treatment. Rural patients travelled a statistically significant larger distance compared with urban patients in an elective setting ($p<0.001$). Emergency patients presented at a significantly older age compared to elective patients ($p=0.004$).

**Conclusions:** a one stop UGI cancer clinic could reduce travel distance for rural patients, potentially improving care and patient satisfaction.

**0998: POSTRAN EMISION TOMOGRAFY IN OESOPHAGEAL CANCER STAGING: A TAILORED APPROACH**

David Bunting *, Wesley Lai, Grant Sanders. Derriford Hospital, Plymouth, UK.

**Introduction:** The authors aim to re-evaluate the role of PET-CT in the staging of oesophageal cancer (OC). They investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that can safely be spared from this investigation.

**Methods:** Consecutive patients undergoing PET-CT scan for the staging of localised OC diagnosed between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the PET-CT result, patients were stratified into low-risk or high-risk groups according to the likelihood of identifying metastatic disease on PET-CT based on specified CT/ endoscopy criteria.

**Results:** In 385 undergoing PET-CT, metastatic disease was identified in 52 (13.5%) patients. All 52 patients had been correctly stratified as high-risk according to the criteria. 112 patients were stratified as low-risk and 273 as high-risk. Mean time from diagnosis surgery was 68.6 days which compared to 49.6 days in a separate group of patients not undergoing PET-CT ($p=0.04$).

**Conclusions:** In one of the largest studies to date, the authors have introduced a new classification that can accurately stratify patients according to the risk of having metastatic disease. This could be used to avoid unnecessary PET-CT in 33% of patients.

**1048: STAGING LAPAROSCOPY IN OESOPHAGO-GASTRIC CANCER: A TAILORED APPROACH**

David Bunting*, Wesley Lai, Andrei Tanase, Grant Sanders. Derriford Hospital, Plymouth, UK.

**Introduction:** The authors aim to re-evaluate the role of staging laparoscopy (SL) in the management of oesophago-gastric cancer and investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that will not benefit and can be spared from this investigation.

**Methods:** Consecutive patients undergoing SL in the work-up of localised oesophago-gastric cancer between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the SL result, patients were stratified into low-risk or high-risk groups according to the likelihood of operability based on specific endoscopy/CT criteria.

**Results:** Of 193 patients undergoing SL, 28 (15%) were found to have inoperable disease at SL. All 28 cases identified at SL had been correctly stratified as high-risk. 42 patients were predicted as low risk and 151 as high risk. None of the low risk patients went on to have inoperable disease at SL or laparotomy.

**Conclusions:** A proposed classification based on initial endoscopy and CT findings is able to identify a group of patients at low risk of having inoperable disease. This group, representing 25% of the cases subsequently deemed resectable on SL could have safely been spared the procedure.

**1202: BIODEGRADABLE OESOPHAGEAL STENTS IN THE MANAGEMENT OF BENIGN AND MALIGNANT OESOPHAGEAL STRICTURES**

Stephen McCain *, Scott McCain, Barry Quinn, Ronan Gray, Paul Rice. Craigavon Area Hospital, Craigavon, UK.

**Introduction:** Biodegradable oesophageal stents are used in the management of refractory benign oesophageal strictures and malignant strictures which may proceed to surgery. Our aim was to review the safety and efficacy of biodegradable oesophageal stents in the management of benign and malignant strictures.

**Methods:** Patients were identified using hospital coding data and radiology PACS. Charts and hospital databases were retrospectively reviewed. Data collected included patient demographics and outcomes. Dysphagia was graded using the Mellow and Pinkas dysphagia grading scale.

**Results:** Stents were deployed successfully in 29 of 30 attempts. 17 stents were inserted for benign and 12 for malignant disease. Pre and post procedure swallowing scores were recorded for 27 procedures and resulted in a mean improvement (2.88±1.15 p<0.002). One patient experienced transient chest pain. No serious complications occurred. There was no mortality at 30 days. 3 patients progressed to oesophagectomy with no anastomotic leaks in this group. 4 patients required repeat biodegradable stenting (mean 273 days). 5 patients with malignancy proceeded to metal stent insertion (mean 51 days).

**Conclusions:** Biodegradable stent insertion is a safe and efficacious method of treating oesophageal strictures, limiting repeat intervention in benign disease and allowing nutrition during staging of malignancy. There were no increased surgical complications at oesophagectomy.
Introduction: This paper aims to expand on Partin’s previous work by analysing the impact of radiological stage, Gleason scoring and percentage involvement seen in biopsy tissue, upon PSA scoring.

Methods: Data was collected retrospectively from a cohort of proven prostate cancer patients in North Wales diagnosed between October 2012 & October 2013. From 236 patients, ninety-eight had undergone the full staging investigations required for analysis.

Results: Results showed that PSA levels do not show predictable correlation with tumour severity across each prognostic measure. Increase in PSA from T0 to T2 tumours was not statistically significant, and was weakly significant when comparing T2 to T3 tumours (p<0.1). No statistical significance was seen when comparing PSA results from 1st, 2nd, or total Gleason scores. Although not statistically significant, the trend shows increasing PSA levels in patients with total Gleason scores from 6 to 8, before a steep decline at 9 & 10. Statistically significant PSA rises were seen with increasing tumour cell infiltration percentages when analysing both average involvement across bilateral biopsy cores (p<0.05) and maximum involvement in single cores (p<0.05).

Conclusions: In conclusion the percentage of tumour infiltration in any volume of tissue appears to be the most significant factor influencing PSA levels.

0126: COOK RESONANCE METALLIC URETERIC STENT: CONTEMPORARY CLINICAL SERIES ASSESSING FEASIBILITY, SAFETY AND EFFICACY

Dafydd Loughran¹, Mohamed Abdulmajed, Rachel Jones, Pallavoor Anandaram, Igbal Shergill. Wrexham Maelor Hospital. Wales, UK.

This study has shown that the BCG shortage did not significantly affect the management of our patients and has actually led to patients being treated with a clinically observed better-tolerated BCG therapy. It has been observed from the small numbers accrued so far that OncoTICE is associated with a lower recurrence rate.

0145: COMPARISON OF OFF-CLAMP PARTIAL NEPHRECTOMY AND ON-CLAMP PARTIAL NEPHRECTOMY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Abhishek Trehan¹, University of Oxford, Oxford, UK.

Introduction: To compare peri-operative and post-operative variables, surgical complications, oncological outcomes and renal outcomes of off-clamp partial nephrectomy and on-clamp partial nephrectomy.

Methods: A systematic search of the electronic databases, including MEDLINE, Embase and The Cochrane Library, The pooled estimates of tumour size, operative time, estimated blood loss, length of stay, overall complications, transfusion rates, urinary leaks, positive surgical margins and eGFR were calculated.

Results: Fourteen studies were included. There was no significant difference between off-clamp partial nephrectomy and on-clamp partial nephrectomy in terms of tumour size, operative time, estimated blood loss, length of stay, overall complications, transfusion rates, urinary leaks, positive surgical margins. Off-clamp partial nephrectomy was associated with a significantly lower reduction in eGFR than on-clamp partial nephrectomy (standardised mean weighted difference (5WMD) = 0.27, 95% CI: 0.14–0.40, p < 0.0001).

Conclusions: Off-clamp partial nephrectomy may be associated with improved long-term renal outcomes when compared to on-clamp partial nephrectomy with no difference in peri-operative and post-operative variables, surgical complications and oncological outcomes. However, the meta-analysis was limited by the design of the underlying studies, and hence further work is needed in order to definitively establish whether off-clamp partial nephrectomy confers any advantage over on-clamp partial nephrectomy.

0148: THE ROLE OF CULTURAL BACKGROUND ON ATTITUDES AND MANAGEMENT OF LOWER URINARY TRACT SYMPTOMS: A COMPARATIVE STUDY BETWEEN UGANDA AND THE UNITED KINGDOM

Alison Bing¹, Aakash Pai¹, Blair Tweedie¹, Adam Jones¹, James N'Dow¹, Francis Banya¹. ¹Kisizi Hospital, Kabale, Uganda.

Introduction: Between Uganda and the UK: Establish the severity of lower urinary tract symptoms (LUTS). Compare attitudes towards LUTS. Compare management of LUTS.

Methods: Prospective data collection from 80 men aged 45-85 from a Ugandan hospital and 80 men from two UK hospitals using the International Prostate Symptoms Score (IPSS) survey along with a socio-demographic questionnaire. Data collected on age, medications, education level, occupation and distance travelled to hospital. Exclusion criteria: urological presenting complaint, catheter, urinary tract infection, neuro-pathic bladder, prostatectomy.

Results: There was no difference in age or severity of LUTS (p=0.9741) between the two groups. No Ugandan subjects received medical management for LUTS compared to 18% of UK participants. 87% of UK men with severe LUTS (IPSS 20-35) had a more severe Quality of Life score of 4-6, which was significantly higher than the Ugandan group (60%) (p=0.0476). In patients with worse LUTS, no Ugandan men received medical management compared to 39% of UK men.

Conclusions: Cultural background and expectations play an important role in the management of LUTS, highlighting the importance of the patient’s perception of symptoms. In addition, the contrasting access to urological services between Uganda and the UK is demonstrated.

0211: IS THE DAYCASE TURBT A REALISTIC POSSIBILITY IN THE DISTRICT HOSPITAL SETTING?


Introduction: 10,000 people are diagnosed with bladder cancer annually. A TURBT (transurethral resection of bladder tumour) is the mainstay of treatment. With greater demands on theatre time and an increasing drive to theatre efficiency we wanted to evaluate the possibility of the day case TURBT in our District Hospital. Nationally only 19.1% of TURBT’s are performed as a day case against a 40% target.