the Wilson criteria is to detect disease that could be treated at an early stage. This audit aimed to measure the effectiveness of the upper age screening extension in Shropshire by comparing the cancer diagnosis rate to general screening population, size of cancer, and the ability to perform breast conservation.
Methods: Retrospective analysis of Breast Screening age extension of women invited to be screened aged 71 to 73 years old in Shropshire. Data included number of women invited, uptake rate, recall rate, cancer diagnosis and surgical treatment.
Results: 5517 older women were invited into Shropshire Breast Screening Programme as part of the AgeX trial by PHE since September 2014. 4801 women attended and were screened; 87% uptake rate, which exceeds BSP attendance rate of >80%. 104 women were recalled to assessment (2.1%) which is below BSP standard of <5% recall rate for incident screens. 46.1% (48) of women recalled to assessment were given a cancer diagnosis, this is compared to 30.5% in general screening population. 41.6% of the invasive cancer was <15mm. 95.8% of patients had surgery, with 70.8% of patients having breast and axillary conservation surgery.
Conclusion: BSP Standards uptake rate and recall rate have been exceeded by upper age extension. Our experience shows high cancer pick up rate of small cancers with the majority patients able to have breast conserving surgery.

61.
A COMPARATIVE STUDY OF MPNST ARISING SPORADICALLY AND IN PATIENTS WITH NF-1

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Background: Malignant peripheral nerve sheath tumours (MPNST) are a rare soft tissue sarcoma originating from the peripheral nerves. They can either arise sporadically or be associated with a germline mutation in the NF-1 gene. We wanted to analyse if there was a difference in outcome between these two groups of patients with this disease treatment.
Method: All patients treated at the Royal Marsden Hospital between 2010 – 2015 with MPNST were identified and analysed in this retrospective review. Kaplan Meier survival curves were constructed on patients with NF or sporadic MPNST.
39 patients were included in the analysis with a 2:1 male female ratio. The median age at diagnosis was 42 years and 46% of patients were NF positive. The site of tumour growth was equally distributed between trunk and limbs; 19 tumours were located in the trunk, 14 in the leg, 5 in the arm and 1 in the head/ neck.
Results: 29 patients were operable (74.3%), 3 had metastases at diagnosis and 7 had locally advanced disease. 28 patients underwent surgery with curative intent; 6 had neoadjuvant radiotherapy and 8 had radiotherapy post op.
75% of patients receiving surgery alone were alive at 4 years. Prognostic factors comparing both groups of patients are shown in table 1. Median OS in patients with NF 1 was 24.5 months compared with 48 months in non NF-1 tumours.
Conclusion: Despite similar standard prognostic features between the two cohorts, patients with NFI-1 had much poorer survival suggesting an intrinsic negative effect on outcome.

86.
THE IMPACT OF PRE-OPERATIVE BILIARY DRAINAGE ON POSTOPERATIVE OUTCOMES IN PATIENTS UNDERGOING SURGERY FOR PANCREATIC CANCER, A RETROSPECTIVE SINGLE CENTRE STUDY

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Background: The optimum management of jaundice in patients with resectable pancreatic cancer remains controversial. Whilst pre-operative biliary drainage is often a helpful bridge to surgery, it reportedly increases the morbidity rate when compared to upfront surgery. This retrospective study, evaluated postoperative outcomes in this cohort of patients with and without pre-operative biliary drainage.
Methods: All patients who underwent surgery for pancreatic cancer with a curative intent in a single tertiary centre over a 5-year period were included. Patients were stratified into those who underwent pre-operative biliary drainage (endoscopic retrograde cholangio-pancreatography or percutaneous transhepatic cholangiography) and those who received upfront surgery. Information collected included demographic data, biochemistry results and post-operative course. The main outcomes were post-operative complications, length of stay and mortality.
Results: A total of 113 patients undergoing surgery with curative intent met inclusion criteria. There was an equivalence of male and female patients with a mean age of 64 years. The mean Charlson comorbidity index was 4.7 and the mean ASA grade was 1.8. The mean serum bilirubin level was 127. Seventy-eight (69%) patients underwent pre-operative biliary drainage. Biliary drainage was associated with a significant increase in intra-operative blood loss (P=0.005). However, there was no significant difference in post-operative complications, length of stay or mortality.
Conclusion: Pre-operative biliary drainage was performed in two-thirds of patients in this cohort and was associated with a significant risk of intra-operative blood loss. However, it had no impact on the overall post-operative course including post-operative complications, prolonged length of stay or mortality.

BASO~ACS Prize Papers Monday 18th November 2019, 09:00 to 10:00

18.
ORTHOTOPIC LIVER TRANSPLANTATION FOR INTRAHEPATIC CHOLANGIOCARCINOMA: A SYSTEMATIC REVIEW & PROPORTIONAL META-ANALYSIS

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Background: Prognosis for intrahepatic cholangiocarcinoma (iCCA) has improved little in recent decades, despite increasing incidence. Initially hypothesised as an ideal treatment option for iCCA, orthotopic liver transplantation (OLT) has been largely abandoned due to the extremely poor survival rates reported by early studies. Recent studies have however reignited the discussion surrounding OLT for iCCA, especially in the setting of 'early' iCCA & when treated with neoadjuvant chemoradiation.
Methods: A search of the MEDLINE, EMBASE, Scopus and Web of Science databases was conducted and data were extracted from relevant studies. A proportional meta-analysis was performed to pool the 1, 3- and 5-year survival and disease recurrence rates, reported following OLT for iCCA.
Results: Eleven studies comprising 215 patients were eligible for final analysis. The pooled 1, 3- and 5-year overall survival rates following OLT were 69.1% (95% CI 56.5 – 79.5), 46.3% (95% CI 34.7 – 58.4) and 37.2% (95% CI 26.6 – 49.3). The pooled recurrence rate post-OLT was 43.3% (95% CI 33.9 – 53.2). Treatment with neoadjuvant chemoradiation prior to OLT resulted in increased long-term survival, whilst finding of iCCA incidentally on explant specimen had no effect on long-term outcomes.
Conclusions: Long term survival outcomes following OLT for iCCA are poor, and disease recurrences rates are high. Although recent studies have shown improved survival when OLT is combined with neoadjuvant therapy, these are limited in scope and number. Superior outcomes have been reported following OLT for 'early' iCCA, these outcomes could potentially be improved further with incorporation of a neoadjuvant treatment protocol.

27.
THE MATRIX METALLOPROTEINASE SYSTEM IN COLORECTAL CANCER PROGRESSION AND 15-YEAR SURVIVAL

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Background: The matrix metalloproteinase (MMP) system is involved in tumour invasion and metastasis in colorectal and other cancers. The MMP