was ordered in 13/17 patients. No patients experienced a recurrence, with a minimum follow-up of five months. EuroQol - Five Dimension (EQ-5D) and Oswestry Disability Index (ODI) scores were not calculated pre-operatively or post-operatively for any patients. Outcomes were not uploaded to the British Spine Registry (BSR) in any cases.
Conclusion: It was found that although the service satisfies NICE standards overall, there is a need to calculate and record pre-operative and post-operative quality of life scores such as EQ-5D and ODI, ensure all patients are reviewed at MDT pre-operatively, and to upload outcomes to the BSR.

89.

TRANSANAL ENDOSCOPIC MICROSURGERY- FOR LOW RECTAL CANCER

Mohammad Miah. *Scunthorpe General Hospital, East Yorkshire, UK*

Background: Transanal Endoscopic Microsurgery was first described by Prof. G Buess 1983 and it was first employed for low rectal tumours, near the anorectal junction. It is a recognized treatment modality for large and sessile benign rectal polyps, small carcinoid tumours, early rectal cancers, palliating advanced rectal cancers.
The rectal cancer (or suspicious neoplasm) should be less than 3cm in size for consideration of TEMS. The lesion must be T1/T2 N0 M0 on MRI and preferably on endo-rectal ultrasound. The patient has been seen by a colorectal surgeon and has been fully discussed at the referring MDT. The patient's views on local excision have been sought after discussion of risks/benefits of more radical procedures.
Method: All patients who underwent TEMs at SGH between 2010 and 2017 were identified. Retrospective data collected from clinic letters, discharge summaries, histology, and radiology and endoscopy reports.
Results: Total of 77 patients underwent the procedure. Average patient age was 70.9 years (Max – 92 and Min – 43). Average Follow-up - 2.5 Years all patients were offered the procedure after MDT discussion. (for malignant) 90% of patients had follow-up endoscopy.
Conclusion: R0 (complete resection) of T1/2 rectal tumours. Very low 30 and 90 day mortality. Very low intra peritoneal perforation rate. Acceptable recurrence rates. Patients with suspected or proven rectal cancers suitable for transanal procedures must need to be discussed at the MDT.

90.

INAPPROPRIATE REFERRAL WITH IRON DEFICIENCY ANAEMIA UNDER THE TWO-WEEK WAIT RULE - INCREASE THE WORKLOAD AND FINANCIAL IMPLICATIONS

Mohammad Miah. *Scunthorpe General Hospital, East Yorkshire, UK*

Background: Iron deficiency anaemia (IDA) occurs in 2-5% of adult men and postmenopausal women in the developed world and is a common cause of referral to surgeons and gastroenterologists (4-13% of referrals). Asymptomatic colonic and gastric carcinoma may present with IDA, and seeking these conditions is a priority in patients with IDA. One of the criteria under the Two Week Referral (TWR) rule for suspected GI malignancy is iron deficiency anaemia (IDA).
The aim of the present study is to determine the percentage of patients referred inappropriately under the TWR as IDA and the cost accrued by unnecessary referral.
Method: Retrospective data were collected for consecutive 250 patients who were referred over 10 months from January 2016 till October 2016 as IDA and were identified using the hospitals cancer database.
Result: Total 250 patients data were collected among which 6 patients were excluded due to incomplete data. Staggering number of 169 patients were referred without true Iron deficiency anaemia.
Males and females were equally distributed. However, referral without having true IDA was more in male patients. Only 40% patients were referred following NICE guidelines.
Conclusion: Although iron deficiency is a good marker for gastrointestinal cancer, it is evident that 2WW referral guidelines are not being followed. Vast majority of referrals are inappropriate according to guidelines. This not only has considerable workload and financial implications but could be potentially detrimental to patient health.

93.

SMOKING CESSATION INTERVENTION FOR HEAD AND NECK PATIENTS: A COMPARISON IN PRACTICE BETWEEN ENT CONSULTANTS AND TRAINEES

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Introduction: Smoking at the time of a cancer diagnosis increases cancer related morbidity and mortality, while smoking cessation can reverse small T1 laryngeal tumours[x]and improve outcomes in those who cease smoking within 3 months of diagnosis. 20% of patients in the Head & Neck 2-week-wait clinic are smokers.
We investigated differences in behaviour, attitudes and practice of ENT consultants and trainees in delivering smoking cessations advice, potential barriers to it, and areas for improvement of current practice.
Methods: Ethical approval was granted by the Imperial College Education Ethics Review Process. 20 ENT consultants and 22 trainees were recruited voluntarily and underwent qualitative interviews.
Results: Trainees are less likely to discuss smoking habits; 18% advised all smokers to stop and formally referred under 20% of smokers. Consultants had better results. Time limitations and poor understanding of referral processes were perceived barriers, with two trainees reporting the referral was less of a priority. 60% of trainees estimated smoking cessation takes under 1 minute to discuss, with consultants spending 1-2 minutes. 10% of trainees felt it wasn't their role to advise smoking cessation.
Conclusion: Surgeons should be able to advise and encourage smoking cessation to all smokers. Consultants discuss smoking cessation more often and take longer to do so than trainees in our study.
Structured local inductions and formal pathways for referrals will help overcome barriers referrals to smoking cessation. We demonstrate trainees require more support to maximize the opportunity of delivering the smoking cessation message in clinic.