(0.73-0.81) vs. 0.68 (0.63-0.72) for G6. The sensitivities for MR-PSAD <0.1 mcg/l/cc were 85%, 92% and 91% respectively.

**Conclusion:** MR-PSAD is a significantly better predictor of biopsy outcomes than PSA.

**0948: OUTCOMES FOR TRANSPERINEAL TEMPLATE GUIDED PROSTATE BIOPSY**

M. Ahmed*, N. Thakare, F. Chinegwundoh, Bart's NHS Trust, UK

**Aim:** Transperineal template prostate biopsy (TMP) is gaining increasing popularity as a diagnostic modality for prostate cancer (CaP). We aim to present our audit data for TMP performed on patients with elevated prostate specific antigen (PSA) and previous negative transrectal ultrasound guided prostate biopsy (TRUS).

**Methods:** Data has been collected retrospectively for 327 patients undergoing TMP at Bart’s and the London NHS Trust over a 6 year period (2009 - 2014).

**Results:** Mean age of patients was 65 years (45 - 83) with 5.2% undergoing their first biopsy and at least 11.9% for restaging. Mean corrected PSA was 13.9 (0.05 – 132) and an average of 38 cores were taken per biopsy. Positive histology was reported in 37% hence providing a significant cancer detection rate with majority of the previous negative TRUS biopsies attributing to larger prostates. The probability of detecting significant prostate cancer in larger prostates with multiple previous negative TRUS biopsies (>4) is rather low but we cannot comment on its clinical significance.

**Conclusion:** From our data we suggest that while TMP provides significant cancer detection rate it may be worth considering earlier TMP in cases of previous negative TRUS biopsies.

**Posters: Vascular/Endovascular Surgery**

**0062: ESTABLISHING THE ROLE OF SERIAL FDG-PET/CT IN ASSESSING RESPONSE TO ANTIBIOTICS IN PATIENTS WITH INFECTED PROSTHETIC VASCULAR GRAFTS**

A. Mitra*, T. Wagner, J. Constantinou, M. Davis. Royal Free Hospital, UK

**Aim:** Evaluation of serial 18F-fluorodeoxyglucose positron emission/computed tomography (FDG-PET/CT) in monitoring response to treatment in infected grafts.

**Methods:** Seven patients with infected aortic grafts on long-term antibiotics underwent serial FDG-PET/CT, from February 2013–July 2014. Scans were evaluated for pattern, grade of uptake from one(not infected) to five(definite infection) and maximal standardised uptake value (SUVmax). The clinical course was retrospectively reviewed.

**Results:** All patients had two scans, four patients had three and one patient had five scans. Qualitatively, the intensity of FDG uptake reduced with time. The median uptake grade in the first scans was 4 compared to 2 in the second. There was no difference in the mean SUVmax between groups (9.6 ±4.7 versus 8.5 ±4.1) p=0.37, nor a significant reduction in SUVmax with time, p=0.97. Results after three scans demonstrated a reduction in grade of uptake (4.5, 3.5, 3 respectively) but no difference in SUVmax between groups, p=0.99. Conclusion: The reduction in grade of FDG uptake may represent a reduction in the overall extent of infection. As all scans remained positive, despite a clinical improvement, it may be that FDG-PET/CT is not a useful modality in monitoring clinical response to antibiotic therapy in patients with infected vascular grafts.

**0119: AUDIT OF COMPLIANCE WITH THE VSGBI QUALITY IMPROVEMENT FRAMEWORK FOR MAJOR LIMB AMPUTATIONS AT THE ROYAL CORNWALL HOSPITAL**

H. Modi*, J. Lynch, K. Woodburn. Royal Cornwall Hospital, UK

**Aim:** To assess compliance with the VSGBI Quality Improvement Framework (QIF) for major amputation surgery at the Royal Cornwall Hospital.

**Methods:** The records of all patients undergoing major lower limb amputations between October 2012 and October 2013 were retrospectively reviewed. Perioperative care was assessed in relation to the criteria outlined in the QIF.

**Results:** 26 patients underwent major lower limb amputations during the audit period, of which 19 were male. The median age was 72 years (range: 48-91). 15 patients underwent a BKA and 11 underwent an AKA. Pre-operatively, 77% were assessed by a consultant anaesthetist and 58% were assessed by the rehabilitation team. 88% were prescribed VTE prophylaxis. 27% of cases were performed on an emergency list, of which 71% had their procedure within 48 hours. All patients were anaesthetised by a FRCA-qualified anaesthetist and all were operated on by a suitably trained surgeon. Post-operatively, all patients were reviewed by the rehabilitation team. The 30-day mortality rate was 12%.

**Conclusion:** Whilst our institution met many of the target criteria outlined in the QIF, there were a number of shortcomings. In order to address these deficiencies, we propose an “Amputation Pathway” which encapsulates all aspects of the quality improvement framework.

**0189: OUTCOMES OF REGIONAL TRANSFERS OF RUPERTED ABDOMINAL AORTIC ANEURYSMS**

V. Proctor*, M. Lee, A. Nassef. Sheffield Vascular Institute, UK

**Aim:** Vascular services are provided on a centralised basis. The VSQIP programme has improved mortality after AAA repair but local experience suggests those transferred with a ruptured AAA have increased morbidity.

**Methods:** We compared morbidity and 30-day mortality for operated ruptured AAs at our unit over a two-year period. Occurrence of transfer and distance (as a proxy for time) to definitive care were recorded. Distance to definitive care was calculated from home postcode to local hospital and then to vascular centre.

**Results:** Transfer did not statistically increase mortality (p=0.59), but was associated with increased morbidity (p=0.06). ROC curve analysis suggested the highest rate of complications was seen in those who travelled more than 8.9 miles. Distance to care of more than 13.9 miles was associated with serious complications such as ischaemic colitis and those affecting extremities.

**Conclusion:** Our results suggest no difference in mortality related to transfer, but distance to definitive care is associated with increased risk of complications. We did not consider management during transfer or pre-operatively, both of which impact on outcome. We plan further work to look at pre-transfer management and the development of post-