103.
THE MANAGEMENT OF T1 RECTAL CANCER IN THE NORTH EAST OF ENGLAND

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Introduction: Traditional treatment of rectal cancer is major surgical resection. The management of early stages has evolved with increasing emphasis on organ preservation, with a number of endoscopic and local excision options. We explored the management and outcomes of T1 rectal cancer in the North East of England.
Methods: A retrospective, multi-centre, observational cohort-study of all patients with a pT1 rectal cancer across the North East between 1/1/2010 and 31/12/2017 was conducted. Our primary outcome was local recurrence.
Results: 402 cases of T1 rectal cancer across 13 sites were identified. Median age was 68.4, and 35% were female. Characteristics of the index procedure are shown in the table below:

Data for Abstract 103

Index Procedure	Number Performed (%)	R0 Resection Rate	Overall Complication Rate	Second Procedure Performed	Local Recurrence	Metastases	Overall10-year Survival
Major Resection	178 (43.8%)	100%	33.7%	40	2.3%	5.1%	86.9%
Endoscopic	140 (34.5%)	68.2%	6.4%	2	1.4%	1.4%	87.7%
TEMS/TAMIS	69 (17%)	87.3%	21.7%	11	8.7%	8.7%	78.3%
Transanal	6 (1.5%)	*	16.7%	3	16.7%	0%	83.3%
Total/Overall	402	88.4%	21.6%	57 (14.1%)	3.2%	4.2%	85.6%
p-Value	-	p<0.001	p<0.001	-	p=0.511	p=0.769	p=0.163

* missing data
Over the study duration was an increase in the TEMS/TAMIS procedure and a decrease in the endoscopic procedures. 22 of the 57 patients who had a second procedure had no residual disease.
Conclusion: Over time there was a trend to perform more local excision procedures. There were no statistically significant differences in local recurrence, metastases or overall survival in relation to the procedure performed.

107.
ARTISS (FIBRIN SEALANT SPRAY): DAY-CASE DRAIN-LESS MASTECTOMY

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Background: The use of drains in breast surgery is decreasing, and various methods of reducing the dead space after mastectomy in breast cancer have been described such as the quilting of skin flaps and the use of adhesive tissue glues. The British Association of Day Surgery (BADS) outlines a 30% day-case target for simple mastectomy procedures. We conducted a feasibility study using a fibrin sealant spray (ARTISS) instead of drains in mastectomy without reconstruction and prospectively audited the concomitant length of stay (LOS) & post-operative complications.
Method: A consecutive series of 39 patients, irrespective of age, BMI, social demographics & co-morbidities were included in the study. All surgical & theatre staff received appropriate training and a standardised technique was employed with 4mls spray volume & 3 minutes flap pressure time using a shot clock.
Results: The mean age was 69 years; average BMI was 26kg/m^2 and the average mastectomy weight was 623g. A day-case rate of 46% (18/39) was achieved, of which 6 patients developed seromas requiring aspiration and one re-admitted 7 days later with a haematoma requiring evacuation. Of the 21 delayed discharges, 16 were due to patient choice, 4 due to post-operative nausea/vomiting & one blue dye reaction.
Conclusion: This study demonstrates that drain-free mastectomy is possible using ARTISS. The use of this product facilitates early discharge in all demographic groups and adherence to the national standard is achieved. There was no observed increase in post-operative complications following the introduction of this technique.

109.
ABSOLUTE OR RATIO OF LYMPH NODE INVOLVEMENT IN OESOPHAGO-GASTRIC CANCER? IMPACT ON SURVIVAL- AN 8 YEAR PILOT STUDY

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Introduction: Nodal disease in Gastro-Oesophageal cancer is associated with poor survival. However, whether the absolute number of involved nodes or the ratio of positive nodes to total nodes are the most important determinant of survival is unclear. The aim of this study is to if there is a critical of lymph node involvement determining survival.
Methods: A single institution dataset of prospectively collated from Jan 2011-Dec 2018. All patients underwent a curative resection for oesophago-gastric (adenocarcinoma) tumours. Data on patient and tumour characteristics as well as lymph node status were collated. Survival analysis using multivariable Cox Regression analysis was undertaken. At analysis a P <0.05 was deemed statistically significant.
Results: A total 279 patients underwent either oesophagectomy (n=163, 58.4%) or gastrectomy (n=116, 41.6%) for adenocarcinoma. The majority of the patients were male (77.1%, n=215/279) with median age of 69 years (IQR 6-075). The mean follow-up was 36 months. Across the population 41.9%, n=117/279 were deceased. At multivariable analysis, overall just four nodes positivity (irrespective of T stage) was associated with nearly a five-fold increased risk of mortality (HR 4.9, IQR 2.1-11.7, p<0.001).
Conclusion: The absolute number of nodes positive is more important than the proportion of nodes positive in predicting survival in gastro-oesophageal cancer. Having just four nodes positive in gastric cancer (five in oesophageal) was associated with a significantly increased risk of death. When predicting survival in Oesophago-gastric cancer patients with nodal disease, the absolute number of lymph nodes positive is the most important determinant of survival.

110.
IMPROVING HANDOVER FOR PATIENTS TRANSFERRED BETWEEN HOSPITALS FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY

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Background: Patients are routinely transferred to the Royal Glamorgan Hospital (RGH) for percutaneous transhepatic cholangiography (PTC). The procedure has indication in the relief of obstruction, most commonly in cholangiocarcinoma, ampullary and pancreatic malignancies. The procedure is commonly palliative, although can be used in the treatment of benign strictures (1).
In a seven month time period there were ten patients transferred to RGH for a PTC procedure. The patients were accepted under the UGI team prior