OC-136 CHANGES IN THE PRACTICE OF LIVER RESECTION FOR COLORECTAL LIVER METASTASES OVER A 15-YEAR PERIOD IN A HIGH-VOLUME UK HEPATOBILIARY UNIT

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Introduction Colorectal cancer remains the second most common cause of cancer-related death in Europe and North America. More than 50% of patients develop liver metastases within their lifetime and liver resection remains their only chance of cure. Recent trends in liver surgery have favoured parenchyma-preserving liver surgery over traditional major hepatectomies.[1] The aim of this study was to investigate the trend in approach to liver surgery over a 15-year period at a high-volume hepatobiliary unit.

Methods A prospectively maintained database containing data for the resection of colorectal liver metastases was analysed from 1995 to 2010. Demographic data were extracted together with data on types of liver resection, morbidity and mortality rates, and major vs minor hepatectomies. Minor hepatectomy was defined as any resection up to three segments and major hepatectomy was more than three segments resected. Data displayed compare the three 5-year periods from: 1995 to 1999, 2000 to 2004 and 2005 to 2009.

Results A total of 1414 hepatectomies were undertaken from 1995 up to 2010. 172 resections were performed in 1995–1999, 570 in 2000–2004 and 672 in 2005–2009. Median age and range were as follows: 61 years (36–80 years) in 1995–1999, 65 years (32–87 years) in 2000–2004, and 65 years (23–91 years) in 2005–2009. Major vs minor hepatectomy ratio were as follows: 55:45 in 1995–1999, 45:55 in 2000–2004, and 33:67 in 2005–2009. Complication rates were as follows: 29.1% in 1995–1999, 23.5% in 2000–2004, and 15.9% in 2005–2009. Mortality rates were significantly reduced from 9.3% in 1995–1999, and 3.3% in 2000–2004, to 1.9% in 2005–2009 (P

Conclusion The trend in liver resection has been towards more segmentectomies and metastasectomies rather than the more traditional major anatomical resections. This has been associated with a decreased complication rate and a significantly reduced mortality rate. This may reflect not only improvements in technique and critical care management but also in the paradigm shift towards parenchyma-preserving liver surgery. Local recurrence and survival rates will dictate whether this is the optimal treatment.

Competing interests None declared.

REFERENCE

1. **von Heesen M**, Schuld J, Sperling J, *et al*. Parenchyma-preserving hepatic resection for colorectal liver metastases. *Langenbecks Arch Surg* 2011.

DDF trainee symposium: "I do it best!—learning from training in other specialities"

OC-137 IS RESEARCH DECLINING AMONG GASTROENTEROLOGY TRAINEES?

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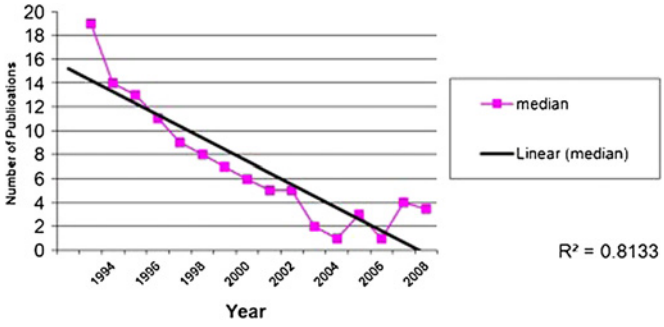
Introduction UK gastroenterology training programmes have undergone significant changes over recent years. Currently, little is known about the impact this may have had upon trainees' research experience. This study evaluates research trends among gastroenterology trainees over a 15-year period by assessing publication rates and number of higher degrees attained by trainees at the time they are appointed to NHS consultant posts.

Methods All consultant appointments and their previous place of training were identified between February 1993 and December 2008 (courtesy of the BSG). The number and type of publications of each consultant was collected using PubMed & Embase databases. An 18-month lag time was allowed post consultant appointment to allow for potential time delays between submission and publication. The consultant name was then either; matched with their entry in the British Society of Gastroenterology (BSG) handbook, medical directory or an individuals' department contacted and higher degree noted. Consultant appointment to either teaching hospital (TH) or district general hospital (DGH) was collected and data analysed using Microsoft Excel.

Results Over the 15-year period, 825 consultant appointments were made. We excluded consultant-to-consultant transfers and appointments to or from academic posts (n=126). Also excluded were trainees who had subsequently left the UK or the medical register (n=146). Of the 553 appointments, 267 (48%) were appointed to TH posts and 45% (249/553) were appointed to posts within the region they trained. There is a significant decreasing trend in the median number of publications by gastroenterology trainees' prior to their NHS consultant appointment from 19 in 1993 to four in 2008, correlation co-efficient R^2=0.81 (r=−0.90, df=14, p=<0.001, Abstract OC-137 figure 1). Mean publication rates of consultants appointed to TH's posts (10.1, n=267) were higher than DGH consultants (7.37, n=286) (p=0.0012), with differences also seen when comparing higher degrees of TH consultants with DGH consultants (53.2% vs 22.1%, p=0.017).



Abstract OC-137 Figure 1 Median publications for consultants.

Conclusion This study demonstrates a significant decreasing trend in the number of publications obtained by a gastroenterology trainee at time of their appointment to an NHS consultant post. This could act as a tool in assessing academic activity among trainees. Our data would support interventions to promote academic training in postgraduate training programmes.

Competing interests None declared.

OC-138 QUALITY OF COLONOSCOPIC PROCEDURES AMONG INDEPENDENTLY PRACTISING GASTROENTEROLOGY TRAINEES IN A NW LONDON COHORT: ARE THEY REACHING NATIONAL STANDARDS?

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Introduction The Global Rating Scale (GRS) and Joint Advisory Group on GI Endoscopy (JAG) auditable outcome standards have