



BASO~The Association for Cancer Surgery Annual Scientific Meeting 16th-18th November 2019

Abstracts for presentation at the BASO Skills Day on Saturday 16th November 2019

BASO Trainees Proffered Prize Papers

Saturday, 16th November 2019, 09.00 to 09.25

63.

DOES PRE-OPERATIVE ANTI-COAGULATION THERAPY IMPACT MORBIDITY FOLLOWING REGIONAL LYMPH NODE DISSECTION?

Jennifer Allan, Richard Thompson. *Glasgow Royal Infirmary, Glasgow, UK*

Background: Lymph node dissection is the gold standard treatment for those with metastatic deposits in regional lymph nodes despite conferring significant morbidity, with complication rates between 30–40% in the literature. Anecdotally in our unit, therapeutic anti-coagulation pre-operatively appeared to increase complications. The aim was to establish the complication rate within our regional plastic surgery unit following lymph node dissection and whether this increased in patients anti-coagulated pre-operatively.

Method: Retrospective patient list was generated from patients undergoing regional lymph node dissection between January–December 2018. Database was compiled with patient demographics, procedures, complications and re-intervention. Unpaired t-test was performed to determine significance.

Results: 47 patients underwent regional lymph node dissection. 6 were anti-coagulated with either LMWH or NOAC. Primary malignancies included melanoma (n=31), breast carcinoma (n=10), SCC (n=4) and Merckel's cell carcinoma (n=1).

The complication rate was 40.4% with a re-intervention rate of 78.94%. Patients with primary melanoma had the highest complication rate at 45.16%. Those undergoing inguinal dissection had the highest morbidity based on anatomical location at 50%. Patients on anticoagulation experienced a complication rate of 66.66% (p 0.1678).

Conclusions: Overall, complication rates were comparable with those in the literature. Complications were more frequent in those with a primary melanoma, which is likely due to a higher median age and associated comorbidities. Those anti-coagulated pre-operatively were shown to have a higher complication rate. However, due to small sample size, this was not statistically significant. It is hypothesised this may be explained by a higher rate of comorbidities associated with anti-coagulation requirement.

73.

THE ROLE OF ETHNICITY IN COLORECTAL CANCER SCREENING UPTAKE: A SYSTEMATIC REVIEW

Harpreet Kaur Sekhon¹, Inderjit Singh¹, Nikhil Lal², Nikhil Pawa¹. ¹West Middlesex University Hospital, Isleworth, UK; ²Sheffield Teaching Hospital NHS Foundation Trust, Sheffield, UK

Background: Bowel Cancer Screening aims to reduce mortality from colorectal cancer (CRC), however, uptake remains low and disproportionate. Ethnicity is thought to contribute to this and can depend on modality of screening. We performed a systematic review to summarise and clarify the impact of ethnicity on CRC screening uptake Worldwide.

Methods: EMBASE and MEDLINE databases were searched until May 2019 to identify studies reporting on the odds ratio of uptake (OU) for ethnic minority groups in CRC screening compared to their majority ethnic counterpart.

Results: Twenty-nine studies were included with a total of 3,994,081 (Range: 163–1,756,714) participants. The majority of studies were carried out in the USA (24/29) and compared Black (19/29), Hispanic (14/29) and Asian (15/29) minorities to the reference White population. Irrespective of screening modality, Hispanics (57.14%) and Asians (53.33%) had a significantly lower OU. Hispanics had an especially low OU with FIT/FOBT (66.67%) while this was true for Asians with endoscopic screening (57.14%). 63.16% of studies suggest that there is no association between black ethnicity and screening uptake.

Conclusion: This is the only review focusing on the impact of ethnicity on CRC screening uptake. It demonstrates that uptake varies with Ethnicity and modality of screening. Substantial variation in the size of studies and categorisation of ethnicities was observed. A move to international standardisation of ethnicity classification and routine collection of demographics including ethnicity in bowel cancer screening programmes worldwide will better understand this impact and direct research to reduce health inequality in multi-ethnic populations.

81.

ROBOTIC MULTI-VISCERAL RESECTION FOR LOCALLY-ADVANCED RECTAL CANCER INVADING OTHER VISCERA

Samuel Stefan, Najaf Siddiqi, Marieke Rutgers, Syed Naqvi, Jim Khan. *Queen Alexandra Hospital, NHS Portsmouth, Portsmouth, UK*

Background: Laparoscopy is seen as a relative contraindication for locally-advanced (T4) rectal cancers invading into other viscera. This is a prospective, descriptive case series with literature review, to determine feasibility of robotic multivisceral resection for locally advanced rectal cancers, including clinical and oncological outcomes.

Method: 21 patients underwent total robotic anterior resection with en-bloc resection of other viscera in a single UK robotic centre between 06/2013–07/2018. Patient demographics, comorbidities, endoscopy, preoperative imaging, operative data, perioperative findings, histopathology, duration of hospital stay, and postoperative complications were noted.

Results: 21 patients included (median age: 74; male:female 1.6:1); median body mass index: 28.5 kg/m²; 77% tumours were in the mid/lower rectum; 7 patients received long-course chemoradiotherapy and 7 short-course preoperative radiotherapy. En-bloc resected viscera included ovaries, uterus, vagina, seminal vesicle, prostate, bladder, small bowel. 7 patients had permanent stoma. Median length of hospital stay: 6 days. 2 patients required postoperative intensive therapy unit admission. There were 3 readmissions in the postoperative period, primarily due to postoperative nausea & vomiting, high output stoma, poor pain management. R0 resection was achieved in 19/21 patients. Of the remaining, one with a positive margin developed local recurrence on follow-up, while the other remained disease-free at 21-month follow-up; no 90-day mortality.

Conclusion: The first reported series of robotic rectal cancer surgery for