Background: MicroRNAs have potential as urinary biomarkers for the non-invasive identification of new and recurrent bladder cancer. Unprocessed RNA rapidly degrades and the standard procedure for stabilising RNA cannot be performed in outpatient clinics. We compared a novel method of urinary sediment filtration and RNA stabilisation to the gold standard.

Method: Pooled normal urine samples were divided into 30 ml aliquots and either immediately filtered and stored in lysis buffer at 20°C, or stored at 20°C and either filtered or centrifuged prior to disrupting the cells in lysis buffer. Samples were between baseline and 48 hrs or 7 days then transferred to -80°C. RNA was extracted and reverse transcribed. MicroRNA and mRNA transcripts were quantified by real-time PCR.

Results: MicroRNA copies decreased by >50% within 48hrs in filtered and centrifuged samples stored at 20°C. Filtration was superior to centrifugation and RNA copy was maintained in the stabilising buffer for 48hrs at 20°C. Time course experiments extended to 7d this showed no significant alteration in copies for microRNA or mRNA.

Conclusion: The urine filter method is superior to centrifugation and can incorporate a lysis and stabilisation step as a simple, reproducible approach to obtaining RNA in an outpatient clinic.

Discussion: Vulvectomy is largely abandoned due to severe psychosexual sequels. The current standard practice is WLE. Laser ablation is more cosmetically acceptable and should be considered on younger women. Imiquimod and PDT are effective in short-term, but further prospective studies needed to establish long-term efficacy.

Background: There is no single best treatment. Specific treatments should be tailored to individual patients depending on nature of VIN, clinician’s experience and patients’ preference.

0198 ACCESS TO NOVEL CANCER SURGERY: IS IT EQUITABLE?
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Background: A better understanding of factors influencing the uptake and dissemination of new surgical procedures is essential in order to reduce variation and improve quality of care. Purpose: To use Hospital Episode Statistics to monitor regional variation in access to novel surgical procedures for cancer therapy.

Methods: We focused on the 12 cancer-related new procedures for which NICE has produced guidance and which directly match procedure codes in the OPCS-4 interventional procedures classification system. We then used Hospital Episode Statistics (HES) data to analyse relevant healthcare activity from 2000 to 2009.

Results: Procedure use is driven initially by ‘early implementer’ hospitals but diffuses over time. Regional variation is associated with the presence of innovator hospitals, without a systematic under- or over-utilisation between different English regions.

Conclusion: The diffusion of new interventional procedures is led by innovator hospitals but appears to follow no other systematic geographical pattern. In their infancy, surgical procedures remain strongly restricted to the regions surrounding ‘innovator hospitals’. A patient’s access to a novel interventional procedure for cancer treatment is therefore determined by their region of residence. Monitoring of procedure use is constrained by the lack of specific codes for new procedures, and we strongly support initiatives for the timely creation of such codes.

0200 IS THERE A ROLE FOR ABDOMINAL RADIOGRAPHS IN THE INITIAL ASSESSMENT OF PATIENTS PRESENTING WITH NON-TRAUMATIC ABDOMINAL PAIN?
Venkitaraman Sathy, Kunal Shetty, Mac Armstrong. Plymouth Hospitals NHS Trust, Plymouth, Devon, UK

Aim: Abdominal radiographs (AXR) are indiscriminately requested despite it having a low diagnostic yield. The aim was to determine the proportion of patients presenting to the Surgical Admissions Unit (SAU) with non-traumatic abdominal pain who underwent AXR with abnormal findings at the time of initial assessment.

Methods: The audit was for a period of two months where data was collected prospectively and all AXRs were reported by a single consultant radiologist.

Results: A total of 515 patients presented to SAU with non-traumatic abdominal pain during the study period and 32.4% of them underwent an AXR on admission as part of the initial assessment. Our analysis showed that a higher percentage (54.1%) of elderly patients underwent an AXR. Only 16.8% of all AXRs detected abnormalities while the rest were either reported as normal or had non-specific findings.

Conclusion: We conclude that AXR should not be used as a routine screening tool for patients presenting with the above as it has a low diagnostic yield. Other modalities such as ultrasonography scans or computerised tomography scans as the primary imaging modality must be considered if indicated. Better education and awareness among junior doctors could further reduce the proportion of patients undergoing unnecessary AXR.

0203 BREAST CANCER AND ATYPICAL HYPERPLASIA IN REDUCTION MAMMOPLASTY SPECIMENS: 10-YEAR EXPERIENCE
Samuel Coulson 1, Amit Goyal 2, Kim Sovarana 3, Malcolm Reed 4, Chris Caddy 2, 1 Sheffield Medical School, Sheffield, South Yorkshire, UK;
SIGNIFICANT IMPROVEMENTS IN THE QUALITY OF LIFE ASSESSMENT FOLLOWING ADENOTONSILLECTOMY FOLLOWING CRITICAL INCIDENT FORM REPORTING IN SURGICAL SPECIALITIES

Rishi Mandavia 1, Gada Yassin 2, Tony Jacob 3, Kings College London School Of Medicine, London, UK; 1 University Hospital Lewisham, London, UK

Introduction: The feedback loop plays an integral role in the improvement of patient care resulting in system improvements and corrective actions. A significant feature involves feedback to the reporter with noticeable actions and interventions. However, current consensus is that the feedback process rarely occurs and this can have a negative impact especially in the high risk arena of surgery.

Aim: To identify the degree of feedback and action following the submission of critical forms in the General Surgery, Orthopaedics and ENT surgical departments in a London teaching hospital.

Method: Data was collected from departmental Risk Leads as well as from the Risk Department and subsequently analysed.

Results: On average ≥58% of incident reporters did not receive any form of feedback following their report. Furthermore, on average 61% of incidents did not result in any action taken. Surprisingly, no correlations were obtained showing an increase in the percentage of incidents evaluated as incident risk assessment score increased.

Conclusion: The degree of feedback and action following incident reporting in the General Surgery, Orthopaedics and ENT surgical departments is insufficient. It is crucial therefore to correct the problems highlighted by this study. Recommendations have been made based on review of the literature.

0204 FEEDBACK FOLLOWING CRITICAL INCIDENT FORM REPORTING IN SURGICAL SPECIALITIES

Rishi Mandavia 1, Gada Yassin 2, Tony Jacob 3, Kings College London School Of Medicine, London, UK; 1 University Hospital Lewisham, London, UK

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0205 QUALITY OF LIFE ASSESSMENT FOLLOWING ADENOTONSILLECTOMY FOR OBSTRUCTIVE SLEEP APNOEA IN CHILDREN

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Aim: To use a validated quality of life (QOL) questionnaire to assess the impact of adenotonsillectomy on QOL of children with obstructive sleep apnoea (OSA).

Method: Forty-six children treated with adenotonsillectomy for OSA were used. OSA was diagnosed via overnight pulse oximetry. The QOL questionnaire used was adapted from the 6-item instrument developed by de Serres et al (2000). Patient carers completed the questionnaire via telephone. The questionnaire contained six questions, each assessing the improvement of a specific domain following adenotonsillectomy. Domains included: physical suffering, sleep disturbance, speech/swallowing problems, emotional distress, activity limitations and caregiver concerns. Carers scored each domain on a point scale ranging from “none” (0) to “couldn’t be more” (6).

Results: The QOL of all children improved after surgery. The greatest average improvement scores were in: caregiver concern, physical suffering and sleep disturbance. The modal questionnaire score was 4 (corresponding to an improvement score of “quite a bit”) and the overall average questionnaire score was 4.2, corresponding to an overall QOL improvement score of “quite a bit”.

Conclusion: Adenotonsillectomy provides measurable improvements in QOL of children with OSA. All children’s QOL improved following adenotonsillectomy with greatest QOL improvements in caregiver concern, physical suffering and sleep disturbance.

0206 ONE STOP VASCULAR CLINICS WOULD IMPROVE WAITING TIMES FOR PATIENTS REQUIRING VENOUS SURGERY

Subramanian Nachiappan, Saradamal Lingachetti, Caris Grimes, Stephen Black, St Helier Hospital, Carshalton, UK

Introduction: To evaluate whether having a dedicated Doppler ultrasound service within vascular clinics would reduce waiting time for venous surgery.

Method: A six month retrospective study of 40 patients who have had venous surgery, comparing the interval between first outpatient appointment (OPA) and operation. One consultant is trained in Doppler ultrasonography and does his own investigations with a portable device in his clinic.

Results: Patients were split into three distinct groups: A) 1st OPA (Doppler done by consultant in clinic) directly to Theatre; B) 1st OPA to Outpatient Doppler to Theatre; C) 1st OPA to Outpatient Doppler to 2nd OPA to Theatre. The groups had 16, 13, and 11 patients respectively. The mean time to surgery (days) were A: 82.9 (CI 95% 58.3 – 107.6), B: 116.3 (CI 95% 94.2 – 138.4) and C: 128.5 (CI 95% 104.9 – 152.0), (p = 0.0148, one-way ANOVA).

Conclusions: Having ultrasonography in vascular clinics clearly shortened waiting times. Options to make this service possible include training the vascular specialist in ultrasonography or having a dedicated ultrasonography service in the clinic. This is also cost-effective, saving an estimated £3124 per annum on follow-up appointments, and would leave these appointments available for other patients.

0208 THE MIGRATORY AND MITOTIC BEHAVIOUR OF GLIOMA STEM CELLS IN VITRO: OPTIMISATION OF LIVE-CELL TIME-LAPSE MICROSCOPY

James Barnett, Omar Pathmanabant, Ian Kamaly-Asl, Brian Bigger, University of Manchester, Manchester, UK

Gliomas are the most common primary brain tumours. They are composed of invasive, neoplastic, neuroglial cells and the most prevalent subtype is glioblastoma multiforme (GBM), a malignant, diffusely invasive astrocytoma with a poor prognosis (~12 month survival). Here the motility and mitotic divisions of a rare population of tumorigenic cancer stem cells from GBM tumours were studied in vitro. The aim was to optimise a time-lapse microscopy technique for imaging live cells in serum-free, defined culture medium and provide a baseline for future mechanistic studies of cancer stem cell migration/invasion and proliferation. A method was optimised to image individual cells in an environmentally controlled chamber as subconfluent, adherent monolayers on a laminin substrate over 24 hours. The cells were tracked using image-analysis software. The baseline distances, speed of migration and the number of mitotic divisions for 6 GBM stem cell lines from different