ASiT Surgical Conference
Belfast Waterfront | 28 - 30th March 2014

@ASiTofficial
facebook.com/asit.org

Conference Proceedings & Oral Abstracts
Benefits of Membership

About ASiT

The Association of Surgeons in Training (ASiT) is a professional body and registered charity working to promote excellence in surgical training for the benefit of junior doctors and patients alike. With a membership of over 2,000 surgical trainees from all 10 surgical specialties, the association provides support at both regional and national levels throughout the United Kingdom and Republic of Ireland.

Originally founded in 1976, ASiT is independent of the National Health Service (NHS), Surgical Royal Colleges and specialty associations. Governed by an elected Executive and Council, the association is run by trainees, for trainees. This fully inclusive council represents surgical trainees on almost 40 committees influencing surgical training. Examples include the JCST, ISCP, RCSEng, ASGBI and BMA JDC. See: www.asit.org/resources/articles

ASiT member benefits:

ASiT Conference
The annual ASiT Conference is an affordable and enjoyable opportunity to get up-to-date with training issues, mix with around 700 fellow trainees, attend pre-conference courses and present your work. With accepted abstracts published in the International Journal of Surgery, it is also a great way to boost your surgical CV from an early stage. A significant discount on conference registration is afforded to ASiT members.

Educational Opportunities
ASiT provides a broad and expanding range of cross-specialty and sub-specialty training courses. Significant industry support helps us to deliver training at minimal cost and many courses are free to ASiT members. Course development is rigorously vetted, often in collaboration with specialty organisations, and all courses are subject to successful piloting before roll-out.

Prizes and Awards
A plethora of awards are made to trainees, valued at over £30,000 per year in total and crossing domains such as travelling bursaries, meeting and research grants, conference prizes and many free course places. See: www.asit.org/resources/awards

Yearbook & Position Statements
ASiT publishes an annual Yearbook and position statements as a voice for trainees to publicly address the most important training issues, such as EWTD, surgical simulation and the cost of surgical training. See: www.asit.org/resources/articles

Member Discounts
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Medical Students
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Further information and details of how to register can be found online at: www.asit.org/join
President’s Introduction

Dear members and guests,

It is an enormous privilege and pleasure to welcome you to Belfast for the 2014 Annual Conference of the Association of Surgeons in Training.

Founded in 1976, ASiT is older than most of us and remains a strong and influential voice in surgery. I am delighted to be able to welcome the Presidents of all four Surgical Colleges to Belfast, whose attendance is testament to the importance of ASiT and the trainee’s voice. We also welcome distinguished speakers from around the country and the world and are pleased to be able to offer twelve impressive pre-conference courses at minimal cost.

An organisation is only ever as strong as its members and by attending the Conference, you are demonstrating a real commitment to surgery, supporting and engaging with the work ASiT does on your behalf. The ASiT Council works hard without financial reward and preparations for the Annual Conference begin well over a year in advance. A small number of individuals from the Council make up the ASiT Executive Committee and it is the tireless work of these few that I am most grateful for. I cannot imagine ever leading or even encountering a more talented and dedicated group of individuals and they have made my time as President infinitely more productive for ASiT and similarly less destructive to my health!

Members of Council represent your views and training interests on over forty, wide-ranging committees, from the Medical Student Liaison Committee to the Council of the Royal College of Surgeons of England. We are proud to be heard as an independent and influential voice for trainees at the highest tables of decision-making in surgery in the UK.

A particular privilege and challenge this year has been representing ASiT and BOTA on the Government Task Force on Working Time Regulations, Chaired by Professor Norman Williams and answering directly to the Secretary of State for Health. I am particularly grateful to the >1,200 of you who took the time to complete the recent EWTD survey, which we turned around very quickly to feed directly into this Task Force discussion. ASiT surveys represent an incredibly powerful tool, giving an indisputable credibility in important debate such as this. It is crucial that we maintain your impressive demonstration of engagement in this way so that we can continue to represent your views in these potentially far-reaching discussions.

The Shape of Training (Greeenaway) Review, released in November, recommends major change in the way all doctors are trained. We were swift to articulate and disseminate our views on this extensive document in a formal position statement, just two weeks after the release of the report. This can be accessed via the ASiT website www.asit.org
We welcome your further input on this and any issues in surgical training. The Conference programme for 2014 is exciting and varied, with something for everyone on the theme of Marginal Gains. Topics range from global surgery and conflict surgery to robotic surgery and human factors. We will debate specialism vs. generalism and the Royal College Presidents will be in the spotlight once again for the Presidents’ Question Time.

I offer sincere thanks to all of our generous sponsors, whose support allows us to make attendance at the Conference and courses affordable. Additionally, the conference organising team, led by Mr Ed Fitzgerald, are grateful to the VisitBelfast team, undoubtedly the most impressive such team we have worked with on a conference to date.

I hope you have an enjoyable and educational weekend here in the impressive and welcoming City of Belfast. I look forward to meeting many of you as we work and play hard over the weekend.

**Andi Beamish**
President of the Association of Surgeons in Training, 2013-14
Dear members and guests,

It is my very great pleasure to welcome you to the 2013 Annual Conference of the Association of Surgeons in Training. This year we had a record number of abstract submissions (over 1400) and are welcoming around 700 delegates to Manchester Conference Centre. We have been able to host a fantastic opportunity for free drop-in training sessions throughout the conference.

I wish you all the very best in your careers in the upcoming year. Please have a wonderful weekend. Work hard and play hard.

We are part of a proud and dynamic fellowship as surgeons in training. The friends and relationships that we make at conferences are too. As a Liverpudlian, it strikes a dagger to my heart to admit that Manchester is going to affront us the most excellent of conferences and the most memorable of weekends.

The conference programme promises to be enthralling, enlightening and entertaining. The amount of work therein and continue to raise the bar of excellence in surgical training. Surgery is still recruiting the brightest and best and we must work hard to utilise the talent that so obviously abounds.

I am continually blown away by the efforts of our council and membership and I hope all who attend the conference are nominated charity, the internationally renowned Lifebox. Our Gala Dinner promises to be a fabulous evening and we are delighted to be able to raise funds for our.

Mentorship Scheme and for the first time have three separate parallel sessions for Women in Surgery Presidents’ Question Time and the Cutting Edge Surgery Lectures. We have the launch of our National Training Zone, a fantastic opportunity for free drop-in training sessions throughout the conference.

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ASiT Conference Programme

ASiT Conference, Belfast, 28-30th March 2014

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<tr>
<th>Friday 28th March</th>
<th>Time</th>
<th>Speaker</th>
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</thead>
</table>
| Pre-conference courses | 17.30 - 19.00 | Prof Norman Williams (Pres RCSEng)  
Mr Máirtin Ó Muilleoir (Mayor of Belfast)  
Mr Andi Beamish (Pres ASiT) |

ASiT Twitter Competition

ASiT will once again be running our Twitter competition, this year at our Belfast Conference. Twitter offers an instant medium to communicate with fellow delegates, Conference organisers and our Sponsors. If you haven’t before signed up to twitter, it takes a couple of minutes and is available on your smart phone.

Whether you want to feedback on a pre-conference course, get advice on which session to attend or what to wear to the Gala dinner, @ASiTofficial will be constantly on hand.

We will be using #ASIT2014 throughout and offering a prize to the person with the best tweet using this hashtag. The winner will get a years free ASiT membership, making them eligible for many of our courses, bursaries and awards.
## ASiT Conference Programme

**ASiT Conference, Belfast, 28-30th March 2014**

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<thead>
<tr>
<th>Saturday 29th March</th>
<th>Time</th>
<th>Speaker</th>
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<tbody>
<tr>
<td><strong>President’s welcome address</strong></td>
<td>09.00 - 09.10</td>
<td>Mr Andi Beamish</td>
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<tr>
<td><strong>Opening Session</strong></td>
<td>09.10 - 09.40</td>
<td>Dr Jaymie Henry &amp; Michael Cotton</td>
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<tr>
<td>Essential Surgery - The Power To Heal</td>
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<td>Mr Ian Ritchie, Prof Norman Williams, Dr Frank Dunn, Prof Patrick Broe</td>
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<tr>
<td><strong>Question Time - The role / work of the Royal Colleges</strong></td>
<td>09.40 - 10.30</td>
<td>All Four College Presidents</td>
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<tr>
<td>Break</td>
<td>10.30 - 10.55</td>
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<tr>
<td><strong>The ASIT Lecture session</strong></td>
<td>10.55 - 11.35</td>
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<tr>
<td>A Surgeon of the Troubles - Lessons Learned</td>
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<td>Prof Roy Spence, Prof Justin Cobb</td>
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<td>How technology enables progress, and registries prevent it</td>
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<tr>
<td><strong>Marginal gains - optimising people and skills</strong></td>
<td>11.35 - 12.55</td>
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<tr>
<td>Many pieces in the collaborative puzzle - pulling together to deliver a project</td>
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<td>Mr Aneel Bhangu</td>
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<td>Human factors + CORESS</td>
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<td>ELPQuic</td>
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<tr>
<td>Better Training, Better Care</td>
<td></td>
<td>Mr David Huddart</td>
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<tr>
<td><strong>Lunch break</strong></td>
<td>12.55 - 13.40</td>
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<tr>
<td><strong>Making the grade</strong></td>
<td>13.40 - 14.30</td>
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<tr>
<td>Core Surgical Training recruitment</td>
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<td>Mr Humphrey Scott</td>
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<tr>
<td>Higher surgical recruitment</td>
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<td>Mr Gareth Griffiths</td>
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<tr>
<td>Fellowship exams</td>
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<tr>
<td><strong>ASIT Medal Presentation Session</strong></td>
<td>14.30 - 15.15</td>
<td>Mr Tim Graham</td>
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<tr>
<td>Six best trainee oral presentations</td>
<td>6+1mins</td>
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<tr>
<td><strong>ASIT Surgical Fellowship Reports</strong></td>
<td>15.15 - 15.35</td>
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<tr>
<td><strong>Ethicon Abdominal Closure</strong></td>
<td>15.35 - 15.45</td>
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<tr>
<td><strong>Break</strong></td>
<td>15.45 - 16.10</td>
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<tr>
<td><strong>The ASIT Debate</strong></td>
<td>16.10 - 16.50</td>
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<td>The Specialist versus Generalist Surgeon</td>
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<tr>
<td><strong>ASIT Annual General Meeting</strong></td>
<td>16.50 - 17.20</td>
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<tr>
<td><strong>ASIT Black-Tie Charity Gala Dinner</strong></td>
<td>From 18.30</td>
<td>Titanic Exhibition tour (incl with Gala Dinner; last entry 19.00)</td>
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<td>in support of chosen conference charity CORESS:</td>
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<tr>
<td><strong>Confidential Reporting System for Surgery</strong></td>
<td>19.00 - 19.30</td>
<td>Arrivals, drinks reception</td>
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<td></td>
<td>20.00</td>
<td>Dinner</td>
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<td></td>
<td>21.45 - 01.00</td>
<td>Live music</td>
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### ASiT Conference Programme

**ASiT Conference, Belfast, 28-30th March 2014**

<table>
<thead>
<tr>
<th>Sunday 30th March</th>
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<th>Speaker</th>
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<tbody>
<tr>
<td><strong>Morning coffee</strong></td>
<td>08.45 - 09.15</td>
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<tr>
<td><strong>ASiT Short Paper Prize Session</strong></td>
<td>09.15 - 10.00</td>
<td>Mr Humphrey Scott, Mr Gareth Griffiths, Mr Tim Graham</td>
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<tr>
<td>Six best trainee research papers</td>
<td>6+1mins</td>
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<tr>
<td><strong>Realising your Surgical Potential</strong></td>
<td>10.00 - 10.55</td>
<td>Mr Ewen Harrison, Mr Ed Fitzgerald, Mr Will Hawkins, Mr Goldie Khera</td>
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<td>Starting as a new Consultant</td>
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<td>Global surgery during training - crossing geographical and financial boundaries</td>
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<tr>
<td>Setting up a period of training abroad</td>
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<tr>
<td>ASiT Swann-Morton Silver Scalpel Award</td>
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<tr>
<td><strong>Break</strong></td>
<td>10.55 - 11.20</td>
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<tr>
<td><strong>The Surgical Education Session - Simulation</strong></td>
<td>11.20 - 12.20</td>
<td>Prof Oscar Traynor, Miss Alexandra Cope, Dr Uttam Shiralkar</td>
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<tr>
<td>Simulation</td>
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<tr>
<td>Setting up a simulation programme</td>
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<tr>
<td>Surgical psychology and cognitive simulation</td>
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<tr>
<td><strong>SARS Academic &amp; Research Prize Session</strong></td>
<td>12.20 - 13.05</td>
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<tr>
<td>Five best trainee oral poster presentations</td>
<td>6+1mins</td>
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<tr>
<td><strong>Lunch break</strong></td>
<td>13.05 - 13.45</td>
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<tr>
<td><strong>Future of Surgical Training Session</strong></td>
<td>13.45 - 14.30</td>
<td>Dr Vicky Osgood, Prof Rowan Parks</td>
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<tr>
<td>The Shape of Training Review - what does it mean for surgical trainees?</td>
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<td>ShOT Q&amp;A</td>
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<td>6+1mins</td>
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<tr>
<td><strong>ASiT Mentoring Programme</strong></td>
<td>15.15 - 15.25</td>
<td>Ms Piriyah Sinclair</td>
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<tr>
<td>National Emergency Laparotomy Audit</td>
<td>15.25 - 15.35</td>
<td>Ms Emma Barrow</td>
</tr>
<tr>
<td><strong>Medical Student Prize Session</strong></td>
<td>15.35 - 16.20</td>
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<td>6+1mins</td>
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<tr>
<td><strong>Prize Presentations</strong></td>
<td>16.20 - 16.35</td>
<td>Incoming ASiT President</td>
</tr>
<tr>
<td><strong>Closing address</strong></td>
<td>16.35 - 16.40</td>
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Please help ASiT support our chosen charity for 2014:

CORESS is an independent charity, which aims to promote safety in surgical practice in the NHS and the private sector. The charity receives confidential incident reports from surgeons and theatre staff. These confidential reports are analysed by the CORESS Advisory Committee, who make comments and extract lessons to be learned. CORESS then publishes these reports alongside the Advisory Committees’ safety lessons in surgical literature to educate fellow surgeons, and to reduce the chances of a similar incident re-occurring in another theatre.

CORESS aims to educate, rather than blame, and it serves all surgical disciplines. Some of its key features are:

- Analysing safety-related reports which would not otherwise be available at all times keeping the identity of the reporter confidential
- Publishing reports widely in surgical literature to educate surgeons and other theatre staff
- Hosting training courses on safer surgical practice and human factors

www.coress.org.uk
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ASiT Pre-Conference Courses

Friday 28th March 2014

**ASiT Foundation Skills in Surgery Course**
This popular one-day course will equip senior medical students and junior doctors with the fundamental techniques required for success the early years of surgery.

**ASiT Core Laparoscopic Skills Course**
A one-day hands-on skills course aimed at trainees who wish to develop core techniques in laparoscopic surgery.

**ASiT ALSGBI Intermediate Laparoscopic Skills Course**
With a focus on laparoscopic suturing, this course comprises hands-on practical workshops and interactive demonstrations only – no lectures!

**ASiT Introductory Neurosurgical Skills Course**
A one-day course aimed to equip trainees with introductory theoretical knowledge, and practical skills, that are specific to the management of Neurosurgical patients.

**ASiT Foundation Skills in Orthopaedics Course**
This popular one-day course will equip senior medical students and junior doctors with many of the fundamental techniques required for success the early years of orthopaedic surgery.

**ASiT Ultrasound Scanning for Surgical Trainees Course**
This course offers an excellent introduction to ultrasound scanning for surgical trainees, covering a broad range of applications. It is intended to act as a springboard to future training in this emerging clinical modality.

**ASiT Basic Skills in Vascular Surgery Course**
This one day courses aims to teach the basic principles of assessment of vascular emergencies and vascular surgical techniques.

**ASiT How to prepare for your PhD or MD Course**
This half day course will provide you with an insight into where research fits into your career and how to go about choosing the ideal place for you.

**ASiT Critical Appraisal of Literature Course: A Masterclass in Journal Club**
A popular one-day interactive course preparing you for critical appraisal of scientific journal papers, including the FRCS Academic Viva. Read and understand surgical literature!

**ASiT/ RCSEng Leadership Course**
This one day workshop focuses on leadership skills specifically aimed at senior surgical trainees.
ASiT Pre-Conference Courses

Venues

ASiT Core Laparoscopic Skills Course
ASiT ALSGBI Intermediate Laparoscopic Skills Course
ASiT Basic Skills in Vascular Surgery Course

@Education Centre,
Elliot Dynes,
Royal Victoria Hospital,
274 Grosvenor Road,
Belfast
BT12 6BA
+44 (0)28 9024 0503

ASiT Introductory Neurosurgical Skills Course
ASiT Ultrasound Scanning for Surgical Trainees Course

@Medical Biology Centre,
Queen’s University Belfast,
School of Biological Sciences,
97 Lisburn Road,
Belfast BT9 7BL
+44 (0)28 9097 5787

ASiT Foundation Skills in Surgery Course
ASiT Foundation Skills in Orthopaedics Course
ASiT How to prepare for your PhD or MD Course
ASiT Critical Appraisal of Literature Course: A Masterclass in Journal Club
ASiT/ RCSEng Leadership Course

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Belfast
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*1.0 mm to 2.5 mm (Data on file).

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Contact your EES Sales Representative to learn more about our commitment to responsible tissue management and for a product demonstration.
ASiT Conference Research & Audit Trainee Prizes

The following prestigious awards are expected for the best trainee abstracts in their respective categories at the ASiT Conference:

**ASiT Medal**
**SARS / ASiT Academic & Research Surgery Prize**
**ASGBI / ASiT Short Paper Prize**
**ASiT / Ethicon Surgical Education Prize**
**ASiT Medical Student Prize**
**RCSEng / ASiT Poster Presentation Prize**
**IJS Case Report Prizes**
**ASiT PLG Patient Safety Prize**
**ASiT Institute of Medical Ethics Prize**
**Emkado / Laprotech AB Research Collaborative Prize**

Surgical Specialty Trainee Prizes
**Orthopaedic Research UK Prize**
**BASO~The Association of Cancer Surgery Prize**
**AUGIS Trainee Prize**
**ALSGBI Trainee Prize**

Specialty Trainee Group Prizes
**ASiT-AOT Prize**
**ASiT-Rouleaux Club Prize**
**ASiT-SURG Prize**
**ASiT-PLASTA Prize**
**ASiT-Dukes' Club / ACPGBI Prize**
**ASiT-Mammary Fold Prize**
**ASiT-BNTA Prize**
**ASiT-BAOMS Prize**
**ASiT-Carrel Club Prize**

**ASiT Medal**
ASiT’s most prestigious prize is awarded to the best presentation from a surgical trainee. This is selected from the highest scoring abstracts delivered as part of the ASiT Medal oral presentation session. The winner is presented with the ASiT Medal and invited to present their work in the ASiT Session at the Association of Surgeons of Great Britain and Ireland International Surgical Congress.

**SARS / ASiT Academic & Research Surgery Prize**
Awarded in conjunction with the Society of Academic and Research Surgery, this surgical trainee prize rewards high quality clinical and basic science research. The prize winner is selected following the SARS oral presentation session, and is judged by members of the SARS Council in conjunction with ASiT. The winner is invited to present their work in the ASiT Session at the Association of Surgeons of Great Britain and Ireland International Surgical Congress.
ASiT Conference Research & Audit Trainee Prizes

ASGBI / ASiT Short Paper Prize
Awarded in conjunction with the Association of Surgeons of Great Britain and Ireland, this rewards the best oral presentation not qualifying for the ASiT Medal or the SARS/ASiT Academic & Research Surgery Prize. The prize is awarded to the surgical trainee giving the best presentation in this session. The winner is invited to present their work in the ASiT Session at the Association of Surgeons of Great Britain and Ireland International Surgical Congress, and receives complimentary three-day registration for the meeting.

ASiT / Ethicon Surgical Education Prize
Awarded in conjunction with our industry partner Ethicon Endo-Surgery, ASiT’s Surgical Education Prize was established in 2012 and is awarded to the best training related presentation from a surgical trainee. This is selected from the highest scoring abstracts delivered in the oral presentation session. The winner is presented with £200 and invited to present their work in the ASiT Session at the Association of Surgeons of Great Britain and Ireland International Surgical Congress.

ASiT Medical Student Prize
The highest scoring abstracts with an undergraduate medical student as the first author are selected for the ASiT medical student presentation session. The prize is awarded to the medical student giving the best presentation in this session.

RCSEng / ASiT Poster Presentation Prize
Sponsored by the Royal College of Surgeons of England, this prestigious prize is awarded to the highest scoring poster presented at the ASiT Conference. All abstracts selected for presentation as posters are assessed and marked over the course of the weekend. The ASiT / RCSEng Poster Presentation Prize of £200 is awarded to the highest scoring authors.
ASiT Conference Research & Audit Trainee Prizes

IJS Case Report Prizes
Awarded in conjunction with the ASiT-affiliated International Journal of Surgery (IJS), these prizes reward the two best surgical case reports presented at the ASiT Conference. Elsevier’s new PubMed-indexed online surgical journal International Journal of Surgery Case Reports is a companion journal to the IJS, and is dedicated to publishing case reports only. The winners will be invited to submit their full case reports for publication in IJS Case Reports, and pending successful peer-review the £250+ publication fee will be waived. NB: Please note that abstracts must be submitted under the ‘Case Report’ category.

ASiT PLG Patient Safety Prize
Awarded in conjunction with the RCSEng Patient Liaison Group (PLG). ASiT is a strong supporter of the work done by the PLG and is pleased that the 2013 ASiT conference will be the first time the ASiT PLG Prize is to be awarded for the best presentation from a trainee relating to patient safety. This winner will be selected by both ASiT Council and lay members of the PLG group from the highest scoring abstracts relating to patient safety from all the abstract submission categories. The winner will receive book tokens to the value of £150 and will be invited to present the winning abstract to the PLG at the Royal College of Surgeon of England

ASiT Institute of Medical Ethics Prize
Awarded for conjunction with Institute of Medical Ethics (IME) for the best presentation relating to surgical ethics. We encourage the submission of case reports that highlight ethical issues encountered during the management of the surgical patient for consideration of this prize. The winner will receive a prize of £200

Emkado/ Laparotech AB Research Collaborative Prize
Sponsored by the Emkado and Laprotech AB, this prestigious prize is awarded to the highest scoring presentation in our trainee surgical research collaborative session. £200 prize is awarded to the highest scoring research collaborative.
ASiT Surgical Specialty Prizes

Orthopaedic Research UK Prize
Orthopaedic Research UK is an independent research charity in the field of orthopaedic science. It was founded in 1989 by an orthopaedic surgeon, Mr Ronald Furlong, FRCS, and was previously known as the Furlong Research Charitable Foundation. The objectives of the Charity include the advancement of medical education and research. In particular the advancement of orthopaedic knowledge by funding research and training, along with encouraging co-operation between surgeons, scientists and engineers working in the orthopaedic field. Orthopaedic Research UK has established its rightful place as one of the most important names in orthopaedic research in the UK. This prize will be awarded for the best orthopaedic related abstract submitted to the ASiT Conference. The winner will receive £150 and a certificate from ORUK.

BASO~The Association for Cancer Surgery Prize
BASO~The Association for Cancer Surgery speaks as an umbrella organisation for surgical specialties treating people with malignant diseases. Their mission statement is to promote the science and art of cancer surgery, for the benefit of the patient, and to encourage and showcase cancer research for public good. The Association represents surgeons and their centres across the United Kingdom & Ireland. It owns, with the European organisation, ESSO, the European Journal of Surgical Oncology, EJSO – its highly respected research journal. Almost 800 surgeons and affiliated colleagues comprise the BASO – ACS membership. The BASO~ACS Trainee Prize will be awarded for the best abstract relating to the “science and practice of cancer surgery”. The winner will receive £200.

AUGIS Trainee Prize
The objectives of the Association of Upper Gastrointestinal Surgeons (AUGIS) of Great Britain and Ireland are to improve the delivery, results and outcome of conditions of the oesophagus, stomach, duodenum, pancreas, liver and biliary tract requiring surgical treatment. The prize will be awarded for the best upper GI surgery related abstract submitted to the ASiT conference. The winner will receive £100.
ALSGBI Trainee Prize
The Association of Laparoscopic Surgeons of Great Britain and Ireland is the premier professional association in the field of laparoscopic surgery. ALS aims to foster developments in laparoscopic surgery, to provide a structure for training, to promote educational and academic objectives and to act as a liaison under the umbrella of the Association of Surgeons with the surgical Royal Colleges, the Specialist Advisory Committee and other surgical and academic bodies. This prize will be awarded for the best laparoscopic surgery related abstract submitted to the ASiT conference. The winner will receive £250 and free registration at the following ALSGBI Annual Scientific Meeting.

Specialty Trainee Group Prizes
ASiT are pleased to have joined forces with a number of surgical specialty trainee groups to reward the best abstracts within their respective fields.

The abstracts and resulting posters and/or oral presentations will be peer reviewed by a combined panel of ASiT and specialty trainee group representatives.

ASiT-AOT Prize
www.aotent.com
Awarded for the best ENT surgery abstract submitted to the ASiT Conference.
The winner will receive £100, sponsored by MED-EL.
AOT is the Association of Otolaryngologists in Training, representing ENT trainees.

ASiT-SURG Prize
www.surg-online.net
Awarded for the best urological surgery abstract submitted to the ASiT Conference.
The winner will receive £100.
SURG is the Senior Urological Registrars Group, representing trainees in urology.

ASiT-PLASTA Prize
www.plasta.org.uk
Awarded for the best plastic surgery abstract submitted to the ASiT Conference.
The winner will receive £100.
PLASTA is Plastic Surgery Trainees Association, representing plastic surgery.

ASiT-Dukes’ Club / ACPGBI Prize
www.thedukesclub.org.uk
www.acpgbi.org.uk, Association of Coloproctology of Great Britain and Ireland, this is awarded for the best colorectal surgery abstract submitted to the ASiT Conference. The winner will receive £100. The Dukes’ Club represents general surgery trainees with a sub-specialty interest in colorectal surgery.
Specialty Trainee Group Prizes

ASiT-Mammary Fold Group Prize
www.themammaryfold.com
Awarded for the best breast surgery abstract submitted to the ASiT Conference. The winner of the prize will receive a book token to the value of £75 which has kindly been donated as a prize by Q Medical. The Mammary Fold is the national breast trainees group, representing general surgery trainees with a sub-specialty interest in breast surgery.

ASiT-BNTA Prize
www.sbns.org.uk
Awarded for the best neurosurgery abstract presented at the ASiT Conference. The winner of the prize will receive a medically related text book of the winners choice to the value of £150, sponsored by Codman. The BNTA is the national neurosurgical trainees group, representing neurosurgery trainees at the Society of British Neurological Surgeons.

ASiT- BAOMS Prize
www.baoms.org.uk
Awarded for the best maxillofacial abstract presented at the ASiT Conference. The winner of the prize will receive £100. British Association of Oral and Maxillofacial Surgery represents Oral and Maxillofacial Surgeons in the UK.

ASiT- Carrel Club Prize
www.carrelclub.org.uk
Awarded for the best transplant abstract presented at the ASiT Conference. The Carrel Club represents transplant surgical trainees in the UK.
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The Opportunities in Surgery Team provide careers support and advice to all groups and oversee the Women in Surgery and Affiliates projects on behalf of the RCS.

The Royal College of Surgeons of England
35-43 Lincoln’s Inn Fields
London WC2A 3PE

020 7405 3474
For more information please visit: www.rcseng.ac.uk

The Royal College of Physicians and Surgeons of Glasgow is the only multidisciplinary Royal College in the UK.

Founded in 1599 and now with over 10,000 physicians, surgeons, dental professionals and specialists in the field of travel and podiatric medicine, the College has developed a reputation for providing high quality, relevant, postgraduate education, continuing professional development and an array of examinations and assessment in key centres worldwide. A wide range of surgical skills training courses is also on offer at our state of the art Clinical Anatomy Skills Centre (CASC) at the University of Glasgow.

In partnership with the Royal Colleges of Surgeons of Great Britain and Ireland we are jointly responsible for setting standards of surgical training and assessments and protecting professional integrity.
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Established in 1505, The Royal College of Surgeons of Edinburgh (RCSEd) is one of the oldest surgical organisations in the world, dedicated to the pursuit of excellence and advancement in surgical practice, through its interest in education, training and examinations, its liaison with external medical bodies and representation of the modern surgical workforce.

Today, RCSEd is a modern international network with some 20,000 Fellows and Members based in almost 100 countries worldwide. The College prides itself on its reputation for friendliness and approachability combined with innovation and prestige, and the individual attention given to all our College Fellows, Members, Affiliates and guests.

RCSEd Trainees are represented at the College through the RCSEd Trainees’ Committee. The Trainees’ Committee Chairperson sits on College Council and informs on relevant education, training and examination issues from a trainee’s perspective and assists with the preparation of discussion documents and publications through the College media.

As part of RCSEd’s commitment to promoting excellence in surgical training, the College has also recently launched the new Faculty of Surgical Trainers to help surgical trainers of all levels. The FST aims to listen to what surgeons believe constitutes excellence in training, and assist surgeons in achieving and maintaining training excellence through various methods of education, discussion, and standard-setting.

For further information visit www.rcsed.ac.uk
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The Army plays a vital role in enabling the United Kingdom to provide International Humanitarian Support, playing a central role as an International Peacekeeper and defending the United Kingdom's interests at home and abroad. This role is not possible without the support of a totally professional Army Medical Service. The Army rightfully takes pride in the role its Medical Services have played on the world stage and at home. An integral and essential part of the Medical Services is provided by the Territorial Army which accounts for two thirds of the Army Medical Services.

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The Royal Medical Benevolent Fund is the leading UK charity for doctors, medical students and their families. We provide financial support, money advice and information when it is most needed due to age, ill health, disability or bereavement. We are delighted to maintain a close relationship with ASiT and in 2012 we were the chosen beneficiary of the Annual Charity Gala Dinner in Cardiff.

The RMBF provides support for doctors and their families through all stages of their career and beyond. Our help ranges from financial assistance in the form of grants and interest-free loans to a telephone befriending scheme for those who may be isolated and in need of support.

The RMBF is committed to leading the way in providing support and advice to members of the medical profession and their dependants at times of crisis and serious need. As the medical profession continues to change, we will be ready to meet new and emerging needs.

Sign up for our newsletter and donate online at:
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Lifebox was proud to be ASiT’s chosen charity for the 2013 Conference in Manchester. Come and see us at our stand to find out more about our global mission toward safer surgery. Lifebox was founded by leaders from some of the world’s highest regarded professional and public health organizations:

The World Federation of Societies of Anaesthesiologists, the Association of Anaesthetists of Great Britain and Ireland, the Harvard School of Public Health and the Brigham and Women’s Hospital. Together, we are working to make Lifebox one of the most cost-effective global health interventions in the world.

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Lifebox is working for sustainable changes of practice that will ultimately raise the safety and quality standards of global healthcare.

www.lifebox.org
Africa Health Placements (AHP) is a joint venture between the Rural Health Initiative (RHI) and Foundation for Professional Development (Pty) Ltd, with the shared aims of recruiting, orientating and retaining healthcare professionals in the public healthcare sector in southern Africa.

AHP’s operations are currently based in South Africa where the project was founded. Our recruitment is achieved through close working relationships with the National Department of Health, provincial health departments, government hospitals, NGO clinics and regulatory bodies, as well as with a number of institutions that support the pipeline of human resources for health. AHP fully supports Doctors desiring placements in the Public Health Sector through the entire process of finding jobs, to paperwork and orientation and post placement support. AHP is funded through a number of aid organisations, philanthropists and corporate donors, as well as through a growing base of for-profit recruitment activities, so our services are delivered free of charge to medical personnel.

There are severe healthcare staffing shortages in Sub-Saharan Africa. These are exasperated by the well-publicised “brain drain” situation. Shortages aside, there are huge inequities within the South African healthcare sector. The public sector, serving 80% of the population, only employs a quarter of the country’s doctors. Within the public sector, rural areas are suffering even more dramatically than their urban counterparts.

Africa Health Placements markets to foreign- and local-qualified doctors, nurses and allied health professionals in an attempt to draw them to public practice. This forms the core of AHP’s operations. Africa Health Placements also works with a wide network of partners in building retention and training programmes for healthcare professionals, running advocacy campaigns around the staffing crisis, interacting with international and regional bodies around healthcare capacity issues, supporting research into capacity development, creating innovative and effective documentaries and marketing campaigns, and, as such, is a leader in this field in Sub-Saharan Africa.

The Project was started in Mid-2005 and has received much positive publicity and success since then.

For more information please visit:
http://www.ahp.org.za/
**Ms Emma Barrow**

Emma Barrow is a final year colorectal SpR in the North West, and will be starting a Consultant post at Royal Lancaster Infirmary in August. Her MD thesis work into Lynch Syndrome led to the BJS presentation prize at the Association of Coloproctology Meeting in 2008. She has published 9 first author papers, presented nationally and internationally, and written a chapter for a core intercollegiate FRCS text. She has been involved in the National Emergency Laparotomy Audit (NELA) from an early stage; she wrote a paper on surgical outcomes for the pilot study, and contributed to drafting the dataset. She is now a member of the NELA project team.

**Mr Aneel Bhangu**

Aneel Bhangu is a Colorectal Surgery Registrar and has sat on the Committee of the West Midlands Research Collaborative for the past five years. He is on the Trial Management Group of the trainee-led ROCSS randomised multicentre trial, which is investigating the use of prophylactic biological mesh to reduce the incidence of incisional hernia at the time of stoma closure. He has been part of trainee teams that have delivered the National Appendicectomy Audit (http://www.ncbi.nlm.nih.gov/pubmed/24509193), @STARSurgUK and @GlobalSurg (Autumn 2014).

Aneel has undertaken a Cancer Research UK funded PhD Fellowship at the Royal Marsden Hospital, establishing consensus led standards of care for patients with advanced rectal cancer and investigating novel biomarkers of response to treatment.

His future research interests are development of novel clinical trials, combined with risk-adjusted population level data analysis. He has published widely using techniques of meta-analysis and regression modeling to identify modifiable factors of best surgical practice.

**Professor Patrick Broe**

Professor Patrick Broe graduated from University College Dublin Medical School in 1974. Following Internship and Basic Surgical Training he obtained his Fellowship of the Royal College of Surgeons in Ireland in 1978. Following two years as a Surgical Research Fellow at the Johns Hopkins Hospital and a year on the Guy’s surgical rotation he completed his Higher Surgical Training in Ireland and was appointed Senior Lecturer in Surgery at the Department of Surgery, Royal College of Surgeons in Ireland at the Richmond Hospital, Dublin. In 1987 he was appointed Consultant General Surgeon to Beaumont Hospital, Dublin where he continues his practice in Upper Gastrointestinal and Laparoscopic Surgery.
Professor Broe has been a member of the Council of the Royal College of Surgeons in Ireland since 1991. During his time on Council he has been Chairman of the College Committee, the CME Committee, the General Surgery Sub-Committee and the Irish Surgical Postgraduate Training Committee. He was President of the Surgical Section of the Royal Academy of Medicine (RAMI) from 2006-2008.

In Beaumont Hospital he has served as chairman of the Surgical Division, the Medical Board and the Ethics Committee. He held the Chair of Clinical Governance from 2007-2009 after which he became Clinical Director for Surgery. From 2011 to date he has been the Lead Clinical Director for Beaumont Hospital.

Professor Broe was elected President of the Royal College of Surgeons in Ireland in June 2012.

He is married to Elizabeth and they have five children, David, Alan, Mark, Claire and Rachel.

Professor Justin Cobb
Professor Cobb studied medicine at Magdalen College Oxford, graduating in 1982. He trained in Oxford, London and Brighton. He wrote his master's thesis on ‘Prognostic factors in operable osteosarcoma’. In 1991 he was appointed consultant orthopaedic surgeon at The Middlesex. He was awarded a Hunterian Professorship in 1992. After 15 years as a consultant at UCLH and Hon Sen Lect at UCL, he joined Imperial as chair of orthopaedics in 2005.

His first grant in the field of computer assisted orthopaedic surgery was from the special trustees of The Middlesex and UCH in 1992, together with Brian Davies from Imperial. This led to the Acrobot being developed subsequently, on a Link funded grant. With Professor Andrew Amis, in the Faculty of Engineering, he has designed a suite of partial knee replacements specifically for robotic insertion, that minimise the amount of bone removed at surgery. This programme has been taken over by Stanmore Implants, who are providing these custom made implants, for robotic insertion. The pilot study of this technology is underway now at Charing Cross.

His principal research interests are in the fields of:
• the use of advanced technology to ensure accuracy and precision in surgery
• modelling joint surfaces in early joint disease, and the design of less invasive and better functioning devices
• functional assessment of the injured joint and cost utility analysis.

As chair of Orthopaedics, and clinical lead at hospital, Professor Cobb leads a team of surgeons, investigators and educators training both under- and post-graduate students in surgical skills and the use of IC developed computer based and robotic technologies to improve outcomes.
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Professor Cobb is advisor to the board of Stanmore Implants, a spinout from UCL. He is a civilian advisor in orthopaedics to the Royal Air Force. He is on the staff of King Edward VII hospital for Officers, and is Orthopaedic Surgeon to Her Majesty the Queen.

Ms Alexandra Cope
Alexandra Cope is a Specialist Registrar in Colorectal Surgery in the Oxford Deanery. She has completed both a Masters and a PhD in Surgical Education, writing a thesis entitled “The pedagogy of the operating theatre”. She was fortunate to have been awarded the Royal College of Surgeons Harry Morton travelling fellow award and spent 6 months working at the Wilson Centre, Toronto and as a visiting research fellow at several different simulation centres in Canada. Upon her return to clinical training Alex set up and led a multi-specialty surgical simulation program in the Thames Valley providing both technical skills work and full immersion simulation scenarios for core surgical trainees.

Dr Francis G Dunn
Dr Dunn is President of The Royal College of Physicians and Surgeons of Glasgow, Consultant Cardiologist at Stobhill General Hospital and Honorary Professor at the University of Glasgow.

He graduated in Medicine from the University of Glasgow and his Postgraduate training was at The Royal Infirmary of Glasgow and in the USA. He was a Staff Member at the Ochsner Medical Institutions in New Orleans and was Assistant Professor of Medicine at Louisiana State University from 1980-83. He then returned to Glasgow as a Consultant Cardiologist at Stobhill Hospital. He was Clinical Director at Stobhill NHS Trust (1994-2000) and North Glasgow Hospitals NHS Trust (2000-2006).

Dr Dunn has 150 publications and 15 book chapters principally in the areas of hypertension and coronary artery disease. He has received research grants from a number of national organisations. Dr Dunn has served on the Council for the British Cardiac Society and the Scottish Cardiac Society. He is a Fellow of the American College of Cardiology and holds Honorary Fellowships from American College of a Physicians and the Singapore Academy of Medicine. He is a Deputy Lord Lieutenant for The County of Dunbartonshire and Freeman of the Barony Burgh of Kirkintilloch. He was Vice President of the Royal College of Physicians and Surgeons of Glasgow from 2007-2010 and was elected President in December 2012.

Mr Timothy Graham
Mr Graham is a Consultant Cardiothoracic Surgeon and Senior Lecturer in Clinical Surgery at the Queen Elizabeth Hospital Birmingham, University of Birmingham and Royal Centre for Defence Medicine UK. He was previously Consultant and Senior Lecturer at the Royal London Hospital and University of London. He trained in Newcastle, London, Leicester, Nottingham and Papworth Hospitals.
ASiT Conference Speaker Biographies

He was previously Chair of the UK National SAC in Cardiothoracic Surgery, is the Current Chair Joint Surgical Colleges Committee for Intercollegiate examination (JCIE) UK and Ireland and Chair of the JSCFE (overseas) exam board. He is also President-elect of the SCTS GB and Ireland and Deputy Chair of the School of Surgery for the West Midlands Deanery. He is the joint founder of the Birmingham Review course in Cardiothoracic Surgery since 1994, the Birmingham Professional Development Course since 2004 and the Asian Cardiothoracic Surgery Specialty Update Course (ACSSUC) since 2006.

His research and specialty interests include mitral valve surgery, perfusion, management of cavo-atrial tumours, cardiothoracic trauma (civilian and military) and the development and delivery of surgical education and assessment including selection and workforce planning.

Mr Gareth Griffiths

Mr Griffiths qualified from the University of Manchester and did his postgraduate general surgery training in the North West of England. During this period he spent a short time in North Wales, did clinical and research work on diabetic foot disease in Louisville, Kentucky, USA and was involved in the Association of Surgeons in Training as Regional Representative, Yearbook Editor and President. Having been appointed as a Consultant in Vascular Surgery in Ninewells Hospital, Dundee, he became Chairman of the East of Scotland Deanery General Surgery Training Committee and subsequently Training Programme Director. Through the Scottish Specialty Training Board in Surgery he was involved in Scottish national selection for general surgery from the start and became its clinical lead. After being appointed to the SAC in General Surgery he was involved in the pilot study on national selection and was clinical lead for the live process in 2011 and 2012. He was then appointed as Chairman of the SAC in General Surgery and was involved in the curriculum revision and the associated FRCS modifications.

Mr EM Harrison

Ewen Harrison is a Senior Lecturer in General Surgery at the University of Edinburgh and an Honorary Consultant at the Royal Infirmary of Edinburgh. He obtained his undergraduate medical training at the University of Glasgow, his higher surgical training in Edinburgh and undertook a fellowship in liver transplantation and hepatobiliary surgery in Groningen, the Netherlands.

He is a committed clinician-scientist and performs laboratory research aiming for rapid progression to first-in-human trials of promising therapies. His research group have recently identified a novel agent which reduces damage in ischemia-reperfusion injury.

Ewen became interested in population-based surgical outcomes studies when he examined the results following cholecystectomy in Scotland. This has acted as a catalyst for wide-ranging ‘big data’ projects in collaboration with Health Improvement Scotland. He is in the second year of an MSc in Statistics which provides a solid foundation for this work.
**Mr Will Hawkins**

Will Hawkins is a consultant Upper GI surgeon with a specialist interest in Bariatric surgery at St Richard’s Hospital, Chichester. He trained in the West Midlands and completed fellowships in both Taunton and the St George hospital in Sydney, Australia prior to taking up his consultant post. He has a major interest in surgical training and was on ASiT council throughout his registrar rotation. He was Honorary Secretary (2006-9) of the association before becoming the inaugural Director of Education (2009-10).

**Dr Jaymie Ang Henry**

Jaymie Ang Henry, MD, MPH is co-founder and Executive Board member at the International Collaboration for Essential Surgery (ICES), dedicated to promoting essential surgery in developing countries. She is the Executive Director of ICES’ 15x15 campaign. Jaymie started her training in General Surgery and holds an MPH from UC Berkeley. She worked as researcher at the World Health Organization (WHO) Violence and Injury Prevention and at the Emergency and Essential Surgical Care office. Jaymie is the producer, writer, and director of “The Right to Heal,” a film dedicated to global surgery issues. She is currently a lecturer and course co-director in Global Health at the UC Berkeley School of Public Health.

**Dr Sam Huddart**

Dr Sam Huddart FRCA is an Anaesthetic Registrar in South West London. He has recently completed a Clinical Research Fellowship at the Royal Surrey County Hospital focusing on peri-operative care for high-risk general surgery. His research interests include outcomes after emergency major general surgery, quality improvement and pre-operative cardiopulmonary exercise testing. He is project manager for the Emergency Laparotomy Quality Improvement Care-bundle (ELPQuiC) project.

**Mr Goldie Khera**

Goldie Khera is a Consultant General Surgeon with an interest in Bariatric Surgery recently appointed to Brighton and Sussex University Hospital. He graduated from Liverpool Medical school in 1998, intercalating with a BSc Honours in Physiology researching Molecular Pain producing substances utilising microdialysis. He completed his surgical training in the Mersey Deanery. He spent a year as a registrar honing his laparoscopic surgical and surfing skills in Brisbane, followed by post CCT fellowships in advanced Upper GI including robotics and endoluminal surgery in Hong Kong and then as an Ethicon National Bariatric Fellow in North Tyneside Hospital. He is Past President of ASiT 2011-2012 and has been a member of the ASiT Executive since 2010 and demits his office in Belfast.
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Mr David Jones
David is a Consultant General and Colorectal Surgeon at the University Hospital of South Manchester (UHSM). He qualified in Liverpool and undertook postgraduate training in Manchester, the North West and Paris. He has been a Surgical Tutor and Training programme Director in General Surgery in the North Western Deanery. He is currently the North West Director of Professional Affairs (DPA) for the Royal College of Surgeons of England (RCS) and an invited member of the RCS Council as the lead DPA. David is the Clinical Lead for the Health Education England (HEE), Better Training Better Care (BTBC) Pilot at UHSM, delivering protected operating lists for Core Surgical trainees and providing simulated operations in fresh frozen cadaveric workshops.

Mr Peter McCulloch
Peter McCulloch is an academic surgeon at Oxford University. He went to medical school in Aberdeen, trained in surgery in Glasgow, and was a Senior Lecturer and then Reader in Surgery in Liverpool for 12 years before moving to Oxford in 2005. His technical interest is in Upper GI cancer, but his primary research interests are in patient safety and trials methodology. He directs a research group (QRSTU) which specialises in studying interventions to improve patient safety in surgery, and has recently set up a Patient Safety Academy in Oxford. He is a member of the CORESS Board, and has conducted Human Factors training with Board members with the aim of improving the analysis and learning from errors and mishaps.

Mr John Moorehead
Mr Moorehead is currently a Consultant General and Colorectal Surgeon at the Ulster Hospital, Belfast. He is also an Honorary Senior Lecturer in Surgery at the Queen’s University of Belfast. He completed his surgical training in N.Ireland and Hong Kong. He has held the posts of Clinical Director for Cancer services, Clinical Director for Elective Care Reform and Clinical Director for General Surgery at the Ulster Hospital. He is currently President of the Irish Association of Coloproctology and Vice-President & President-elect of the Association of Surgeons of Great Britain and Ireland.

Mr Ed Fitzgerald
Ed Fitzgerald is a registrar in general surgery currently undertaking a Fellowship with the Lifebox Foundation (www.lifebox.org), an international charity working to save lives through safer surgery. Lifebox focuses on resource-poor countries with high rates of avoidable perioperative complications and deaths. This work has taken him to Rwanda and the Congo, where a major part of his efforts have involved developing the implementation science behind safer surgery initiatives including the WHO Checklist.

Ed qualified from the University of Oxford, and undertook clinical training in Nottingham and London. He is a Past-President of the Association of Surgeons in Training and a previous
ASiT Conference Speaker Biographies

recipient of the Norman Tanner Medal from the Royal Society of Medicine, the Margaret Witt Scholarship from the RCSEng and the Alex Simpson-Smith Travelling Fellowship. His clinical and research activities encompass emergency general surgery, colorectal disease and the development of trainee collaborative networks through the STARSurg and GlobalSurg.org projects. He is a Fellow of the Higher Education Academy with an active interest in improving surgical teaching and training, having previously acted as the trainee representative on the General Surgery Specialist Advisory Committee and Joint Committee on Surgical Training. To follow Ed on Twitter: @Diathermy.

Dr Vicky Osgood
Dr Vicky Osgood is Assistant Director of Postgraduate Education at the General Medical Council where she is responsible for the approval and quality assurance of the content, standards and outcomes of postgraduate medical education and training in the UK. She is also secretary to the Shape of Training Review.

From 2008 until 2011 she was Postgraduate Dean for Wessex. Prior to that, she worked as a Consultant in Obstetrics and as Director of Postgraduate Medical Education in a large NHS trust. From 2005-2008 she was the medical advisor to the Workforce Review Team and was involved in many aspects of workforce planning in the NHS in England.

Professor Rowan Parks
Professor Rowan Parks was born and educated in Belfast, Northern Ireland. He qualified in Medicine from Queens University Belfast in 1989. He pursued his surgical training in Northern Ireland and then undertook a clinical fellowship in hepatobiliary and pancreatic surgery at the Royal Infirmary of Edinburgh. He was appointed a Senior Lecturer in Surgery and Honorary Consultant Surgeon in the Royal Infirmary of Edinburgh in 1999, was subsequently promoted to Reader in Surgery in 2006 and was awarded a person chair as Professor of Surgical Sciences at the University of Edinburgh in 2010.

Professor Parks has a specialist interest in hepatobiliary and pancreatic surgery. He has published more than 130 papers, written over 30 book chapters and has authored / edited four surgical textbooks. He has been awarded several prestigious prizes and travelling fellowships, and has given a number of eponymous lectures.

Professor Parks is currently a member of Council of the Royal College of Surgeons of Edinburgh, a member of the Executive Board of the Association of Surgeons of Great Britain and Ireland, a member of Council of the European-African Hepato-Pancreatico-Biliary Association, a Director of the James IV Association and has previously served on the Council of the Council of the Association of Upper GI Surgeons. He is Chairman of the Education & Training Committee and a member of the Scientific Committee of the International Hepato-Pancreatico–Biliary Association.
ASiT Conference Speaker Biographies

Professor Parks has a significant interest in undergraduate and postgraduate education. He is currently Chairman of the Fitness to Practice Committee at the University of Edinburgh. His involvement in postgraduate training has been as Regional Adviser in General Surgery, Training Programme Director for the South East Scotland General Surgery rotation, Associate Postgraduate Dean (SE Scotland), Chair of the Scottish Specialty Training Board for Surgical Specialties and currently he is Deputy Director of Medicine, NHS Education for Scotland (NES).

Mr Nick Price

After working for Lloyds Bank for just under 40 years, I finally found the escape tunnel and retired in 2006. For the last 10 years of my career with the bank I was a senior financial planning manager, which required good analytical skills. I took early retirement following the death of my wife and after I had cared for her from January 2003, until her death in October 2004.

After leaving the bank I did voluntary work, working as a driver taking patients to hospital for clinics and as a volunteer in the fracture clinic at Northampton General Hospital. There I prepared notes for clinics and witnessed first-hand the poor state of hospital records; I was on a mission.

I also worked in the clinic itself, calling patients for their appointments and settling them prior to being seen by the consultant or registrar, which I did in my own inimitable style having my desired effect of putting patients at ease!

Looking for a new and challenging role, I applied to join the Royal College of Surgeons Patient Liaison Group, being appointed as a Lay Member in January 2013. I have just been appointed Vice-Chair of the group.
ASiT Conference Speaker Biographies

Mr Ian Ritchie
After graduation from Aberdeen University Medical School, Ian Ritchie served as a Medical Officer in the Royal Navy for 5 years. Following this commission, he undertook orthopaedic training in Aberdeen and became a Consultant Orthopaedic Surgeon in Forth Valley, in the middle of Scotland, in 1992. Since then he has had a general orthopaedic practice including emergency and elective work and he has also developed his interest in medical education and training at the Royal College of Surgeons of Edinburgh. He was Post Graduate Tutor for Stirling Royal Infirmary and has contributed to the development of courses in Post Graduate medical education for the NHS in Scotland, as well as the RCSEd. He was Director of Surgical Training for the College from 2003-09. He has Chaired several Intercollegiate committees and he has served on the Specialty Advisory Committee for Trauma and Orthopaedics. His Clinical Practice has been in the geniality of Trauma and Orthopaedics with an interest in the Upper Limb. He became a Member of the Council of the Royal College of Surgeons of Edinburgh in 2000, a Vice President in 2009 and is now President for the period 2012 to 2015.

Mr Humphrey Scott
Mr Scott qualified from Charing Cross Medical School. He is currently a Consultant Colorectal Surgeon at Ashford and St Peter's NHS Trust, Surrey, appointed in 1996. He has been the Head of School of Surgery and Associate Dean for KSS since 2006. He is also the Chair of Confederation of Postgraduate Schools of Surgery, a Fellow of the RCS Ed Faculty of Surgical Educators, and was the ASiT Silver Scalpel winner for Trainer of the Year in 2012. He has chaired the Pilot Steering Group for national core selection for the last 5 years, which has seen the development of the single interview centre. He is also active on the Selection Board for ST3 in general surgery.

Mr Uttam Shiralkar
Uttam Shiralkar qualified and worked as a surgeon for 15 years in the UK, India and USA, before entering the field of psychological medicine. A developing interest in psycho-oncology and the medical problems he faced after a car accident, were some of the reasons that contributed to this move. While pursuing a career in psychological medicine, it became clear to him just how much of an impact a surgeon’s psychology could have on clinical outcomes. He felt the need for surgeons to be made aware of this issue in a bid to address some of the shortcomings of the current system of surgical practice. Surgical colleagues with whom he shared the research findings from cognitive science, expressed a desire to find out more. What started as an informal chat with fellow surgeons became a formal course named ‘Ergonomics for surgeons’. To share this knowledge on a wider level, he authored his first book titled ‘Smart surgeons, sharp decisions’. Currently, in addition to fulfilling his commitment as a consultant in the NHS, Uttam is actively involved in advising surgeons at various levels of their careers on a range of issues.
Professor Roy Spence

Professor Spence is a Consultant Surgeon at the Belfast City Hospital since 1986. His major clinical interests are as a General Surgeon with a specialist interest in Breast Cancer and Endocrine Surgery. He acquired the Fellowships of the Royal College of Surgeons of Edinburgh and Ireland in 1981. He is an Examiner in the Fellowship of the Royal Colleges of Surgeons of Edinburgh and Ireland and is currently an Examiner in the Intercollegiate Examination in Surgery. He is an honorary professor of both universities in Northern Ireland. He also has an interest in cancer from an organisation viewpoint and sits on a number of cancer committees. He has over 150 abstracts and papers published, along with 11 chapters in books. He is also a co-author of eight academic textbooks, either published or in press. He was appointed an OBE in the New Year’s Honours 2001.

As a surgeon operating for 35 years in Northern Ireland, throughout most of the country’s conflict, or ‘Troubles’, he will talk about his professional experience of treating hundreds of victims of the Northern Ireland ‘Troubles’ and the contrast to the now, more peaceful times.

Professor Oscar Traynor

Oscar Traynor is Director of the National Surgical Training Centre and Professor of Postgraduate Surgical Education at the Royal College of Surgeons in Ireland. In this role, he has been responsible for introducing several innovations to surgical training in Ireland including the world’s first e-learning programme for surgical trainees, a comprehensive curriculum-based surgical simulation programme for teaching technical skills and an integrated human factors training programme. He has developed a comprehensive assessment process for surgical trainees (Competence Assessment and Performance Appraisal) which is now used for all surgical specialties in Ireland. He has published widely on various aspects of surgical training and has also lectured extensively on the subject of Human Factors in Surgery in Europe, Australia and in the United States.

He has recently retired from clinical practice at St Vincents University Hospital Dublin, where his clinical interests were based around Hepatobiliary and Pancreatic Surgery, including Liver Transplantation. For more than 25 years he headed up a very busy HPB Surgery unit and played a leading role in developing the National Liver Transplant Programme in Ireland in the early 1990s. The HPB unit at St. Vincent’s University Hospital in Dublin is the sole national tertiary referral centre for Liver Transplantation and for Pancreas Cancer surgery in Ireland. He continues as Clinical Lecturer in Surgery at UCD Medical School/St Vincents University Hospital.
Professor Norman Williams

Consultant colorectal surgeon Professor Norman Williams became College President in July 2011. He is Professor of Surgery and Director of Innovation at the Academic Surgical Unit of Barts and The London, Queen Mary’s School of Medicine and Dentistry and National Centre for Bowel Research and Surgical Innovation. His main clinical interests are sphincter preservation and reconstructive surgery, and his scientific interests are concentrated on GI motility and anorectal physiology.

Professor Williams was elected as a Council Member and Trustee of the College in 2005; chaired the Research and Academic Board and the Invited Review Mechanism; and was Lead for the National Fellowship Scheme. Prior to being elected as College President, he was President of the Society of Academic & Research Surgery and President of the Ileostomy & Internal Pouch Support Group, the national patient charity. Professor Williams has also been Chairman of the UKCCCR committee on Colorectal Cancer, President of European Digestive Surgery, President of The International Surgical Group and Vice Chairman of The British Journal of Surgery Professor Williams is joint editor of Bailey and Love’s Short Practice of Surgery, co-author of Surgery of the Anus, Rectum and Colon, and is a founding trustee and Chairman of Bowel & Cancer Research. He was a Fulbright Scholar (1980-2), and was awarded the Patey Prize of the SRS (1978), the Moynihan Travelling Fellowship (1985), the Society of Authors Prize (Jointly 1995), the Nessim Habif Prize, University of Geneva (1995), the Galen Medal of the Worshipful Company of Apothecaries (2003) and the Cutler’s Surgical Prize (2011). He is a Fellow of the Academy of Medical Sciences and the Royal College of Physicians, and is an Honorary Fellow of The American Surgical Association, the German Society of General and Visceral Surgery, the American Society of Colon and Rectal Surgeons, the Brazilian College of Surgeons and the Society of General Surgeons of Peru. In 2011 he gave the prestigious Hunterian Oration at the College, and in 2013 he became an Honorary Fellow of the American College of Surgery.
ASiT Oral Presentation Prize Abstracts

ASiT Medal Section

THE ROLE FOR HELMINTH PARASITES IN ACHIEVING IMMUNOLOGICAL TOLERANCE
Chris Johnston1, Henry McSorley2, Stephen Anderton3, Stephen Wigmore1, Rick Maizels2
1Department of Clinical Surgery, University of Edinburgh, Edinburgh, UK
2Institute of Immunology and Infection Research, University of Edinburgh, Edinburgh, UK
3MRC Centre for Inflammation Research, University of Edinburgh, Edinburgh, UK

Introduction: Helminth worms currently infect more than one quarter of the world’s population and their success as parasites owes much to active immunomodulation of the host immune response. This project sets out to determine whether helminth infection reduces the immune response to allograft transplantation and how this may become therapeutically tractable.

Methods: Under Home Office licence C57BL/6 mice were implanted with a subcutaneous minipump delivering a continuous infusion of secreted products from the intestinal parasite, Heligmosomoides polygyrus. Simultaneously, fully allogeneic skin grafts were performed from BALBc donors. Seven days later, lymphocytes were isolated from allograft draining lymph nodes and analysed by flow cytometry.

Results: Flow cytometric analysis reveals a 41.7% increase in the mean percentage of CD4+CD25+Foxp3+ regulatory T cells (of total CD4+ cells) in treated vs. untreated mice (p=0.0085). Treatment with parasite products also increased mean expression of the regulatory cell surface receptor PD-1, specifically in the effector CD4+ T cell population, by 62.2% (p=0.03).

Conclusions: Our results demonstrate that helminth-derived products can powerfully induce regulatory immunological mechanisms in the presence of a fully-allogeneic transplant. Identification of the mechanisms involved in suppression of allograft rejection by helminth parasites may lead towards development of safe and effective novel therapeutic strategies.

POSTOPERATIVE EXERCISE TRAINING IS ASSOCIATED WITH EARLY DISCHARGE: A CASE-CONTROL STUDY
Nikita Bhatt1, G Sheridan1, M Connolly1, S Kelly2, Amy Gillis1, K.C. Conlon1, S Lane1, E Shanahan1, Paul.F. Ridgway1
1Department of Surgery and Anaesthesia, University of Dublin, Trinity College, at the Adelaide and Meath Hospital, Tallaght, Dublin, Ireland
2Department of Respiratory Medicine, Adelaide and Meath Hospital, Tallaght, Dublin, Ireland

Introduction: Pulmonary complications are a leading cause of morbidity, mortality and increased hospital stay following major surgery. We investigate whether early aerobic activity with a pedal exerciser reduces morbidity, length of stay and improves pulmonary function.

Methods: A prospective case control study on 60 patients (30 controls) aged 18 to 70 years who underwent major surgery was conducted. Controls were general surgical case-mix matched, not utilising postoperative exercising. Thirty consecutive study cases had a twice-daily pedal exerciser programme from day 2 postoperatively. Primary outcome measures were respiratory tract infection (RTI), mean length of stay (aveLOS), venous thromboembolism (VTE). Secondary outcome measure was subjective breathlessness (BORG score).
**Results:** The rate of RTI was 43.3% in the control group and only 16.7% in the cases (p= ns). Neither group had VTE. The aveLOS in the study group was 12.2 days versus 18.2 in controls (p=0.031). The secondary outcome in the study group showed a relative decrease in the subjective breathlessness on postoperative day 4.

**Conclusions:** Early aerobic activity with a pedal exerciser significantly reduced the hospital stay in the cases as compared to the controls. The rate of RTI and subjective breathlessness may also be reduced with the use of pedal exerciser.

**ASiT Oral Presentation Prize Abstracts**

**ASiT Medal: 0233**

**MANAGEMENT OF APPENDEICEAL STUMP IN LAPAROSCOPIC APPENDECTOMY, ENDO-CLIP OR ENDO-LIGATURE: A SYSTEMATIC REVIEW AND META-ANALYSIS**

Faisal M Shaikh², Raazi Bajwa¹, McDonnell O Ciaran¹
¹Royal Collage of Surgeons in Ireland, Dublin, Ireland
²Mater Misericordiae University Hospital, Dublin, Ireland

**Introduction:** Our aim was to compare outcomes with clip versus ligature for appendiceal stump closure during laparoscopic appendicectomy.

**Methods:** Literature search of Medline, Embase, Cochrane was performed to identify studies comparing clip versus ligature use in laparoscopic appendicectomy, between January 1992 and September 2013. Reviews of each study were conducted and data extracted. Random-effects model were used to combine data.

**Results:** Seven out of 101 identified studies met the inclusion criteria: 4 randomized controlled trials and 3 case controlled series. There was no significant difference between the clip or ligature for the primary outcome of perioperative (OR 1.45 95% CI = 0.51 to 4.18 p = 0.49) and postoperative complications (OR 0.64 95% CI = 0.25 to 1.66 p = 0.36). No differences were recorded in the length of hospital stay (SMD = - 0.040, 95% CI = -0.22 to 0.14, p = 0.660). However a significant reduction in operative time was observed with the use of clip as opposed to ligature (SMD = - 0.90, 95% CI = -1.26 to -0.54, p = 0.001). Moreover clips were less expensive than ligatures.

**Conclusions:** Clip application in the management of appendiceal stump during laparoscopic appendicectomy appears to be simple, efficacious, safe and a cost-effective alternative.

**ASiT Medal: 0174**

**REDUCED MORTALITY WITH PULMONARY ARTERY BANDING REAFFIRMS ITS ROLE IN SELECTED PATIENTS**

Yie Roei Chee, Jonathan Mc Guinness, John Mark Redmond, Lars Nölke
Our Lady’s Children Hospital, Dublin, Ireland

**Introduction:** Pulmonary artery banding (PAB) is used to palliate biventricular patients when they are unsuitable for definitive repair. Recent publications reported mortality rates (8.2-77%) that exceeded our expected rates.

**Methods:** Between 2006 and 2011, 77 patients underwent PAB with associated atrio-ventricular septal defects (AVSD) and ventricular septal defects (VSD).

**Results:** There was no significant difference in mean age and weight between the 25 AVSD and 52 VSD patients. VSD patients required significantly more associated procedures during PAB. Trusler’s formula correctly predicted the band size in 22% of patients and looser bands were used in 52%.
ASiT Oral Presentation Prize Abstracts

Pulmonary-to-systemic systolic pressure ratio of <0.5 predicted shorter duration of inotropes requirement (p<0.034). There was a trend towards requiring tightening of the PA band with a ratio >0.5. Seven patients required band adjustment. Patients ventilated preoperatively have longer duration of postoperative intubation (p<0.05). There were 4 mortalities (5.2%) between PAB and debanding. AVSD patients tended to be younger at time of repair but similar in weight. Sixty-one patients (96.8%) survived debanding/definitive repair.

**Conclusions:** Pulmonary-to-systemic systolic pressure ratio augments the Trusler’s formula in guiding the adequacy of banding. Pulmonary banding is a valuable option for the treatment of complex AVSD and VSD patients.

**ASiT Medal: 0344**

**USE OF COMBINED RADIOISOTOPE AND PATENT BLUE V DYE VERSUS RADIOISOTOPE ALONE IN SENTINEL NODE BIOPSY FOR BREAST CANCER AXILLARY STAGING**

Sarah Butcher, Stephen Holt, David Chadwick
Chesterfield Royal Hospital, Derbyshire, UK

**Introduction:** There is growing concern of the potential adverse reactions to patent blue V dye in a proportion of patients (http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON143611). The current recommendation for axillary staging suggests the combined technique of radioisotope (99mTc-labelled albumin colloid) and patent blue V to identify the sentinel node (Association of Breast Surgery Guidelines 2012). Allergic reactions occur in 0.9% of patients and range from mild urticarial reactions to anaphylaxis (Barthelmes,L et al. EJSO. 2010;36;4:399-403). We present a single surgeon series of patients undergoing sentinel node biopsy (SNB) using either combined (group 1) or radioisotope only (group 2) techniques.

**Methods:** 100 patients were selected consecutively over eight months. Mean age 61.4 (42-80) and 63.3 (41-84) for group 1 and 2 respectively. All patients undergoing SNB were included irrespective of their breast cancer diagnosis and surgery. One male patient was included in group 2. The total nodes sampled and positive nodes were obtained.

**Results:** There was no significant difference in the total nodes sampled (mean 3.1 and 3.38 respectively) and positive nodes (mean 0.34 and 0.32 respectively) between the two groups of patients (p >0.05).

**Conclusions:** This finding has significant implications in reducing potential patient morbidity without impinging on histological staging of the axilla.

**ASiT Medal: 1399**

**A NOVEL APPROACH TO IDENTIFYING OPTIMAL TREATMENT STRATEGIES IN DOCETAXEL-RESISTANT PROSTATE CANCER**

Dara Lundon¹, Maria Prencipe², Amanda O’Neill¹, Sinead Ahearne³, Stephen Madden³, Padraig Doolan³, John Fitzpatrick¹, William Watson¹
¹University College Dublin, Dublin, Ireland
²Molecular Therapeutics for Cancer Ireland, Dublin, Ireland
³National Institute for Cellular Biotechnology, Dublin, Ireland

**Introduction:** Docetaxel is amongst the most effective chemotherapeutic-agents for the treatment of metastatic-castrate-resistant-prostate-cancer(CRPC). One of the major obstacles in the treatment of these patients is docetaxel-resistance.
Defining the mechanisms of resistance to inform subsequent treatment options and combinations represents a challenge for clinicians and scientists alike.

Methods: We have developed Doxetaxel-resistant sublines in PC-3 cells, and undertaken a transcriptomic analysis of these cells. Novel bioinformatic-techniques were used to identify targets suitable for discerning patients with a phenotype of Docetaxel-resistance.

In-vitro functional analysis was performed to validate the results of the genechip analysis. In-vivo analysis was performed by immunohistochemistry(IHC) of patient tissue micro-arrays of metastatic-Docetaxel-resistant disease to validate the clinical relevance of identified transcription-factors(TF).

Results: TFs identified include NFκB,HSF1,TR2/4,VDR-RXR,SRFredESR1, which are predicted to be responsible for the differential gene expression observed in Docetaxel-resistance. Nuclear tissue expression profiling of the TF SRF by IHC was performed in 151 metastatic sites from 42 patients who died of advanced-CRPC. Nuclear expression of this TF correlates with both survival from date of: bone metastasis(p=0.035), androgen independence(p=0.013), and overall-survival from prostate-cancer(p=0.018).

Conclusions: We have successfully identified a novel and effective mechanism by which to strategically address the issues of inter and intra-tumour heterogeneity and have presented a pathway towards personalized medicine in advanced prostate cancer.

ASiT Oral Presentation Prize Abstracts

HAEMODYNAMIC AUGMENTATION IN PATIENTS WITH PERIPHERAL ARTERIAL DISEASE WITH THE GEKOTM TRANSCUTANEOUS NEUROMUSCULAR ELECTRICAL STIMULATION DEVICE

Rachel Barnes¹, Yousef Shahin¹, Arthur Tucker², Ian Chetter¹
¹Hull Royal Infirmary/ Hull York Medical School, Hull, UK
²Barts and the London, London, UK

Introduction: The geko™ device, designed for thromboprophylaxis, has been demonstrated to improve venous, arterial and microcirculatory flow, in healthy volunteers. It is hypothesised that similar effects may be seen in arteriopathies. This study aimed to establish the haemodynamic efficacy of this device in such patients.

Methods: Following ethical approval patients were recruited from the outpatients department. After a 30 minute acclimatisation period, bilateral baseline arterial, venous and microcirculatory flow(Laser Doppler) measurements were taken. The device was applied for 60 minutes, unilaterally, and flow measurements repeated. The difference in flow from baseline was calculated and statistical analysis performed.

Results: 43 patients were included, 9 females and 34 males of whom 24 were claudicants and 19 post-operative femoro-popliteal bypass grafts. Arterial volume flow increased in the active limb by 0.68 L/min(mean) compared to the passive limb -0.004L/min(mean)[p<0.001]. Venous volume flow increased by 0.034L/min(mean) in the active limb compared to the passive limb 0.002L/min[p<0.001]. Microcirculatory flow, following 30 minutes stimulation, increased by a mean of 22.25 flux units in the active group compared to 0.39[p<0.001].

Conclusions: Transcutaneous electrical neuromuscular stimulation with the geko™ device augments arterial, venous and microcirculatory flow in peripheral arterial disease patients and may prove a useful treatment adjunct in these patients.
ASiT Oral Presentation Prize Abstracts

ASiT / ASGBI Short Paper Prize: 0718
OBESITY AND HAND-ASSISTED LAPAROSCOPIC LIVING-DONOR NEPHRECTOMY (HALDN): SHORT AND MEDIUM TERM OUTCOMES
Riccardo Tamburrini, John Wright, Zubir Ahmed
Renal and Transplant Department, Guy’s and St Thomas’ NHS Foundation Trust, London, UK

Introduction: To investigate the rationale for including obese patients in UK living-donor programmes by studying postoperative and medium-term clinical outcomes.

Methods: we carried out a case control study of 111 obese (BMI>30) donors whose age, sex and race were matched (1:1) with non-obese (BMI<25) donors undergoing HALDN at one institution. We assessed perioperative outcomes, kidney function and blood pressure. Mean follow-up was 26 months. t- and chi-squared tests were calculated using SPSS(v.16).

Results: Mean donor age was 49 years (58% female). Obese donors mean BMI was 31.8(SD10) and 23.6(SD 9) for non-obese donors. Operation time (194vs198mins); open-conversion (0.9%vs0.9%); 30 day postoperative infection rate (16/111vs11/111); hospital stay (3.89vs3.97days p<0.05) did not differ significantly. Obese patients experienced more wound complications (9/111vs19/111 p=0.026) and incisional herniation (2/111vs10/111 p=0.012). Kidney function (mean eGFR 65vs63mls/min/1.73m2 p=0.931) and those considered hypertensive (14%vs16% p<0.05) at two years was equivalent.

Conclusions: Obese donors have similar perioperative outcomes but more incisional hernias and wound complications than non-obese. Medium-term CV (BP) and CKD (eGFR) risk are equivalent. The utilisation of obese living-donors is safe but requires appropriate patient counselling. Further longitudinal follow-up of kidney function and CV risk parameters is mandatory.

ASiT / ASGBI Short Paper Prize: 0790
META-ANALYSIS OF SELF-GRIPPING MESH VERSUS SUTURED MESH IN OPEN INGUINAL HERNIA REPAIR
Devender Mittapalli1, Sanjay Pandanaboyana2, Ahsan Rao1, Raj Prasad2, Niaz Ahmed2
1Ninewells Hospital and Medical School, Dundee, UK
2St. James Hospital, Leeds, UK

Introduction: To systematically analyse all published randomized controlled trials(RCTs) comparing Self-gripping mesh(ProGrip)(SGM) and sutured mesh(SM) to analyse early and long term outcomes for open inguinal hernia repair.

Methods: A literature search was performed using the Cochrane Colorectal Cancer Group Controlled Trials Register, Cochrane Central Register of Controlled Trials in the Cochrane Library, MEDLINE, Embase and Science Citation Index Expanded. RCTs comparing SGM with SM were included. Statistical analysis was performed using Review Manager Version5.2 software. The primary outcome measures were hernia recurrence and chronic pain after operation. Secondary outcome measures included surgical time, wound complications and perioperative complications.

Results: Five RCTs were identified as suitable, including 1170 patients. There was no significant difference between the two types in perioperative complications, wound haematoma, chronic groin pain and hernia recurrence. Wound infection was lower in SGM group compared to SM group but this was statistically not significant (risk ratio(RR) 0.57, 95% confidence interval 0.30-
Conclusions: Self-gripping mesh was associated with shorter operative time compared to sutured mesh. Both types of mesh repairs have comparable perioperative and long-term outcomes.

ASiT / ASGBI Short Paper Prize: 1037
THE USE OF CARDIOPULMONARY EXERCISE TESTING TO PREDICT RISK AND POST-OPERATIVE LEVELS OF CARE IN PATIENTS UNDERGOING MAJOR COLORECTAL SURGERY

Lydia Hanna¹, Pratik Roy¹, Paul Bassett², Simon Bailey¹, Michael Browning¹
¹Maidstone and Tunbridge wells NHS trust, Maidstone, Kent, UK
²StatsConsultancy Limited, Amersham, Buckinghamshire, UK

Introduction: Cardiopulmonary Exercise Testing (CPET) predicts morbidity and mortality in major surgery and provides additional information such as the likely post-operative level of care required. We compared the calculated risk prediction by CPET with the established risk prediction afforded by the Physiological and Operative Severity Score for the Enumeration of Morbidity and Mortality (p-POSSUM), looking at concordance between the predicted risks, and the accuracy of individual CPET parameters in predicting the required post-operative level of care.

Methods: 169 patients undergoing major elective colorectal surgery between 2009 and 2013 in a District General Hospital were investigated. CPET testing and risk stratification was performed on all patients. p-POSSUM values were calculated peri-operatively. The post-operative level of care was noted, together with any variations from the level predicted by CPET.

Results: 97 males and 72 females were included; mean age of 70.9 years (range 46-92 years). Compared with p-POSSUM, VE/VCO2 was the strongest predictor of mortality (p=0.004), while VE/VCO2 and AT were independently and jointly accurate in predicting ITU/HDU admission (p=0.001).

Conclusions: In elective major surgery, CPET is more accurate than p-POSSUM in predicting both risk and the likely level of post-operative care required, helping to minimise potential morbidity and mortality.

ASiT / ASGBI Short Paper Prize: 1349
RADIOLOGICAL MARKERS OF FRAILTY IN PATIENTS UNDERGOING COLORECTAL SURGERY

Azzam Al-Amin1, Anil Koshy1, Armaan Akhtar1, Edmund Godfrey2, Dermot Burke1, Simon Howell1
1Leeds Teaching Hospitals, Leeds, UK
2Addenbrooke’s Hospital, Cambridge, UK

Introduction: Frailty is a relatively new clinical concept that is often assessed subjectively. We have piloted the use of radiologically determined psoas muscle size and bone mineral density as objective measures of frailty for predicting outcomes in colorectal surgery.

Methods: Retrospective analysis of patients undergoing elective intra-abdominal colorectal surgery at Leeds Teaching Hospitals, October 2011-December 2012. Pre-operative CT scans...
were analysed to measure cross sectional psoas muscle area (PMA) in cm\(^2\) at the level of L4 vertebra and bone mineral density (BMD) in mg/ml at different vertebral levels via a previously described method. The measurements were analysed against presence or absence of post-operative complications, using a Mann-Whitney U test.

**Results:** 27 patients - 9 males, 18 females. Mean age 63.7 years. No complications group: the median (interquartile range) BMD at T4 was 141 (130-177) mg/ml; complications group was 118 (90-152), p (0.165). At T7: 143 (111-168) for no complications, 93 (62-144) for complications group, p (0.041). At T10: 142 (129-169) for no complications, 94 (79-131) for the complications group, p (0.003). For PMA, no complications group: 7.5 (6.7-8.4) cm\(^2\), complications group 8.3 (7.0-9.3), p (0.240).

**Conclusions:** The median BMD is consistently lower at 3 vertebral levels in the group with complications.

**ASiT / ASGBI Short Paper Prize: 0948**

**PREDICTING PROSTATE CANCER: A COMPARISON OF THE PROSTATE CANCER PREVENTION TRIAL RISK CALCULATOR AND THE EUROPEAN RANDOMIZED STUDY OF SCREENING FOR PROSTATE CANCER RISK CALCULATOR IN A CONTEMPORARY IRISH COHORT**

Robert Foley1, Dara Lundon1, Susan Boyce1, Frank O’ Brien3, David Galvin2, R.William Watson1  
1School of Medicine and Medical Sciences, University College Dublin, Dublin, Ireland  
2Mater Misericordiae University Hospital, Dublin, Ireland  
3Cork University Hospital, Cork, Ireland

**Introduction:** To assess the predictive accuracy of two established prostate cancer risk calculators and identify if either can provide a superior net benefit to patients over current practice.

**Methods:** Data was collected for 1721 men referred to Rapid Access Prostate Assessment Clinics across 3 sites in Ireland. The discriminating ability of each risk calculator in predicting prostate cancer and high grade prostate cancer was evaluated using Receiver-Operating Characteristic (ROC) curves. Decision curve analysis was undertaken to ascertain their net clinical benefit.

**Results:** Of 1721 consecutive biopsies, cancer was subsequently diagnosed in 891 men (52%). Of these 891 cancer diagnoses, 676 (76%) had high grade disease. The areas under the ROC curve for the ERSPC-RC and PCPT-RC were 0.643 & 0.609 respectively for the prediction of prostate cancer. Both risk calculators demonstrated an ability to predict cancer with the ERSPC-RC being of significantly (p<0.01) greater efficacy.

**Conclusions:** Both tools demonstrate statistically significant prediction of prostate cancer diagnoses in this cohort. However they both markedly over predict prostate cancer across a range of risk thresholds and this must be considered when counselling a patient. The integration of newer biomarkers which could help improve these risk prediction tools.
DELIVERY OF THE PRO-ANGIOGENIC AGENT DESFERRIOXAMINE WITHIN THERMOSENSITIVE LIPOSOMES AS A POTENTIAL METHOD OF INDUCING THERAPEUTIC ANGIOGENESIS IN PERIPHERAL VASCULAR DISEASE

Caroline Herron1, Hugh O’Neill1, Adolfo Lopez-Noreiga2, Conn Hastings1, Garry Duffy1, Ciaran McDonnell3

1Tissue Engineering Research Group, Department of Anatomy, Royal College of Surgeons in Ireland, Dublin, Ireland
2School of Pharmacy, Royal College of Surgeons in Ireland, Dublin, Ireland
3Department of Vascular Surgery, Mater Misericordiae University Hospital, Eccles Street, Dublin, Ireland

Introduction: Therapeutic Angiogenesis involves the use of proteins, genes, drugs and stem cells to enhance new vessel formation. Its use in peripheral vascular disease (PVD) has been limited by inefficient delivery mechanisms and a failure to bring about controlled and sustainable release. This work uses liposomes, encapsulated with a pro-angiogenic drug, delivered within a hydrogel to overcome these limitations.

Methods: Thermosensitive liposomes were encapsulated with desferrioxamine (DFO). The liposome/DFO complexes were loaded into chitosan/β-glycerophosphate gels. Free DFO was also free-loaded into the gel. Dual release of DFO was possible via the diffusion of the free-loaded drug through the hydrogel and secondly via the application of a hyperthermic pulse to the liposomes to release encapsulated DFO.

Results: 90% of the free loaded DFO was released from the gel over the first 4 days. Following a heat pulse a second peak of drug release was possible via disruption of the liposomes and release of their DFO. This corresponded to a 15-30% increase in DFO release at all of the pulse time points.

Conclusions: Using DFO we have shown the ability to bring about a stimuli-responsive release of a pro-angiogenic agent, which we propose as an adjunct in the treatment of PVD.

CYR61 AS A NOVEL THERAPEUTIC TARGET IN MUSCLE INVASIVE BLADDER CANCER

Richard Robinson2, Michael Brown2, Vijay Ramani1, Maurice Lau1, Vijay Sangar1, Noel Clarke1

1The Christie Hospital, Manchester, UK
2Cancer Research UK Manchester Institute, Manchester, UK

Introduction: CYR61 (cysteine-rich angiogenic inducer 61) is implicated in aggressive cancer cell behavior, however it’s role in muscle invasive bladder cancer (MIBC) is unknown. This study evaluated CYR61 in MIBC, using cell line models and an outcome linked tissue microarray (TMA).

Methods: CYR61 siRNA knockdown was performed during proliferation, migration, invasion and chemo-sensitivity assays in the J82 and T24 cell-lines. A TMA constructed using cystectomy specimens from 567 patients correlated CYR61 expression with outcome.

Results: CYR61 knockdown significantly reduced T24 proliferation (p=0.003) associated with loss of vimentin expression. Knockdown combined with IC50 cisplatinum significantly reduced proliferation in both cell lines compared to IC50 cisplatinum alone (p<0.05).
Hepatocyte growth factor (HGF) induced migration and HGF and FCS induced invasion in both cell lines was significantly reduced (p<0.01) by CYR61 knockdown. Across the TMA 84% of cancers demonstrated intermediate/high CYR61 expression. Intermediate/high compared with negative/low expression in TCC MIBC was associated with a substantially worse prognosis (median survival 32 vs. 72 months (p=0.03) and was an independent predictor of outcome, HR 2.147 (p=0.014, Cox regression).

Conclusions: CYR61 promotes an aggressive MIBC phenotype and knockdown reverses features of EMT and increases chemo-sensitivity. Clinical correlation confirms CYR61 to be a promising MIBC treatment target.

SARS Research & Academic Prize: 0337

NEUTROPHILS PROMOTE HEPATIC COLON CANCER METASTASIS

Alex Gordon-Weeks, Su Lim Yin, Ruth Muschel
University of Oxford, Oxford, UK

Introduction: An elevated neutrophil/lymphocyte ratio predicts poor outcome following colorectal cancer surgery. However, the role that neutrophils play in the metastasis of colon cancer remains unknown. Here we show that pro-metastatic neutrophils are recruited to the hepatic microenvironment where they stimulate tumour angiogenesis.

Methods: Hepatic metastases were developed by injecting luciferase-expressing colon cancer cells into the spleens of mice. Flow cytometry characterised tumour-associated neutrophils and protein arrays identified circulating chemokines responsible for their recruitment. The effect of neutrophil depleting anti-Ly6G antibody clone 1A8 was analysed in tumour-bearing mice. Serum Macrophage Inhibitory Factor (MIF) concentration in patients with primary and metastatic colorectal cancer was determined using ELISA.

Results: Hepatic neutrophils increased in mice bearing metastases compared to naïve control mice and tumour-bearing mouse serum was enriched with the human neutrophil chemoattractant MIF. Neutrophils were found in hepatic metastases from colorectal cancer patients, whilst their serum MIF concentration was higher than in patients with primary colon cancer. Neutrophil depletion in mice significantly delayed the development of HT29, HCT-116 and LoVo metastases, rendering affected tumours avascular.

Discussion: Neutrophils recruited in response to tumour-derived MIF promote colon cancer metastasis through stimulation of angiogenesis at the metastatic site.

SARS Research & Academic Prize: 0142

THE THROMBIN CLOTTING PATHWAY IS UPREGULATED IN THE STROMA OF INVASIVE BREAST CANCER AND IS ASSOCIATED WITH AGGRESSIVE BREAST CANCER PHENOTYPES

Hudhaifah Shaker¹, Nigel J Bundred¹, Harith Albadry², Sarah L Nicholson², Susan Pritchard², Goran Landberg³, Cliona C Kirwan¹

¹The University of Manchester, Manchester Academic Health Science Centre, Department of Academic Surgery, University Hospital of South Manchester, Manchester, Manchester, UK
²Department of Histopathology, University Hospital of South Manchester, Manchester, Manchester, UK
³Breakthrough Breast Cancer Unit, Paterson Institute for Cancer Research, Manchester, UK
**Introduction:** Cancer-associated stromal fibroblasts play an important role in breast cancer (BC) progression. The thrombin clotting pathway is upregulated in cancer and associated with metastasis. The aim was to determine if tumour stromal expression of thrombin pathway components thrombin and Tissue Factor (TF) and their receptors PAR1 and PAR2 are upregulated in invasive BC vs DCIS and associated with aggressive BC phenotypes.

**Methods:** Stromal expression was determined by immunohistochemistry in two cohorts and correlated with clinicopathological variables. Prospective cohort study (PROSPECTIVE): Early BC (n=182) and DCIS (n=35). Archived tissue (ARCHIVED): BC (n=84) from 2001/02 study with 69 months median follow-up.

**Results:** PROSPECTIVE: TF was increased in BC vs DCIS (p<0.01). TF and thrombin were increased in HER2+ve positive BC (p<0.01) and correlated with increasing proliferation (Ki67 expression, p<0.001). TF was increased in ER-ve (p=0.02) and high grade BC (p<0.001). PAR1 and PAR2 correlated with KI67 and high grade cancer (p<0.01). BOTH COHORTS: PAR1 was increased in ER-ve (p<0.01) and PAR2 in HER2+ve (p<0.01). ARCHIVED: Stromal PAR1 was associated with reduced overall (p=0.02) and recurrence-free (p=0.07) survival.

**Conclusions:** Stromal thrombin pathway is upregulated in invasive BC, is associated with aggressive BC phenotypes and reduced survival, and is a potential novel target.

**SARS Research & Academic Prize: 1039**

**SELECTED ADIPOSE-STEM CELL SUPPLEMENTATION FOR PROMOTING AUTOLOGOUS FAT GRAFT SURVIVAL IN PLASTIC SURGERY**

Kavan S Johal\(^1\), Vivien C Lees\(^2\), Adam J Reid\(^3\)

\(^1\)Blond McIndoe Laboratories, Centre for Tissue Injury and Repair, University of Manchester, Manchester, UK

\(^2\)University Hospital South Manchester, Manchester, UK

**Introduction:** Adipose-derived stem cell (ASC) augmentation may improve survival of autologous fat grafts in reconstructive surgery. However, recognition of cellular heterogeneity demands refined ASC sub-populations selected for graft-enhancing properties.

**Methods:** Stromal vascular fraction (SVF) was extracted from human mixed(M), superficial(S), and deep(D) adipose tissue (AT). CD marker expression was characterised using flow cytometry prior to cell sorting (MACS) for CD24 and CD34 subpopulations. These subpopulations were characterised further in vitro utilising proliferation and adipogenic assays, in both standard and serum-free media.

**Results:** SVF mean prevalence of CD34 was M=55%, S=69%, D=42%; and of CD24 M=5.75%, S=4.4%, D=6.6%. CD34+ cells demonstrated improved proliferation versus unsorted populations (P<0.001) and adipogenic preference as shown by PCR (PPARγ, FABP4) and ELISA (leptin); however the reverse was seen for CD24+. Mixed AT ASCs had greater proliferation than superficial or deep in isolation. ASC proliferation in serum-free versus standard media was comparable.

**Conclusions:** CD34+ cells are abundant in SVF with improved proliferation and adipogenic differentiation compared to unsorted populations. Differences in phenotype of the superficial and deep layers of human AT may be critical for fat graft augmentation. Ease of culture in serum-free media will be essential for potential clinical translation of in vitro ASC expansion.
ASiT Oral Presentation Prize Abstracts

ASiT / Ethicon Surgical Education Prize: 0088

CLINICAL EXAMINATION DIAGRAMS OF SIGNS: THE CEDOS SURVEY

Georgios Pafitanis¹, Helen Dent²
¹Barts Health NHS Trust, London, UK
²East Surrey Hospital, Surrey, UK

Introduction: Electronic patient records (EPR) mandate efficient and accurate medical documentation. Diagrams are a commonly used platform to demonstrate signs found during clinical examination. The way doctors draw and interpret diagrams varies and has not been previously studied. This study investigates understanding of commonly used diagrams, with the aim of creating a common language to be used in digital clinical examination pro-formas.

Methods: Cross-sectional survey utilizing a multiple-choice questionnaire carried out across London hospitals. Initially 40 junior doctors were asked to document various clinical findings diagrammatically. Secondly, seventeen digitalized examination diagrams were included in a multiple-choice questionnaire and was given to 694 trainee doctors.

Results: The initial questionnaire found a range of diagrams were being used to represent each clinical sign. For the second questionnaire, 206 responses were received, 75% of which were in consensus. Most doctors (94%) felt that diagrams helped the understanding of clinical examination, site of pathology and improved the efficiency of documentation.

Conclusions: Digitalizing the diagrammatic representation of signs and symptoms in EPR will enhance clinical documentation, may contribute to better patient care and the use of standardised proformas should be encouraged.

ASiT/ Ethicon Surgical Education Prize Section

ASiT / Ethicon Surgical Education Prize: 0164

INDICATIVE OPERATIVE NUMBERS IN UROLOGY TRAINING – CAN OPERATIVE COMPETENCY BE ACHIEVED BY CCT?

Richard Robinson, Kieran O’Flynn
Salford Royal Hospitals NHS Foundation Trust, Salford, UK

Introduction: In 2011 the JCST issued guidelines for the award of a CCT in urology, including a list of 15 operative procedure groups, for which a trainee must have achieved a minimum level of exposure and competence. This study evaluated if the expected exposure correlated with that achieved by U.K. trainees.

Methods: The operative logbooks of trainees who applied for a CCT in urology from 2010-2012 were reviewed. All exposure for each operative group, irrespective of the degree of supervision, was combined to give total operative experience.

Results: Data on 154 trainees was available. Over 75% achieved the indicative number for radical prostatectomy, nephrectomy, ureteroscopy, PCNL and inguino-scrotal surgery. Only 70%, 68%, 64%, 25%, 21% and 8% reached the required level for cystectomy, TURBT, TURP, andrology, female and paediatric groin surgery respectively. There was a significant geographical variation in exposure, with no trainees reaching the minimum level for specific procedure groups in certain deaneries.

Conclusions: There is a disparity between the operative exposure expected by the JCST and that achieved by urology trainees. To prevent large numbers trainees failing to meet JCST requirements an urgent and significant change to urology training, or modification of the current guidelines, is required.
IS ULTRASOUND THE STETHOSCOPE OF THE 21ST CENTURY?
Tom Evans, Colin Evans
University Hospital of Wales, Cardiff, UK

Introduction: To teach medical students the basic principles of ultrasonography to aid diagnosis of surgical pathologies. Perform simple ultrasound scans and gain requisite skills to identify common pathologies by recognising normal anatomy.

Methods: A teaching program was designed with a consultant who regularly oversees radiologists in ultrasound training. Using published literature and local training guidelines an 8-week program was designed involving visits to outpatient ultrasound lists to scan consenting patients in a supervised manner. Scans were marked by the reporting consultant looking at 5 organs, with a score of 0 for failure to visualise, 1 for a visualised organ but poor diagnostic clarity and 2 for clear demonstration of normal or abnormal anatomy.

Results: Improvement of scores over the 8 week period, the first 20 scans mean score was 5.5 and the last 20 scans mean was 9.2 marks. (p=0.001)

Conclusions: In a relatively short time it was possible to teach a medical student the fundamentals of ultrasonography. Using these principles the trainee can identify commonly occurring pathologies, useful in the acute setting and in outpatient clinics that could reduce costs, waiting times and improve diagnosis as well as help alleviate pressures on elective radiology lists.

IMPACT OF INDIVIDUAL PERFORMANCE MONITORING IN SURGERY: A SYSTEMATIC REVIEW
Barnabas Gilbert¹, Mahiben Maruthappu², Antoine Duclos³, Matthew Carty⁴
¹University of Oxford, Oxford, UK
²Harvard University, Cambridge MA, USA
³University of Lyon, Lyon, France, ⁴Harvard University, Cambridge MA, USA

Introduction: To evaluate the findings of studies investigating individual surgeon performance.

Methods: Systematic review: MEDLINE, Embase, PsycINFO, AMED and the Cochrane Database of Systematic Reviews (from inception to February 2013). Two reviewers independently selected eligible studies based upon predetermined inclusion and exclusion criteria. 91 data-points per study were extracted using a pre-designed data collection form.

Results: The search strategy yielded 6,950 citations. 78 studies were eligible, comprising 910,903 procedures by 10,033 surgeons. Of the 39 studies monitoring surgical case volume, 29 (74.4%) reported that increasing case volume improves outcomes. Of the 12 studies assessing the impact of surgical experience, 9 (75.0%) found that experience improves outcomes. Individual surgeon performance significantly improved in each of the 3 studies (3.8%) assessing the impact of behavioural interventions. Cumulative sum (CUSUM) analysis, used in 23 studies (29.5%), is also identified as a reliable tool for monitoring adverse performance outcomes.

Conclusions: There is significant variability in the factors affecting individual surgeon performance. Increasing surgical case volume, experience, and prior surgical assistance all accelerate the learning curve. Surgical training programmes should seek to maximize individual case volume and performance-monitoring studies should adopt a wide range of procedure-specific outcome measures.
THE INNOVATION OF AN ELECTRONIC TEACHING LOG: RECORDING AND REWARDING SURGICAL TRAINEES’ TEACHING EXPERIENCE

Philip McElnay, Daniel Howard, Danya Bakhbakhi, Robert Marshall, Bev Tsai-Goodman, Jane Sansom
University Hospitals Bristol, Bristol, UK

Introduction: It has become commonplace to report teaching experience in training portfolios. We aimed to develop an innovative, user-friendly tool to increase the reliability of surgeons’ teaching records.

Methods: An electronic Teaching Log (T-Log) was designed and piloted by trainees. It can be used on smartphones, tablets or computers. Each teaching episode is logged with personal identifiers along with session details: date, audience, format, subject, reflection. The trainee is emailed a quarterly report to recognize their experience. T-Log data was used to assess uptake of the application.

Results: From 01/09/2013 to 03/01/2014 573 episodes were recorded on T-Log by 75 doctors (F1-Consultant) in our institution. Junior surgical doctors delivered 203. 10.3% were foundation and 31.0% core trainees. 43.8% of surgical sessions were delivered to 3rd year and 38.4% to 5th year medical students. 8.9% were lectures, 29.6% tutorials, 10.3% clinical skills and 21.2% bedside. The most common topic was “acute abdomen.” 58.6% taught groups of ≤5 and 14.3% groups of >20.

Conclusions: T-Log is an innovative approach to increasing the reliability of surgical trainees’ teaching records, providing useful personal and institutional data for ARCP, revalidation and other assessments. Our data demonstrates rising T-Log use across an increasing number of specialties.

EFFECTIVENESS OF LEARNING HOLMIUM LASER ENUCLEATION OF THE PROSTATE IN A VIRTUAL REALITY SIMULATION ENVIRONMENT – A VALIDATION STUDY

Cameron Kuronen-Stewart1, Kamran Ahmed1, Muhammed Shamim Kahn2, Prokar Dasgupta1, Ben Challacombe2, Richard Popert2
1Kings College London, London, UK
2Guy’s Hospital, London, UK

Introduction: Holmium laser enucleation of the prostate (HoLEP) is a difficult operation to learn. Virtual reality (VR) simulation with its novel and varied capabilities may allow the learning curve to be shortened. However, validation is required to assess its potential for use in training.

Methods: This prospective observational study recruited 39 participants, comprising of expert HoLEP surgeons (>100 HoLEPs, n=6), Endourological trainees, (n=17), and HoLEP novices (n=16). All participants received an educational package on HoLEP, comprising of lectures on technique, instructional videos, and videos of live surgeries. They then completed a 15-minute familiarisation exercise before carrying out a full enucleation on a simulated 60cc prostate. Data was collected using in-built simulator metrics and a quantitative questionnaire. The Mann-Whitney U test was used to compare groups.

Results: Experts had an increased enucleation efficiency (grams enucleated/hour) compared to both other groups (p<0.001). 86% of participants agreed that simulator based assessment
is essential for patient safety, 61% thought that the overall experience was similar to the real life setting, and 87% agreed that there was a role for a validated VR simulator for use in HoLEP training.

Conclusions: This study demonstrated construct, face, and content validity for this novel VR HoLEP simulator.

ASiT / Elsevier Medical Student Prize Section

The Influence of Renal Replacement Therapy (RRT) on Patient Outcomes after Elective Liver Transplantation

E Tian Tan¹, Stephen R Knight², Stephen J Wigmore², Ewen M Harrison²
¹University of Edinburgh, Edinburgh, UK
²Royal Infirmary of Edinburgh, Edinburgh, UK

Introduction: Renal insufficiency predicts poor transplant outcomes in those with end-stage liver failure but the influence of renal replacement therapy (RRT) is unknown. We aim to investigate whether having RRT prior to elective liver transplantation affects patient survival in those not listed for dual liver-kidney transplantation.

Methods: A retrospective analysis was performed using the UK Transplant Registry (1 Jan 2001 - 31 Dec 2011). Kaplan-Meier survival analysis was used to determine patient survival and Cox proportional hazards models were used to correct for baseline differences.

Results: Of 4828 elective liver transplants in the registry, 242 (5.0%) received RRT pre-transplantation. One year and five years patient survival in those receiving RRT were 84.0% (95% CI 79.0-89.3) and 69.2% (95% CI 62.2-77.1) compared with 90.2% (95% CI 89.2-91.1) and 78.1% (95% CI 76.6-79.6) in those not requiring RRT (log-rank test, p=0.01).

In multivariable analysis, significant predictors of patient survival were RRT with hazard ratio (HR) of 1.36 (95% CI 1.04-1.78, p=0.03), age (HR 1.01, 1.06-1.21, p<0.001), presence of sepsis (HR 1.43, 1.04-1.98, p=0.03), albumin (HR 0.90, 0.82-0.99, p=0.04) and creatinine >120µmol/L immediately pre-transplant (HR 1.29, 1.08-1.53, p=0.004).

Conclusions: Receiving RRT pre-transplant is associated with increased patient mortality risk even after adjusting for pre-transplant creatinine levels.

Conversion to Mammalian Target of Rapamycin Inhibitors and Calcineurin Inhibitor Discontinuation in Liver Transplantation: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

Thomas E Glover¹, Evangelia E Ntzani², Paul Gibbs¹, J Andrew Bradley¹, Christopher JE Watson¹, Vasilis Kosmoliaptsis¹
¹Department of Surgery, University of Cambridge, Cambridge, UK
²Clinical and Molecular Epidemiology Unit, University of Ioannina, Ioannina, Greece

Introduction: Conversion to mammalian target of rapamycin inhibitors (mTORI) is often utilised in liver transplantation to overcome calcineurin inhibitor (CNI) nephrotoxicity but the evidence base for this approach is not well defined.

Methods: We searched all major databases (April 2013) and conducted a meta-analysis of randomised controlled trials (RCTs) to test the hypothesis that, following liver transplantation,
conversion to mTORI (sirolimus/everolimus) compared to CNI continuation is associated with an improvement in renal function at 1 year.

**Results:** Nine RCTs (1,870 patients) met the inclusion criteria. Use of mTORI was associated with a significant improvement in renal function of 6.1 mL/min (95%CI: 1.7-10.4, p=0.006) at 1 year. The risks of death, graft loss or infection were not increased following mTORI conversion. However, mTORI treatment increased the risk of acute rejection (RR: 1.99, 95%CI: 1.40-2.83), mouth ulceration (RR: 8.12, 95%CI: 2.80-23.52) and adverse-event related treatment discontinuation (RR: 2.36, 95%CI: 1.29-4.29). Fewer patients on mTORI needed renal replacement therapy (RR: 0.40, 95%CI: 0.19-0.84) after 1 year at the expense of higher proteinuria (RR: 2.71, 95%CI: 1.63-4.52).

**Conclusions:** In liver transplantation, conversion to mTORI enables CNI discontinuation with significant improvement in renal function after 1 year but with an increased risk of adverse events.

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**ASiT / Elsevier Medical Student Prize: 1333**

**IMPACT OF NON-PUBLICATION OF RANDOMISED-CONTROLLED TRIALS IN SURGERY AS A SOURCE OF RESOURCE WASTAGE**

SJ Chapman¹, H Mahmood², B Shelton², JEF Fitzgerald⁴, E Harrison⁶, A Bhangu⁵

¹University of Leeds, School of Medicine, Leeds, UK
²University of Birmingham, School of Medicine, Birmingham, UK
³St. George’s University Medical School, London, UK
⁴Barnet Hospital, London, UK, ⁵West Midlands Deanery, West Midlands, UK, ⁶Edinburgh Royal Infirmary, Edinburgh, UK

**Introduction:** Non-publication of randomised controlled trials (RCTs) represents lost knowledge and a waste of resources. The primary aim of this study was to determine the fate of registered RCTs in surgery.

**Methods:** The ClinicalTrials.gov database was queried for interventional trials registered between Jan2008-Dec2009 using the keyword ‘surgery’. Eligible trials involved patients undergoing an operation in any specialty in which the intervention impacted on surgical outcome. Rate of publication was determined via cross-matching with PubMed.gov; email queries to authors sought to minimise missing data. Logistic regression and Kaplan-Meier survival techniques were used to determine the impact of key variables on publication status.

**Results:** 505 registered surgical trials met the inclusion criteria. Some 21% (n=106) were stopped prematurely, most commonly for poor recruitment (37.7%) and lack of continued funding (8.5%). The remaining 399 proceeded to completion, with a publication rate of 50.4% (n=201). Trials funded by industry were significantly more likely to be published (OR: 0.56, 95% CI: 0.38-0.84, p=0.005) and in a faster time period (log-rank p-value= 0.015).

**Conclusions:** One in five surgical RCTs are stopped early and half of completed trials remain unpublished which represents a significant waste of research resources. Collaborations with industry appear beneficial in these trials.
ASiT Oral Presentation Prize Abstracts

ASiT / Elsevier Medical Student Prize: 0060
PALLIATIVE TREATMENT FOR SYMPTOMATIC MALIGNANT PERICARDIAL EFFUSION: A SYSTEMATIC REVIEW AND QUANTITATIVE SYNTHESIS
Guled M Jama1, Marco Scarci2, Jack Bowden3, Stefan J Marciniak4
1School of Clinical Medicine, University of Cambridge, Cambridge, UK
2Papworth Hospital NHS Foundation Trust, Papworth Everard, Cambridge, UK
3MRC Biostatistics Unit, Institute of Public Health, University Forvie Site, Cambridge, UK
4Division of Respiratory Medicine, Department of Medicine, Addenbrooke’s Hospital, Cambridge, UK

Introduction: Consensus has yet to emerge regarding the optimal choice of therapy in the management of malignant pericardial effusion. We review the literature to evaluate the existing evidence on the clinical effectiveness of surgical and interventional cardiological approaches.

Methods: A formal literature search using pre-defined keywords was undertaken. Data on intervention type, number of patients treated, number of patients surviving the procedure, effusion recurrences, need for further interventions, and procedure-related complications were obtained from eligible studies and collated in a quantitative synthesis.

Results: Of 1181 articles identified, 59 contained sufficient quantitative information to be included in the synthesis. Three surgical approaches were described in a total of 19 studies with overall success rates ranging from 93.3% to 100% and associated complication rates ranging from 4.5% to 10.3%. The remaining 40 studies reported 4 non-surgical treatment modalities with success rates of 55.1% to 90.4% and complication rates of 5.9% to 32%.

Conclusions: It appears that surgical drainage of the pericardium is superior to non-surgical approaches for symptom relief, effusion recurrence, and morbidity; however, the lack of randomised controlled trials means that selection bias remains an important limitation to the field and definitive adequately controlled trials should be a priority.

ASiT / Elsevier Medical Student Prize: 1150
RED CELL DISTRIBUTION WIDTH PREDICTS LONG-TERM MORTALITY IN CRITICALLY ILL SURGICAL PATIENTS
Dominic Marshall1, Marco Pimentel2, Joseph Shalhoub1, Justin D Salciccioli1
1Imperial College London, London, UK
2University of Oxford, Oxford, UK

Introduction: Red cell distribution width (RDW) predicts outcomes in various patient populations. We aimed to examine the predictive value of RDW on short-term and long-term mortality in surgical patients requiring ITU admission.

Methods: Retrospective cohort study of surgical patients requiring ITU care from the MIMIC II database. We evaluated the association between RDW and mortality at ITU discharge, 28-days, 1-year and 2-years. Univariate associations were assessed using one-way ANOVA or Chi-square test, as appropriate. Multivariable logistic regression was used to assess the independent association of RDW on outcomes.

Results: A total of 5340 patients were evaluated. The median age was 61 years (IQR:46-76), median SAPSI score of 13 (IQR:9-17) and in-hospital mortality was 12%. Univariate analysis identified a stepwise increase in mortality with increasing quartile of baseline RDW at all time points evaluated (all p<0.001). After multivariable adjustments, the significant stepwise increase...
in mortality remained for 1-year and 2-year mortality (both p<0.001).

**Conclusions:** RDW is independently associated with long-term outcomes in post-surgical ITU patients. These data suggest that RDW may be clinically useful for prognostication in this population. Additional work is required to assess the underlying pathophysiological mechanisms underlying this association.

**ASiT / Elsevier Medical Student Prize: 0115**

**EVALUATION OF THE EFFECT OF TREATMENT IN PATIENTS UNDERGOING HEART VALVE SURGERY IN SHEFFIELD USING PATIENT REPORTED OUTCOME MEASURES**

Charlotte Holmes¹, Norman Briffa²

¹University of Sheffield, Sheffield, UK
²Sheffield Teaching Hospitals, NHS Trust, Sheffield, UK

**Introduction:** Due to the increasing prevalence of valvular heart disease (VHD) and the development of Transcatheter techniques, it is important to evaluate the effect of valve surgery on patient health related quality of life (HRQoL) using Patient Reported Outcome Measures (PROMs). Research into PROMs and their validation is limited. This study used the European Quality of Life Five Domain questionnaire (EQ-5D) and the Minnesota Living with Heart Failure Questionnaire (MLHFQ) to measure the impact of valve surgery on patient HRQoL.

**Methods:** 84 patients completed both PROMs the night before surgery and 3 months post-discharge. The impact of surgery was determined by comparing the preoperative and postoperative PROMs scores. The PROMs were validated by evaluating their validity, reliability, responsiveness, sensitivity and interpretability for use in valve surgery.

**Results:** Surgery was found to have a positive impact on patient HRQoL. The MLHFQ was found to be an effective measure of HRQoL. Supporting evidence was found for the EQ-5D; due to its added value compared to standard symptom measures.

**Conclusions:** This pilot study shows that surgery improves HRQoL and suggests the EQ-5D and MLHFQ can be used in valve surgery. Further research is to be carried out in a larger sample with more frequent time intervals.
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