endpoint was the adverse event rate and secondary endpoints were length of operation, length of hospital stay, rate of complex findings at appendicectomy, rate of post-operative collection, wound infection and conversion. A subgroup analysis was conducted for laparoscopic surgery.

**Results**: 13 studies of 37505 appendicectomies were included. 23641 (63.0%) appendicectomies were performed by trainees. The total adverse event rate was 12.0%. Overall, the trainee group had a lower rate of adverse events (10 studies, OR 0.73, p < 0.05) and a lower rate of post-operative collection (OR 0.63, p < 0.01) compared to the expert group. There was no difference in rate of wound infection. Trainees took longer to perform appendicectomy (7 studies; WMD 72.1, p < 0.05). In the laparoscopic subgroup (8 studies), there was no significant difference in adverse event rate.

**Conclusion**: In selected cases, open and laparoscopic appendicectomy can be safely performed by trainee surgeons, with only a small increase in operation time.

**0385: Reducing Allograft Rejection in Patients with HIV: Immunosuppressing the Immunocompromised**

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**Aim**: We live in the HAART-age, where a new ageing population with HIV has emerged, warranting the need for transplantation. Lower graft survival and increased rejection rates have been observed in seropositive patients. We explore the significance of allograft rejection in the immunocompromised transplant recipient.

**Methods**: Multiple databases were systematically searched (inception to October 2014) using keywords: HIV-positive, Recipient, Donor, Transplantation, Kidney, Liver, and Rejection.

**Results**: Seropositive recipients demonstrated comparable and favourable outcomes in patient survival (85–100%, 1-year and 82–100%, 3-years) and graft survival (75–100%, 1-year and 71–96%, 3-years). Liver transplants in seropositive patients reported acceptable outcomes in patient survival (70–100%, 1-year and 50–100%, 3-years) and graft survival (83–100%, 1-year and 64–83%, 3-years). However, HIV status was significantly associated with reduced patient and graft survival, and higher rates of treated acute rejection (p < 0.001) with rejection rates >40%. Higher incidence of DSA positivity (p < 0.001) and C4d positive renal biopsies (p = 0.001) were observed in seropositive groups.

**Conclusion**: Seropositive patients appear to mount a strong immunological response despite their immunodeficiency. Preliminary evidence suggests cross-reactivity between donor-alloantigen and HIV-antigen may explain the heightened rejection in some HIV-positive patients. More potent immunosuppression at induction and appropriate maintenance therapy is required to improve graft and patient outcomes.

**0735: Patterns of recurrence in breast cancer based on clinically relevant molecular subtypes**

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**Aim**: To evaluate recurrence patterns in luminal, Her2-overexpressing, and triple negative breast cancer (TNBC). Are early or late recurrences more aggressive?

**Methods**: Recurrences from January 2009 – January 2014 from breast cancer resections from January 1988 - January 2013 were included. Of 272 patients, receptor status data was available for 112. Survival was calculated using log-rank test. Median follow-up was 9.40 years (IQR: 6.10 – 14.56). Disease recurrence was early (<5 years) or late (>5 years).

**Results**: In luminal type, n = 51/80 (65%) recurred early, with a median survival of 40 months (95%CI:16–63); in late recurrences, median survival was 29 months (95%CI:24–33) (p = 0.576). In TNBC, n = 17/23 (74%) recurred early, with a median survival of 19 months (95%CI: 3 – 35). After late recurrence, median survival was 23 months (95%CI: 3 – 43) (p = 0.900). In Her2-overexpressing type, 8/9 recurred early, median survival of 21 months (95%CI: 18–23).

**Conclusion**: Although not statistically significant, there was a trend towards better survival in early recurring Luminal type versus TNBC. In late recurrences, the difference was not appreciable. TNBC behaves more aggressively, with earlier recurrence and poorer prognosis. However, inversely to the Luminal type, late recurrences do not behave as aggressively.

**0894: Meta-analysis of mortality after subthalamic versus pallidal deep brain stimulation in patients with Parkinson's disease**

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**Aim**: Deep brain stimulation (DBS) is an effective surgical treatment for patients with advanced Parkinson disease (PD). Our study aims at comparing mortality after subthalamic (STN) and pallidal (GPi) deep brain stimulation (DBS).

**Methods**: We searched PubMed for clinical trials comparing STN DBS and GPi DBS. Death events were pooled as risk ratio in fixed effect model using RevMan 5.3. Subgroups analysis was performed according follow up duration.

**Results**: Four clinical trials (479 patients) met our inclusion criteria. The overall relative risk favored GPi DBS than STN DBS (RR = 0.27, 95% CI [0.13, 0.59]) with statistical significance (P = 0.001).

**Conclusion**: Death was more common after STN DBS than GPi DBS in PD patients. Since most of death cases were due to postoperative complications not related directly to stimulation, our results highlight the importance of considering postoperative complication while choosing surgical target for PD patients.

**Posters: Basic Science Including Anatomy**

**0296: A retrospective audit on pre-operative optimization of anaemia in elective surgical patients at the countess of chester hospital**

W. Wong 1, J. Leong 1, J. Rao 1, 1 University of Liverpool, UK; 2 Countess of Chester Hospital, UK

**Aim**: Anaemia is a global problem that affects about 25% of the population. Several studies have shown that preoperative anaemia gives a poor surgical outcome and is now recognized as a modifiable risk factor for surgery. We have conducted a retrospective study, which looked at the association between preoperative anaemia and blood transfusion as well as length of stay of all elective surgical patients at the Countess of Chester Hospital between February 2014 and August 2014.

**Methods**: 1409 cases were included cases in this study and data were collected using the hospital electronic system and as per hospital guidelines.

**Results**: Preoperative anaemia is strongly associated with blood transfusions post surgery (odd ratio 14.9, confidence interval 8.7–25.4, p < 0.0001). Anaemic patients who underwent orthopaedics (median 3.0 days vs 2.0 days, p < 0.0001), general (median 3.0 days vs 1.0 day, p = 0.0007) and vascular surgeries (median 6.0 days vs 3.0 days, p < 0.0001) were more likely to have a longer hospital stay post surgery.

**Conclusion**: To summarise, anaemia is a common problem and is a modifiable risk factor for surgery that could cause a poorer surgical outcome and an increased use of hospital resources post surgery.

**0413: Elastic fibre distribution in meibomian glands in caucasians: an anatomical study**

S. Alsanjari*, P. Addis. St George’s Hospital, UK

**Aim**: An anatomical study to investigate the elastic fibre distribution in the meibomian gland acini to shed light on its mechanism of secretion.

**Methods**: 10 full thickness upper eyelids from seven cadavers, aged 91 to 98, were histologically analysed. All cadavers were fixed in 10% formalin.