



MSK POSTER PRESENTATIONS

P001 Inter observer differences and perception of image interpretation, regarding peri-articular osteopenia of hand radiographs

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Background: when reporting hand radiographs the use of the terminology peri-articular osteopenia can often lead to the patient being referred to rheumatology to ensure arthropathy is not the cause of the osteopenia. This term can often be subjective also dependant on imaging equipment (different manufacturers) and algorithms used. Another variant is experience of the reporting author I.E Consultant radiologist, consultant radiographer, or advanced practitioner with various years of experience.

Aims: to see whether there is correlation of the diagnosis of peri-articular osteopenia, due to different manufacturing equipment or level of experience of the reporting author. Also does digital radiography give the appearance of peri-articular osteopenia due to manufacturing equipment and algorithms used.

Method: a retrospective audit of hand x-ray's blind reviewed by 4 reporting authors of various experience and different imaging manufacturers. This is to see whether the correct diagnosis of peri-articular osteopenia is due to reporter experience or the equipment it is obtained from.

Conclusion: the evidence is currently being collated however this could help improve accuracy of reports and subsequently reduced the amount of referrals that are unnecessary to the rheumatology clinic.

Gossec L, Dougados M, Goupille P, Cantagrel A, Sibilia J, Meyer O, Sany J, Daurès JP, Combe B. Gossec L, Dougados M, Goupille P, Cantagrel A, Sibilia J, Meyer O, Sany J, Daurès JP, Combe B. (2004). Prognostic factors for remission in early rheumatoid arthritis: a multiparameter prospective study. *Ann Rheum Dis.* 63 (1), 675-680. Alenfeld FE, Diessel E, Brezger M, Sieper J, Felsenberg D, Braun J.. (2000). Detailed analyses of periarticular osteoporosis in rheumatoid arthritis. *Osteoporos International.* 11 (1), 400-407. Böttcher J, Pfeil A. (2008). Diagnosis of periarticular osteoporosis in rheumatoid arthritis using digital X-ray radiogrammetry. *Arthritis research and therapy.* 10 (103), 103.

P002 Intra- and Inter-operator precision errors in paraspinal muscle manual segmentation from MRI

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Background: Paraspinal muscles provide stability for the spine, assist in trunk movement and maintain posture and bilateral asymmetry is reported to be a potential indicator of localised spinal pathology and lower back pain (LBP) (Fortin, 2013). While visualisation of paraspinal muscle size can be used as a general estimate of asymmetry, measurement of the cross-sectional area provides the potential to detect smaller changes and measure changes over time. The purpose of this study was to explore the intra- and inter-operator precision errors in segmenting paraspinal muscles from MRI scans.

Methods: 30 Chinese-Singaporean women, mean age 59.7y \pm 3.9, mean body mass index 22.3kg/m² \pm 2.4 were recruited and scanned with appropriate consent and approvals. Images at L3 were used to manually segment the psoas, erector spinae and multifidus muscles using ImageJ (NIH). Three operators undertook 30 repeated measurements on separate days. Intra-class correlations (ICCs) were calculated using SPSS V26.0 (IBM, IL).

Results: ICCs (95%CI) ranged from 0.76 (0.42 to 0.89) to 0.99 (0.98 to 1.0) for intra-operator precision errors and 0.25 (0.03 to 0.51) to 0.79 (0.67 to 0.86) for inter-operator precision errors, with the largest errors seen in the multifidus.

Conclusion: Inter-operator precision errors were greater than the intra-operator errors. The greatest precision errors were seen in the multifidus, which is the smallest of the muscles and it can be difficult to differentiate from the erector spinae in some patients. Operator training and benchmarking is essential to reduce precision errors in paraspinal segmentation for measurements to be widely implemented in practice.

Fortin M., et al. (2013) Factors Associated With Paraspinal Muscle Asymmetry in Size and Composition in a General Population Sample of Men. *Physical Therapy*, 93, 1540-1550.

P003 Acetabular retroversion and pelvis radiographs

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Dartford & Gravesham NHS Trust

Acetabular retroversion (AR) may contribute to pincer femoroacetabular impingement in patients with hip pain and lead to osteoarthritis of the hip. AR consists of a malorientation of the acetabulum in the sagittal plane. The delay or



the non-diagnosis of AR could have an impact in the overall management of femoroacetabular impingement (FAI). The clinical outcomes are dependent on the correct characterization of lesions. The signs for acetabular retroversion are the crossover sign, the posterior wall sign, and the ischial spine sign. Assessment of acetabular version on anteroposterior pelvic views has gained increasing attention. The identification of radiographic changes in the acetabular orientation (or version) should be included in the standard assessment of hip pain in the young adult with or without risk factors. Assessing acetabular version on plain radiographs is subject to intra and inter-individual error. the sign may overestimate the incidence of acetabular retroversion. A crossover sign is frequently present on well-positioned AP pelvis radiographs in the absence of acetabular retroversion. Femoroacetabular impingement (FAI) is a widely accepted abnormality of the hip, but its relevance remains controversial. This poster demonstrates the signs and discusses their reliability on pelvis radiographs.

1. Direito-Santos B, França G, Nunes J, et al. (2018) Acetabular retroversion: Diagnosis and treatment. EFORT Open Rev. 3(11):595-603. 2. Kappe et al. (2011) Reliability of radiographic signs for acetabular retroversion. International orthopaedics 35(6)817-21. 3. Zaltz I, Kelly BT, Hetsroni I, Bedi A. (2013) The crossover sign overestimates acetabular retroversion. Clin Orthop Relat Res. 471(8):2463-2470.

P004 A pictorial review of non-scaploid fractures detected on cone beam computed tomography for assessment of suspected scaphoid fractures

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Background: Wrist injuries are common presentations to the emergency department. Studies (Borel, 2017; Neubauer, 2018) have shown that cone beam computed tomography (CBCT), a low radiation dose technique, is superior to conventional radiography in detecting scaphoid and non-scaploid fractures. It provides early detection and confirmation of any presence or absence of acute fractures and helps avoid unnecessary cast immobilisation and multiple attendances to the hospital.

Purpose of poster: The aim of this pictorial review is to share our experience in different types of non-scaploid fracture imaging findings detected with the use of wrist CBCT for suspected scaphoid fractures. In our institution, patients presenting to the emergency department with normal radiographs but high clinical suspicion of a scaphoid injury went on to have CBCT of the wrist during the same attendance. The CBCT imaging was reported within the same day by a MSK radiologist to facilitate forward management. Besides detecting and excluding scaphoid fractures, a number of non-scaploid fractures were also incidentally identified, which were all radiographically occult on conventional radiographs. Examples of these non-scaploid fractures include fracture of the radius, ulna, capitate, trapezium and hamate. The use of CBCT allowed prompt diagnosis of these non-scaploid fractures which can have important implications on patients' management.

Summary of content: This pictorial review outlines some of the identified cases of non-scaploid fractures in suspected scaphoid fracture wrist CBCT imaging and their subsequent clinical course and management.

1. Borel, C., Larbi, A., Delclaux, S., Lapegue, F., Chiavassa-Gandois, H., Sans, N. and Faruch-Bilfeld, M. (2017) Diagnostic value of cone beam computed tomography (CBCT) in occult scaphoid and wrist fractures. European Journal of Radiology, 97, 59-64.
2. Neubauer, J., Benndorf, M., Ehrhrt-Braun, C., Reising, K., Yilmaz, T., Klein, C., Zajonc, H., Kotter, E., Langer, M. and Goerke, S. M. (2018) Comparison of the diagnostic accuracy of cone beam computed tomography and radiography for scaphoid fractures. Scientific Reports, 8, 3906.

P005 A retrospective study of the diagnostic yield of ultrasound for active synovitis in suspected inflammatory arthritis

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Background: There is a rising demand for ultrasound scanning of hands & feet in the diagnosis of suspected inflammatory arthritis, including requests where subclinical synovitis is suspected, but no current standard for the diagnostic yield of such studies. The distribution of affected joints varies amongst subtypes of inflammatory arthritis. We aimed to identify the positive diagnostic rate of US hands & feet for active synovitis; in particular, requests for "subclinical synovitis?". We also aimed to identify the distribution of joints involved to propose a more efficient ultrasound examination. A 7 joint examination has been proposed by Backhaus et al. 2009, and we wanted to retrospectively validate this system.

Methods: Retrospective review of all ultrasound examinations of both hands or both feet referred from the Rheumatology service in 2013 and 2019 at a University Teaching Hospital. Requests were divided into those for subclinical synovitis, diagnostic scans or treatment monitoring. Reports were screened for positivity (active synovitis defined as synovial thickening with Doppler signal). The joints affected by active synovitis were also recorded.

Results: 270 requests were identified (50 from 2013 and 220 from 2019). In total 37 (14%) scans were positive for active synovitis. Of 42 requests which stated "subclinical synovitis?", 8 (19%) were positive. Of 37 scans positive for active synovitis, the most common joints involved (frequency ≥ 5) were the right radiocarpal, right DRUJ, bilateral 1st



to 3rd MCP joints, right index PIP joint and right little finger DIP joint. In only 2 cases was there active synovitis isolated to the DIP joints, without any other proximal joint involvement.

Conclusion: Ultrasound scanning for subclinical synovitis is warranted and has a diagnostic yield for active synovitis is similar to the baseline rate. A limited ultrasound examination could include the radiocarpal, radioulnar, 1st-- 3rd MCP joints, index/middle PIP joint and any other symptomatic joints.

Backhaus, M., Ohrndorf, S., Kellner, H., Strunk, J., Backhaus, T. M., Hartung, W., ... & SÄ¶rensen, H. (2009). Evaluation of a novel 7-joint ultrasound score in daily rheumatologic practice: a pilot project. *Arthritis Care & Research: Official Journal of the American College of Rheumatology*, 61(9), 1194-1201. Wilkinson, A., Reed, M., & Else, S. (2019). AB1188 AUDIT: IMPACT OF MUSCULOSKELETAL ULTRASOUND USE IN RHEUMATOLOGY CLINICS.

P006 Radiology reporting of osteoporotic vertebral fragility fractures on computed tomography studies: Lessons from local practice

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Background: Vertebral fragility fractures (VFFs) are the most common type of osteoporotic fracture and a powerful predictor of future hip fracture (increased relative risk =2.8)¹. Radiological identification of VFFs with subsequent referral to local Fracture Liaison Service (FLS) is an opportunity to medically intervene before further fracture. Audit standards were developed by consensus between The Royal College of Radiologists, Royal College of Physicians, and Royal Osteoporosis Society². 50 consecutive non-traumatic CTs including the thoracolumbar spine in patients ≥70 years old were reviewed.

Purpose: To evaluate local reporting in the diagnosis of VFFs on CT and compare with national practice. To raise local awareness of osteoporotic fractures, improve the quality of radiology reports and communication with referring clinicians.

Summary: 14% (7/50) CTs demonstrated incidental VFFs and 86% were not reported. There was a lack of compliance with all audit standards: although 92% of reports commented on the vertebrae (target 100%), this compared favourably with pooled national results (79%). 0% described fracture severity (target 100%), 14% used the recommended terminology 'vertebral fracture' (target 100%), and 0% recommended appropriate onward referral (target 100%). National performance was 26.2%, 60.1% and 2.6% respectively.

Following local presentation and discussion of results, standard reporting terminology was agreed. An electronic report notification system has been imbedded into the local Radiology Information System. Referrals to FLS have already increased (125 in 4/12 vs. 86 total 2018). This audit has provided impetus to improve the diagnosis and care for patients with osteoporotic VFFs and we will re-audit at 12 months.

1. Adams J, Clark E, Clunie G et al (2017) Clinical guidance for the effective identification of vertebral fractures. National Osteoporosis Society, London 2. Howlett, D., Drinkwater, K., Mahmood, N., Illes, J., Griffin, J. and Javid, K., 2020. Radiology reporting of osteoporotic vertebral fragility fractures on computed tomography studies: results of a UK national audit. *European Radiology*, 30(9), pp.4713-4723.

P007 Standing straight: Evaluation of erect knee radiographic positioning

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Background: Radiographic assessment of the knee is widely used, particularly in the assessment of osteoarthritis.¹ Currently radiographs are routinely undertaken in the erect position however there is no imaging technique protocol within the literature, with supine position advocating central position of the patella.^{2,3} It is unclear whether this translates to erect positioning.

Method: An audit of quality was conducted with retrospective and prospective phases. Criteria including patient demographics and presenting complain, patella position, tibiofemoral axis and fibula head position were evaluated. Following the conclusion and analysis of the retrospective phase, a novel imaging procedure was designed, informed by the literature review, and subsequently the prospective phase was completed.

Results: Only patients with a native knee were included in the study. No significant demographic differences were identified in either the retrospective (n=152) or prospective (n=30) phase (mean age: 62 vs 58years; p=0.136, female 59.9% vs 60.0%; p=0.960).

Knee quality in the retrospective cohort was poor with inconsistent centring points and only 38.8% adequately demonstrating the tibiofemoral joint, a centralised patella was not correlated with optimal positioning. The prospective cohort focused on the tibiofemoral axis as a positioning tool and a significant improvement in quality was observed (86.7%; p<0.05).

Conclusion: Adequate positioning should be ascertained by the alignment between the tibia and femur (tibiofemoral axis). Further research and development of internationally recognised standard position is required.

1. Felson, D., McAlindon, T., Anderson, J., Weissman, B., Aliabadi, P., Evans, S., Levy, D. and LaValley, M., 1997. Defining radiographic osteoarthritis for the whole knee. *Osteoarthritis and Cartilage*, 5(4), pp.241-250.



2. A Stewart Whitley and Al, E. (2016). Clarks positioning in radiography. Boca Raton, Fla.: Crc Press.
3. Bull, S. (2006). Skeletal radiography: a concise introduction to projection radiography. Stanley: Toolkit Publications.

P010 Has the introduction of an Advanced Practitioner led service had an impact on radiation dose for fluoroscopy guided lumbar punctures?

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Background: Historically, radiological tasks requiring fluoroscopy such as myelography, barium studies and fluoroscopy guided lumbar punctures (LP) have been performed by radiologists with the assistance of radiographers. As the National Health Service (NHS) evolves, more responsibilities are being inherited by specifically trained radiographers to relieve workload due to a national shortage of radiologists. One step taken by the trust was to train an Advanced Practitioner (AP) in fluoroscopy to perform fluoroscopy guided LPs.

Purpose of poster: This poster presents the retrospective service evaluation undertaken to evaluate and compare examinations performed by radiologists and an AP in terms of dose area product (DAP) and fluoroscopy screening time.

Summary of content: A total of 300 X-ray guided LPs doses were reviewed. 150 LPs performed by radiologists and 150 LPs performed by the AP. Each groups mean was calculated and comparisons made between the DAP and fluoroscopy time made to determine whether there was a significant difference between the two operator groups. The service evaluation revealed that AP-performed LPs had a significantly lower DAP and fluoroscopy time (a mean of 4.21Gycm² and 0.74min) compared to the radiologist-performed LPs (a mean of 5.72Gycm² and 0.94min). The review demonstrates that patient care, in terms of radiation dose, is not affected by the introduction of an advanced practitioner. It also highlights the effectiveness of APs in an evolving radiology department.

1. The Ionising Radiation (Medical Exposure) Regulations (2017) (SI 2017/1322).

2. Johnston, G., Crombie, I.K., Alder, E.M., Davies, H.T.O. and Millard, A., (2000). Reviewing audit: barriers and facilitating factors for effective clinical audit. *BMJ Quality & Safety*, 9(1), 23-36

P011 GP referrals for lumbar spine radiographs

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A Trust GIRFT review highlighted that an unusually high number of lumbar spine examinations were performed from a GP referral source when compared to other local and national NHS Trusts. To get a better understanding of the data a retrospective audit was performed to ascertain whether the examinations were justified when compared to RCR and NICE guidelines. The 2016 NICE guidelines for the management of lower back pain in adults state x-ray imaging for low back pain should not be routinely offered without specialist opinion or suspicion of serious underlying pathology. A high referral rate has an impact on department resources as well as the ionising radiation risks if there is little diagnostic yield. This poster will demonstrate the learning from the audit and the subsequent actions.

1. National Institute for Health and care excellence. (2016) Low back pain and sciatica in over 16s: assessment and management.

P012 Non-musculoskeletal findings on musculoskeletal lumbar spine and pelvic MRI; where, what and what to do

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Background: Non-musculoskeletal incidental findings on musculoskeletal MRI of the lumbar spine and pelvis are common. Some incidental findings can be reported but dismissed as insignificant. Other findings are significant and require follow up or treatment. However, incidental findings are sometimes not seen or when seen their nature and significance may be misinterpreted. This can result in a missed opportunity to deal with significant pathology early or costly over investigation of insignificant pathologies with associated increased patient anxiety. Systematic assessment of the non-musculoskeletal areas on musculoskeletal lumbar spine and pelvic MRI reduces missed diagnoses. Accurate interpretation of these findings should lead to appropriate further evaluation and management.

Purpose of poster: To demonstrate non-musculoskeletal pathology seen on MRI performed to investigate the lumbar spine and pelvic musculoskeletal structures. This will highlight organs that should be inspected for pathology and demonstrates a variety of pathologies describing how they appear on MRI. The significance of each finding will be explained with suggestions for appropriate onward management.

Summary of content: The poster will demonstrate a variety of abnormalities related to the renal, genital and gastrointestinal tracts seen on musculoskeletal MRI. As well as demonstrating and describing the imaging features of



each pathology suggestions will be made about whether further investigation is required, what this should be and if referral to a non-musculoskeletal specialist is required.

P013 Transitional vertebra on MRI of the lumbar spine

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Background: Transitional vertebrae are congenital spinal anomalies where a vertebra has indeterminate vertebral characteristics from an adjacent vertebral segment. They can occur at any of the spinal transitional levels but are most common at the lumbosacral junction. The reporting and correct description of these is vital as they can be symptomatic, but more importantly, particularly at the lumbosacral junction, can lead to confusion when describing findings and thus lead to the incorrect level being operated on at surgery. Learning outcomes and application to practice: The purpose of the poster is to describe the different descriptors used for this entity in the lumbosacral spine of patients having a MRI scan of their lumbar spine at one large teaching NHS teaching hospital. We will demonstrate the percentage of patients reported as having lumbosacral transitional vertebrae (LSTV) compared with published literature and compare our descriptors with any national recommendations.

Summary of content: A description of the prevalence of LSTVs in one cohort of patients with the reasons why accurate description is relevant and important in the clinical setting, with a pictorial review of several case studies.

Jancuska, Jeffrey M et al., (2015) 'A Review of Symptomatic Lumbosacral Transitional Vertebrae: Bertolotti's Syndrome', International journal of spine surgery, 9(42). doi:10.14444/2042 Konin, G.P., Walz, D.M., (2010) 'Lumbosacral transitional vertebra: Classification, Imaging Findings and clinical relevance', American Journal of Neuroradiology, 31(10), 1778-1786; DOI: <https://doi.org/10.3174/ajnr.A2036> Shaikh, Asra et al., (2017) 'Prevalence of Lumbosacral Transitional Vertebra in Individuals with Low Back Pain: Evaluation Using Plain Radiography and Magnetic Resonance Imaging', Asian spine journal, 11(6), 892-897. doi:10.4184/asj.2017.11.6.892

P014 Audit assessing the appropriateness of lumbar spine radiography requests in low back pain

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Background: NICE and Royal College of Radiology (RCR) guidelines propose a limited diagnostic role of routine lumbar radiography for low back pain in the absence of specific risk factors e.g. trauma, infection, inflammation or suspected malignancy. (1)(2) This definition does not apply to mechanical back pain with radicular symptoms. Furthermore, iREFER guidelines support the use of lumbar radiography in suspected osteoporotic vertebral collapse in the elderly. Our aim was the evaluate the appropriateness of lumbar spine radiography requests in our emergency department with reference to mentioned guidelines.

Methods: We evaluated the lumbar spine radiograph requests for studies performed between 1st January and 1st September 2020 in the emergency department with reference to the guidelines followed by a re-audit between 1st October and 1st December 2020.

Results: A total of 69 lumbar spine radiographs were performed during this period with a modal age range being 80-89 years. 40/69 (58%) of lumbar radiographs were deemed to have an appropriate clinical indication, however 29/69 (42%) of lumbar radiographs had an indication of mechanical back pain with radicular symptoms in the absence of risk factors. 0% of the radiographs performed for the latter indication were reported positive for an acute pathology. A re-audit of this data following presentation of findings to the emergency department demonstrated a significant increase in proportion of radiographs performed with an appropriate indication (85/103 - 82%).

Conclusion: Our audit demonstrates a significant increase in proportion of lumbar radiographs with an appropriate indication, thereby reducing unnecessary radiation to patients.

1. Low back pain and sciatica in over 16s: assessment and management. NICE guideline [NG59] Published date: November 2016.

<https://www.nice.org.uk/guidance/ng59>

2. Royal College of Radiologists. iRefer: Making the best use of clinical radiology. RCR iRefer Guidelines v. 8. 2017. <https://www.irefer.org.uk/>

P015 Hip bone osteonecrosis with intraosseous pneumatosis after abdominal aortic aneurysm repair: a case of emphysematous osteomyelitis

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Background: Intraosseous pneumatosis is a rare and often fatal condition characterised by air accumulation in the bone that may be brought about by infection, trauma (surgical or otherwise), degenerative disease or neoplastic processes. Here, we present a case of pelvic emphysematous osteomyelitis following repair of an infected abdominal aortic aneurysm.

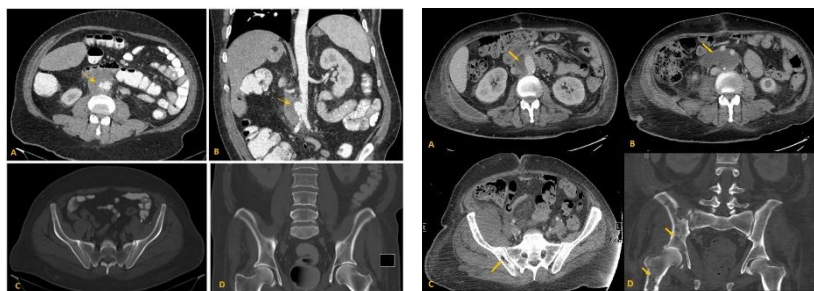


Case summary: A 56-year-old Saudi male, known to have diabetes and hypertension, presented to the emergency department complaining of intermittent abdominal pain over the right lower quadrant. The patient was later diagnosed intraoperatively with an infected abdominal aortic aneurysm and treated appropriately. During multiple follow-up imaging studies, the patient was noted to have multiple intra-abdominal fluid collections, as well as intraosseous pneumatosis in the pelvis and right femur. 3 months later, intervention was again required due to patient deterioration and possible aortic graft leakage. Graft abscess was diagnosed and managed.

Conclusion: This case report sheds light on intraosseous pneumatosis and emphysematous osteomyelitis, which is characterised by the former, in addition to signs of an underlying infection or abscess formation.

Learning points: 1. Intra-osseous pneumatosis occurs mainly in the vertebra, pelvis, and femur.

2. A cause for intra-osseous gas must be investigated as the disease can be fatal, regardless of the location.



3. Emphysematous osteomyelitis should always be suspected in cases of intra-osseous gas or osteomyelitis caused by gas-forming organisms. The "pumice stone sign" is considered a pathognomonic sign of EO.¹

Summary of content: 1. Background information about IO, followed by chronological imaging with legend attached, and learning points.

1. Small JE, Chea P, Shah N, Small KM. Diagnostic Features of Emphysematous Osteomyelitis. *Curr Probl Diagn Radiol* [Internet]. 2018 Jun 1 [cited 2019 Aug 24]; Available from: <http://www.sciencedirect.com/science/article/pii/S0363018818301191>



URORADIOLOGY POSTER PRESENTATIONS

P016 Radium 223 treatment in castration resistant prostate cancer

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Indolent progression in the majority of cases, many patients present with or will go on to develop metastatic disease. As a result, prostate cancer accounts for 14% of all cancer deaths in males and is the second most common cause of death from cancer in the UK in males (Cancer Research UK, 2020). Of those with metastatic prostate cancer, it is estimated that 80-90% will have bony metastases which can result in severe pain, fractures, spinal cord compression and a decreased quality of life (Autio and Morris, 2013). Of the current bone-targeted therapies for castrate resistant prostate cancer (mCRPC), Radium 223 has shown the most promise in that it is the only therapy of its type which shows evidence of both anti-tumour action and improved overall survival with a limited side-effect profile as evidenced by the landmark ALSYMPCA phase 3 trial (Parker et al., 2013). Currently, regulatory approval has hampered its application, however, it is likely that Radium 223 therapy will form a key aspect of prostate cancer management in the future. This educational piece will aim to elucidate the mechanism of action, indications, side-effects, efficacy and future direction of Radium 223 therapy in mCRPC.

1. Autio, K. A. and Morris, M. J. (2013) 'Targeting bone physiology for the treatment of metastatic prostate cancer.', *Clinical advances in hematology & oncology* : H&O. NIH Public Access, 11(3), pp. 134-43. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/23598981> (Accessed: 27 August 2020).
2. Cancer Research UK (2020) Prostate cancer survival statistics | Cancer Research UK, Cancer Research UK. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/survival> (Accessed: 27 August 2020).
3. Parker, C. et al. (2013) 'Alpha Emitter Radium-223 and Survival in Metastatic Prostate Cancer', *New England Journal of Medicine*. Massachusetts Medical Society, 369(3), pp. 213-223. doi: 10.1056/NEJMoa1213755.

P017 Enzalutamide for prostate cancer patients during the COVID-19 Pandemic: A Single Centre Experience

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Introduction: NICE approved the use of Enzalutamide with androgen deprivation for patients with newly diagnosed metastatic disease to reduce chemotherapy-related toxicity and hospital-admission and exposure to COVID-19. We evaluated the efficacy of Enzalutamide and its side effect profile in a cohort of prostate cancer patients.

Methods: Retrospective case note review was conducted. Data collected include: age, pre-treatment cancer disease burden, pre-treatment PSA level, date of commencement of treatment, PSA nadir value post treatment, time from commencement of treatment to obtainment of PSA nadir, side effect profile as reported by patients and COVID-19