1158: OUTCOMES FOLLOWING SURGERY FOR COLORECTAL LIVER METASTASES
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Aims: Colorectal cancer is the second commonest cause of cancer related
death in the UK. This study aims to assess survival differences across
Scotland in patients who underwent surgery for colorectal liver metastases (CRLM).
Methods: Patient data was obtained from a national register of patients
undergoing surgical treatment of CRLM in Scotland from April 1990 to
April 2011. Resection was categorized into major (≥3 segments) and minor
(1 – 2 segments). Survival analysis using Cox Proportional Hazards
regression was undertaken.

Results: 1266 patients underwent surgical resection: 578 (45.7%) major
resection; 688 (54.3%) minor resection. 757(59.8%) were male and
59.5 (16.1) and minor resection 53.9 (24.2). Mean (sd) survival was
509(40.2%) female. Mean (sd) age for patients undergoing major resection
was 59.5 (16.1) and minor resection 53.9 (24.2). Mean (sd) survival
was similar with major 45.3(43.2) months and minor 40.6 (39.5) months.
Comorbidity Hazard ratio 1.12 (95% CI 1.05 – 1.19), p < 0.001 and health board
diagnosis (p = 0.002) were associated with worse survival (adjusted for
age, gender, comorbidity, and deprivation).

Conclusions: Significant regional variation in survival was seen despite
correcting for deprivation, age, gender and co-morbidity. Future work
should focus on reasons for this disparity and identify means by which
outcomes in patients with CRLM can be improved across all regions of
Scotland.

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0265: VARIATION IN THE MANAGEMENT OF DUCTAL CARCINOMA IN
SITU: RESULTS OF THE MAMMARY FOLD NATIONAL PRACTICE SURVEY
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Introduction: Ductal carcinoma in situ (DCIS) accounts for approximately
10% of all diagnosed breast cancers and 20% of screen-detected breast
cancers in the UK. The latest guidelines were published in 2009. Our survey
assesses variation in management of DCIS.
Methods: A national practice questionnaire was developed by the Mammary
Fold Academic Committee (MFAC) steering group. The survey focused on pre-operative, operative, and post-operative management.
Trainees completed a one-off questionnaire on behalf of their unit.

Results: 76/144 UK breast units (52.8%) participated. 33/76 units
perform routine pre-operative ultrasound assessment of the tumour or
axilla. There was no clear consensus regarding indications for mastectomy;
multifocality and extensive microcalcifications were most frequently cited. 34/76 units offered nipple sparing mastectomy. 33/76
units perform sentinel node biopsy in the presence of a mass lesion and
51/76 at mastectomy. The most widely accepted pathological radial
margins were 1 – 2mm. The most common factors in decision-making for
radiotherapy were tumour grade and size. About half of breast units
offer long-term follow-up; annual mammograms for
radiotherapy were tumour grade and size. About half of breast units

Discussion: Variation is demonstrated in management of DCIS. MFAC aims
to disseminate these results to influence the development of evidence-based
guidelines, standardise practice, and improve patient outcomes.

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0385: TOWARDS A MAGNETIC RESONANCE IMAGING-BASED NOMOGRAM FOR THE PREDICTION OF TRANSPERINEAL PROSTATE BIOPSY
OUTCOME
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Aim: The aim of this study was to develop and validate a nomogram for the
prediction of transperineal prostate biopsy outcome incorporating mag-
netic resonance-derived information, including prostate specific antigen
(PSA) density (PSAD) and Prostate Imaging Reporting and Data System (PI-
RADS) scoring.

Methods: A total of 615 consecutive men who underwent pre-biopsy mp-
MRI and transperineal 24 – 40 core, sector-guided prostate biopsies from
July-2012 to November-2015 were included. A multivariate logistic regression model was constructed to predict overall prostate cancer detection, considering age, PSA, PI-RADS(v1)

Results: All variables were significantly associated with prostate cancer on
univariate analysis. Significant contributors to the multivariate model
were age (OR 1.15), PSA (OR 3.17 for >0.16ng/ml), PI-RADS score (OR
43.12 for score-5) and no previous negative biopsy (OR 2.18). PSA was
excluded given high correlation with PSAD (r = 0.81).

The nomogram developed from the logistic regression model had good
discrimination with a c-index of 87% (95%CI 84 – 90%), C-index improved
when examining significant prostate cancer.

Conclusions: An MR-based nomogram is a useful tool for the prediction
of prostate biopsy outcome and may contribute to the biopsy decision-
making process.

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ASiT Medical Student Prize

1272: X-PERIENCE — A RADIOGRAPHIC VIEWING PLATFORM DISPLAYING
PROFILES OF CADEAVERS FOR EDUCATIONAL PURPOSES
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School of Medicine, University College Dublin, Ireland; 2 Radiology
Department, Mount Sinai Hospital, Madison Avenue, New York, USA; 3 Mater
Misericordiae University Hospital, Dublin 7, Ireland.

This project presents radiographic profiles of UCD’s anatomical donors for
educational purposes. An interactive viewing platform X-perience was
developed to display these images. Comprehensive donor profiles were
created by adding medical histories and consultant radiologists’ reports.
These clinical cases enhance anatomical learning and offer early intro-
duction of radiography.

Full skeletal radiographs were obtained from 13 donors. Radiographic
images were produced digitally and labelled. Articulate Storyline2 was
used to build X-perience, a HTML5 interactive interface. To assess the value
of X-perience Locomotor Biology students were surveyed. This
cohort(n = 50) had prior traditional anatomical teaching and could
compare anatomical learning with and without X-perience.

The workflow of profiling cadavers and constructing X-perience proved
successful. X-perience is currently used by students during dissection.
Results of student acceptability survey, Kirkpatrick Level-1, are extremely
positive. Students(84%) agree that X-perience is relevant and easy to use.
Students(88%) appreciate the clinical relevance that X-perience offers. A
greater understanding of the importance of radiology is
acknowledged(92%).

The introduction of similar platforms in other medical schools is recom-
mended. CT and histology could further refine X-perience. In addition to its
educational value, X-perience strengthens the body donation programme,