BASO Trainees Oral Presentation Session

**0307: BENEFIT OF PERCUTANEOUS Nephrostomy IN MALIGNANT URERETIC OBSTRUCTION**

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Introduction: Percutaneous nephrostomy (PCN) for malignant ureteric obstruction is an effective method of urinary diversion. There are no guidelines/selection criteria to guide decision-making; particularly in recurrent/advanced disease. Watkinson et al. stratified patients into 4 groups. We aimed to identify survival benefit and morbidity following PCN for malignant obstruction.

Methods: We identified 86 patients stratified them as per Watkinson et al. - Group I: non-malignant complication from previous surgery/radiotherapy (14 patients), II: untreated primary (20), III: relapsed disease viable treatment option (28) and IV: relapsed disease no treatment option (24).

Most common primary tumour was bladder (34%), 43% were elective, 57% emergency (sepsis 34%, AKI/Hyperkalaemia 57%).

Results: Median survival post-PCN was 35.5 days in Group IV versus 212 and 207.5 days in Groups II and III. 1-year survival was 0% in Group IV, 20% in II and 16% in III. 76% group IV patients had nephrostomies in-situ at death (6% Group I, 10% Group II, 50% Group III). 26 patients required readmission for complications.

Conclusions: Patients with relapsed malignancy and no conventional treatment option have a shorter survival than Groups I-III. Additionally, 30% of all patients are readmitted with related complications. The decision for PCN should be based on prognosis and available treatment options whilst considering individual patient’s comorbidities and wishes.

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**0209: GENOMIC AND PROGNOSTIC ASSOCIATIONS OF E-CADHERIN IN BREAST CANCER: AN IMMUNOHISTOCHEMICAL STUDY OF 3273 PATIENTS, SYSTEMATIC REVIEW AND META-ANALYSIS**


Few sufficiently powered studies have been published on the significance of E-cadherin in breast cancer survival, generating conflicting evidence. The relevance of loss of CDH1 relative to genomic subtypes of breast cancer has not been systematically investigated. We assessed CDH1 alterations and protein expression relative to IntClust subtypes in 732 patients from The Cancer Genome Atlas. E-cadherin protein expression was significantly lower in patients with CDH1 mutations compared to wild type (p < 0.0001). Prevalence of mutations were more common in IntClust 3 (8.4%), and IntClust 8 (11.4%), compared to other subtypes (p < 0.0001).

Furthermore, we performed a systematic review and meta-analysis of 1299 articles from the PubMed database. We included 36 published studies, with data on 5070 patients, as well as unpublished patient-level data from an additional 3272 patients from the SEARCH and NEAT studies. Reduced E-cadherin expression was significantly associated with increased all-cause mortality (HR 1.22, 95% CI 1.04 – 1.44; p = 0.02) and breast cancer specific mortality (HR 1.18, 95% CI 1.02 – 1.35; p = 0.02).

E-cadherin expression is strongly influenced by mutation and modestly influenced by methylation, with little contribution from copy number alterations. We demonstrate that reduced E-cadherin expression is a significant predictor of poor survival, albeit with a relatively small effect size.

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**1165: IMPACT OF EARLY POSTOPERATIVE COMPLICATIONS ON DISEASE FREE SURVIVAL AFTER MAJOR RESECTION OF COLORECTAL CANCER**

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Background: Impact of early postoperative morbidity from colorectal cancer surgery is unknown. This study aimed to determine whether pre-specified complications impacted disease free survival after resection of colorectal cancer.

Methods: Patients undergoing surgery with curative intent for colorectal cancer over 2 years were included. Pre-defined complications recorded were anastomotic leak, hospital acquired pneumonia(HAP), surgical site infection(SSI) and ileus. Primary endpoint was 3-year disease free survi-

Results: Of 220 patients, 55% underwent surgery for a colonic cancer. The 30-day mortality rate was 0.9%(n = 2) and positive resection margin rate 5.9% (3.3% colon, 9.1% rectum). The overall complication rate was 56.3%. Specific complication rates were 11.3% anastomotic leak, 11.8% HAP, 15.0% SSI and 13.2% ileus. Including patients undergoing anasto-

Conclusion: HAP and anastomotic leak decrease disease free survival to a level comparable to that of a positive resection margin. Further strategies ought to target reduction in perioperative complications.

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**0434: IMPACT OF Lymphoedema ON QUALITY OF LIFE FOLLOWING RADICAL LYMPH NODE DISSECTION FOR PENILE CANCER**


Aim: Inguinal and pelvic lymphadenectomy in penile cancer can result in significant lymphoedema. The aim of this study was to assess the impact of any lower limb and/or genital lymphoedema on quality of life using a validated questionnaire.

Method: Between June and December 2015, 26 patients who attended clinic for surveillance following their lymph node surgery were asked to complete the validated LYMQLQ LEG questionnaire. 16 had both inguinal and pelvic lymph node dissections. 12 had adjuvant inguinal +/- pelvic chemoradiotherapy.

Results: Median patient age was 62 years (range 47 – 82). Median time since nodal surgery was 25 months (2 – 90). Functional questions scored poorer overall. Comparing inguinal lymphadenectomy only to inguinal and pelvic lymphadenectomy, 22% men averaged a poor overall score on the functional domain compared with 50%. For the appearance domain it was 11% vs 13%, symptoms domain 11% vs 25%, and mood domain 0% vs 38%. Multiple logistic regression analysis showed a statistically significant cor-

Conclusions: Inguinal and pelvic lymphadenectomy in penile cancer im-

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