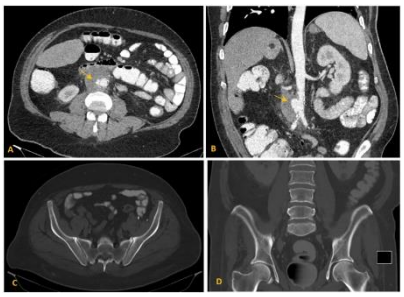
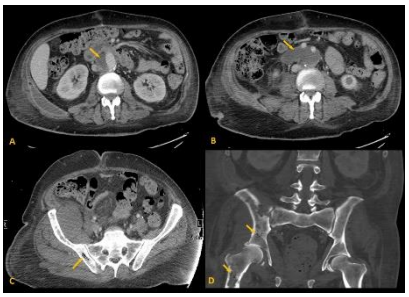
Case summary: A 56-year- old Saudi male, known to have diabetes and hypertension, presented to the emergency department complaining of intermittent abdominal pain over the right lower quadrant. The patient was later diagnosed intraoperatively with an infected abdominal aortic aneurysm and treated appropriately. 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

UROradiolgy POSTER PRESENTATIONS

P016 Radium 223 treatment in castration resistant prostate cancer

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Nottingham University Hospitals

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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[1]Diana Princess of Wales Hospital; [2]Hull University Teaching Hospital NHS Trust

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

status of the patients during their treatment.
Results: Cohort size = 25. Mean age = 77. 60% showed high disease volume burden, 40% low. Mean pre-treatment PSA value = 516.77. Patient were treated between the months of May and September. Mean nadir PSA value = 76.24. Mean percentage reduction in PSA = 85.25%. 76% (19/25) of the patients had >90% reduction in their PSA. 2 (8%) patients had uptrending PSA despite treatment. Average time taken from commencement on Enzalutamide to PSA nadir = 152.16 days. 92% of the patients (23/25) had downtrend in their PSA. 56% (14/25) of the patient reported side-effects including fatigue, hot flushes, memory loss, loss of concentration, skin rashes, loss of libido, constipation. None were COVID-19 positive.
Conclusion: Enzalutamide could be a viable alternative to prostate cancer patients at higher risk from chemotherapy/exposure to COVID-19 during the ongoing COVID-19 pandemic. Side effects are not uncommon in Enzalutamide usage and warrant further study.

National Institute for Health and Care Excellence. (2014) Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen. Technology appraisal guidance 316. National Institute for Health and Care Excellence. (2016) Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated. Technology appraisal guidance 377. National Institute for Health and Care Excellence. (2020) Interim treatment change options during the COVID-19 pandemic, endorsed by NHS England. NG161.

P018 Exploring the feasibility and value of a drinking-guide to support patients with their preparation protocol for radical prostate radiotherapy

Jade Clayton[1]; Amy Taylor[1]; Jo McNamara[2]
[1]Sheffield Teaching Hospitals NHS Trust; [2]Sheffield Hallam University

Patients undergoing prostate radiotherapy are required to adhere to local bladder and rectal protocols. Adapting their preparation to meet varying daily treatment times can be challenging and many patients struggle with the protocol. This can be frustrating for the patient and impacts on the quality of their experience. Whilst clinically, any non-adherence to protocol can lead to an increase of imaging frequency, appointment length and strain on clinical scheduling. The concept of a drinking-guide emerged through clinical discussions, perceived as a possible way to support patients to follow protocol. A service evaluation project was undertaken to independently explore Therapeutic Radiographers (TRs) and patient perceptions of the concept of a drinking-guide and address feasibility issues which could influence clinical implementation. Local service evaluation approval was obtained.
TRs were invited via email to participate whilst patient recruitment was through the local prostate support group. The sessions were semi-structured using a guide, audio-recorded, transcribed in-verbatim and thematic analysis was undertaken. Eight TRs including urology Advanced Clinical Practitioners, Information Support and Review TRs attended the focus group. Due to limited uptake in recruitment, a one-to-one patient interview was conducted. Five themes emerged from the focus group: clinical need, benefits, requirements, practicalities and patient perception. Two themes emerged from the patient interview: barriers to adherence and benefits. Overarchingly, there was a strong sense of support and clinical need for the drinking-guide. However, several practical considerations emerged and subsequently a task group was established to develop and trial the drinking-guide prior to any clinical rollout.

P019 Implementation of a hydration diary for patients receiving radiotherapy for prostate cancer

Hannah Mullen; Andrea Sykes; Amy Taylor
Sheffield Teaching Hospitals

Background: For radiotherapy to the prostate, local departmental protocol requires patients to hold 500ml of water in their bladder for 45 minutes. This can be difficult for patients and requires frequent discussions on how to improve bladder holding and their general hydration. To help patients understand and monitor their fluid intake, the concept of a hydration diary was established.
Method: To develop a user friendly and effective tool for patients to record their fluid intake daily, patients and Therapeutic Radiographers views were collected during the design and trial of the hydration diary. To gain initial feedback on its design, the diary was presented to a prostate patients' support group. The group suggested modifications and changes were made to the structure and uses of the diary based on their recommendations. Feedback was also collected from the Therapeutic Radiographers' perspective. The modified hydration diary was trialled on four patients during their radiotherapy treatment and verbal feedback collected.
Results: The design of the hydration diary was amended according to patient and Therapeutic Radiographers' feedback. This collaborative approach helped create a hydration diary which is easy for patients to understand and use. It has been shown as an effective and feasible tool, enabling Therapeutic Radiographers' to discuss hydration levels and fluid intake with the patient.
Conclusions: The hydration diary has allowed collaboration between the service user and the health professional to design a user-friendly booklet. It will increase patient understanding and enable patients and staff to effectively manage hydration levels, aiding bladder filling compliance.

P020 An audit of fiducial marker placement for prostate radiotherapy: can fiducial insertion be performed during a transurethral resection of the prostate(TURP)?

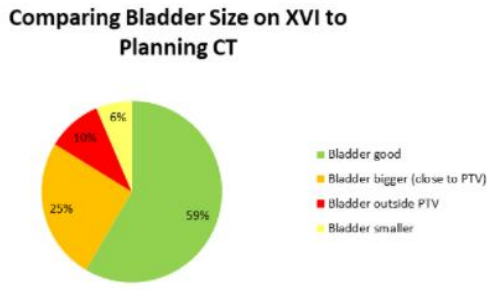
Jacqueline Ogg
NHS Grampian

Background: The insertion of gold seed fiducial markers into the prostate gland is standard practice in our department for patients receiving a course of external beram radiotherapy to the prostate. The gold seed markers are important for the image guided radiotherapy process as they can be easily visualised ensuring accurate prostate gland localisation. Traditionally the gold seed insertion is performed 1 week prior to radiotherapy planning via trans rectal ultrasound guidance. However, where a patient requires a transurethral resection of the prostate (TURP) prior to radiotherapy, could the gold seed insertion be accurately performed at the same time thus reducing the number of patient invasive procedures.
Purpose: The purpose of the poster is to discuss the findings of a local audit which was performed to assess the gold seed placements of patients where insertion was performed at the same time as a TURP procedure. There were 10 patients between January 2018 and February 2019 where fiducial insertion was performed at the same time as a TURP and following data analysis and image review of the seed placement this practice is no longer recommended.
Content: The poster will detail the background of the audit and methodology. CT imaging will be included to present the variations in gold seed insertion if performed during TURP in comparison to the standard TRUS procedure. Data analysis of the results and how this practice is not recommended as a result of the audit.

P021 Retrospective bladder size review for patients receiving bladder radiotherapy

Jasmin Carleton[1]; Samantha Stevens[2]
[1]Nottingham Hospitals University Trust; [2]Nottingham City Hospital NHS Trust

Background: Currently bladder cancer is standardly treated using a VMAT technique. The current imaging protocol is for patients to be imaged days1-3 and then weekly. Current trials (RAIDER) acknowledge the fact that bladder volumes can vary significantly during a patient's course of radiotherapy, this can cause variations in positioning and PTV coverage (1). The current bladder protocol accounts for this by adding at least a 2cm margin around the GTV. The variation in bladder size is causing an increase in the number of rescan/re-plans to make sure the entire bladder is being covered within the PTV.
Purpose: The purpose of this poster is to discuss the variation in bladder filling over the course of radiotherapy and to highlight the need for daily imaging.
Summary: A retrospective service evaluation using a randomly selected sample size of 20 bladder VMAT patients was conducted. All images for the patients selected were reviewed offline in MOSAIQ. Before reviewing the images the number of rescans needed was recorded as well as the reason for the rescan. Additionally, any comments about the image match was also noted.



A total of 265 images were reviewed. Graph 1 shows the inconsistences in bladder filling when compared to the planning scan.
Conclusion: The recommendation from the service evaluation is that daily imaging is required. However, the implementation of adaptive radiotherapy and double voiding needs to be considered as daily imaging doesn't eliminate the issue of bladder variations.

1. Huddart R (2019) A Randomised phase II trial of Adaptive Image guided standard or Dose Escalated tumour boost Radiotherapy in the treatment of transitional cell carcinoma of the bladder Cancer Research UK: Clinical Trials Awards and Advisory Committee Version 3.0

P022 A review of the appearances of prostatic abscesses

Ashley Thorpe; Nick Burns-cox; Angus Maccormick; Paul Burn
Somerset NHS Foundation Trust

Background: Prostatic abscess is an uncommon complication of bacterial prostatitis (Lee, 2016). A prostatic abscess may present with urinary tract symptoms, fever and pelvic pain or can present incidentally or with non-specific symptoms. MRI is useful for making the diagnosis and guiding treatment (Singh, 2011)
Purpose of poster: We present a case series of 23 patients diagnosed with a prostatic abscess at our institution. We review the MRI appearances including diffusion and post contrast sequences. We look at the demographics and risk factors of this patient group, including age and diabetes. We also identify factors which influence choice of treatment,

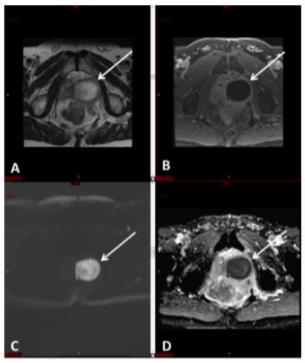


Figure 1: A prostatic abscess showing uniformly high T2 signal internally with a thick low T2 signal wall (A). It demonstrated peripheral enhancment (B) and marked restricted diffusion on the B1400 (C) and ADC map (D)

which may be between antibiotics and trans-rectal or trans-perineal drainage. Additionally we review the existing radiological literature on this topic.
Summary of content: A review of the presentation, MRI imaging appearances and treatment of prostate abscess, based on our case series and literature review.

Lee DS, Choe HS, Kim HY, et al. Acute bacterial prostatitis and abscess formation. BMC Urol. 2016;16(1):38. Published 2016 Jul 7. doi:10.1186/s12894-016-0153-7
Singh P, Yadav MK, Singh SK, Lal A, Khandelwal N. Case series: Diffusion weighted MRI appearance in prostatic abscess. Indian J Radiol Imaging. 2011;21(1):46-48. doi:10.4103/0971-3026.76054

P023 Patterns of spread in metastatic renal cancer: a pictorial review

Sarath Vennam[1]; Giles Maskell[2]; Alison Bradley[2]; John McGrane[2]; Farhan Jarral[3]
[1]Royal Cornwall Hospital / Peninsula Radiology Academy; [2]Royal Cornwall Hospital, Truro, Cornwall; [3]Rotherham NHS Foundation Trust

Background: Renal cancer (RCC) accounts for 4% of all cancers in the UK, with over 13,000 new cases diagnosed each year. (1-4) Up to 1 in 3 patients with renal cancer develop metastatic disease, which has a poor prognosis if left untreated. Although RCC may present with haematuria and constitutional symptoms, it is often an incidental imaging finding. (2,3) Imaging plays a key role in the diagnosis, prognostication and assessment of response to therapy. Metastases from RCC can affect any organ or system but tend to follow distinct patterns. (2) Recognising these patterns of metastatic spread and characteristic imaging findings is important for all radiologists.
Purpose: To illustrate the common patterns of metastatic spread in renal cancer including transvenous, lymphatic and haematogenous routes. Present strategies for optimal imaging techniques and approach to assessing metastatic renal cancer using different modalities. To illustrate interesting and rarer imaging findings in metastatic renal cancer and discuss evolving concepts in our understanding of this disease.
Summary of content: A pictorial review illustrating the commonest patterns of metastatic spread in renal cancer including the transvenous, lymphatic and haematogenous routes. Examples will be presented of rarer manifestations of this disease including soft tissue, visceral and cerebral metastases as well as the late development of pancreatic deposits. The optimal technique for demonstrating RCC metastases with different modalities will be discussed.

1. Cancer Research UK. (2015) Cancer incidence for common cancers. [Online]. 13 May 2015. Cancer Research UK. Available from: https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared [Accessed: 1 January 2020].
2. Griffin, N., Grant, L.A., Bharwani, N. & Sohaib, S.A. (2009) Computed tomography in metastatic renal cell carcinoma. In: Seminars in Ultrasound, CT and MRI. 2009 Elsevier. pp. 359-366.
3. Griffin, N., Gore, M.E. & Sohaib, S.A. (2007) Imaging in metastatic renal cell carcinoma. American Journal of Roentgenology. 189 (2), 360-370.
4. Umer, M., Mohib, Y., Atif, M. & Nazim, M. (2018) Skeletal metastasis in renal cell carcinoma: a review. Annals of Medicine and Surgery. 27, 9-16.

P024 A retrospective cohort study to determine the relationship of apparent diffusion coefficient values of renal cell carcinoma before and after cryotherapy ablation

Claire Currie
Glasgow Caledonian University

The prevalence of RCC is increasing due to incidentally diagnosing renal lesions. Hence, diagnosis and follow up of these tumours are requiring more novel and efficient techniques such as diffusion-weighted imaging (DWI). Likewise, nephron-sparing surgery such as cryotherapy ablation is becoming increasingly used for small lesions. To measure the diffusion of water within the lesion using the (ADC) is of interest before and after the cryotherapy ablation. Can ADC value be used to determine the success of cryotherapy ablation treatment for RCC? was answered with the aim of determining the relationship between ADC values of RCC before and after cryotherapy ablation.
A retrospective quantitative cohort study was used. Quantitative analysis of the ADC values was statistically evaluated. DWI was performed at a single centre using a 1.5T MRI scanner with echo-planar imaging DWI. The participants underwent MRI before and after cryotherapy ablation to the site of the RCC, an ADC value was obtained at this site. There was a statistically significant change in the ADC values from ADC pre ablation to the ADC post-ablation. There was no statistical significance in any of the other outcomes measured. Although a statistically significant change in ADC values occurred between the pre and the post cryotherapy ablation there was no statistical significance in this change and the result of the reference standard. It is therefore concluded that the change of ADC value occurred due to treatment directly to the disease site and does not determine the success of the cryotherapy ablation.

P025 Rare case of interstitial bladder rupture on CT cystography: A pictorial review of traumatic bladder injury

Richard Chaytor[1]; Priya Suresh[2]; Simon Freeman[2]
[1]Peninsula Radiology Academy; [2]University Hospital Plymouth NHS Trust

Background: Traumatic bladder ruptures are most frequently encountered in patients following major blunt force trauma.[1] Extra-peritoneal ruptures are the most commonly encountered type, accounting for 80-90% of ruptures. Intra-peritoneal ruptures are less common, accounting for 10-20%, however are well documented in the literature.[2] Interstitial (or subserosal) ruptures are very rare, with little documentation in the literature.[1,3,4] CT cystography demonstrates excellent accuracy in the evaluation of suspected bladder injury, and has largely replaced conventional cystography as the mainstay of investigation.[1,2,3] On CT cystography, interstitial rupture will demonstrate bladder wall thickening with focal intramural transection of contrast, without extension to intra- or extra-peritoneal space, signifying intact serosa.[1,3]

Purpose: The poster will demonstrate CT cystographic appearances of intra-peritoneal, extra-peritoneal and interstitial bladder ruptures via case series from our institution, with a focus on the interstitial rupture appearances which have rarely been described.

Summary of content: We present a case of traumatic interstitial bladder rupture. Pan-trauma CT was performed in a 60 year old male following fall from 10 feet, showing contained fluid collection adjacent to dome of the bladder with focal mural irregularity at the dome. No pelvic fracture or intraperitoneal fluid. Subsequent CT cystogram showed transection of contrast into bladder wall, with curvilinear configuration producing a layered appearance, and associated bladder wall thickening. No contrast within intra- or extra-peritoneal spaces. Follow up CT cystogram after 11 days catheterisation showed resolution of bladder rupture. The poster will also demonstrate examples of intra- and extra-peritoneal rupture from our institution for comparison.

1. Vaccaro, J.P. and Brody, J.M. (2000) CT cystography in the evaluation of major bladder trauma. Radiographics, 20(5), 1373-1381.
2. Gross, J.S., Rotenberg, S. and Horrow, M.M. (2014) Resident and fellow education feature bladder injury: types, mechanisms, and diagnostic imaging. Radiographics, 34(3), 802-803.
3. Joshi, G., Kim, E.Y., Hanna, T.N., Siegel, C.L. and Menias, C.O. (2018) CT cystography for suspicion of traumatic urinary bladder injury: indications, technique, findings, and pitfalls in diagnosis: radioGraphics fundamentals| online presentation. RadioGraphics, 38(1), 92-93.
4. Sandler, C.M., Hall, J.T., Rodriguez, M.B. and Corriere Jr, J.N. (1986) Bladder injury in blunt pelvic trauma. Radiology, 158(3), 633-638.

P026 T-staging of bladder tumours - A pictorial review

Arwa Jaly; Sylvia Connolly; Joseph Evans
St Helens & Knowsley Teaching Hospitals NHS Trust

Bladder cancer is the most common tumour of the urinary tract with TCCs accounting for 90% of all bladder tumours. They are staged using the TNM staging system. Accurate staging is important to determine optimal management as it determines the treatment available to the patient. Tumour stage influences prognosis and also determines the modality and frequency of follow up imaging. Learning objectives: To review the T staging for bladder tumours To illustrate various examples of bladder tumours according to T stage.

1. Kulkarni JN, Bakshi GK. Staging of transitional cell carcinoma: Has anything changed?. Indian J Urol. 2008;24(1):68-71. doi:10.4103/0970-1591.38607 2. Sohaib A, Patel U. Bladder cancer and other urothelial tumours. Recommendations for cross-sectional imaging in cancer management, Second edition. London: The Royal College of Radiologists, 2014.

P027 Opacification of the renal collecting system during CT urography: A quality improvement project

Imrun Nagra; Matheus Gesteira Andrade; Jennifer Gustafson; Mark Hawkins
The Great Western Hospital

Background: CT IVU provides comprehensive evaluation of the upper and lower urinary tracts. Failure to achieve opacification of the entire renal collecting system is a significant limitation of CT IVU, as it limits the diagnostic information. Currently there is no standard CT IVU protocol and this audit evaluates adequacy of collecting system opacification for scans performed at The Great Western Hospital, Swindon.

Methods: Initial data collection comprised retrospective analysis of 30 CT IVU scans using the original split-bolus protocol (95mls total contrast, 7-minute delay between 1st and 2nd dose). Opacification was measured at the renal pelvis, mid ureter (at the level of aortic bifurcation) and distal ureter which were quantified as 100% or <100% opacification. The CT IVU protocol was then changed (110mls total contrast, 9-minute delay between 1st and 2nd dose) and the data was re-audited. The presence of renal tract pathology was also documented. Comparison was then made between the old and new protocols.

Results: When comparing the original vs new protocol, 100% opacification was achieved in the renal pelvis in 100% vs 95%, at the mid ureter 76% vs 80% and at the distal ureter 43% vs 64% respectively. The number of renal tract disease affecting opacification was comparable between the 2 groups.

Conclusion: The new split-bolus protocol has shown overall improved opacification of the renal collecting system when compared to the original protocol. This is particularly evident when assessing the distal ureter.

Van Der Molen AJ, Cowan NC, Mueller-Lisse UG et al (2008). CT urography: definition, indications and techniques. A guideline for clinical practice. Eur Radiol 18: 4-17

GI AND HEPTOBILIARY POSTER PRESENTATIONS

P028 Metastatic rectal cancer and a case of necrotising fasciitis

Charlotte Shelley; Sophie Otter
Royal Surrey County Hospital

Background: Necrotising fasciitis has a high mortality and is fatal if left untreated[1], the most common clinical features are: pain, erythema and swelling[2]. Cases linked to perforated rectal cancers are rare. In this case, the patient had undergone a laparoscopic defunctioning colostomy two months before presentation. Imaging is often conclusive with visualisation of surgical emphysema. Purpose: To illustrate the appearance of perineal necrotising fasciitis on CT images, relate this to diagnostic pelvic MRI images to inform differential diagnosis and management options. Summary: A 65 year old gentleman was diagnosed with a T4N2M1 moderately differentiated adenocarcinoma of the rectum, which was 9cm in axial diameter with multiple pathologically involved pelvic lymph nodes. He presented with bowel obstruction and underwent a laparoscopic loop defunctioning colostomy on 17/1/20. Following 2 cycles of FOLFOX chemotherapy he was admitted to the ward with signs of shock: tachycardia and hypotension, with diffuse pain in his buttocks and a swollen scrotum. On examination he had a distended, erythematous scrotum with necrotic skin in the perineum. Investigations showed a raised CRP (415mg/L) with a neutrophil count of 2.1 (10^9/L). A CT Abdomen and Pelvis confirmed a localised perforation of the rectal tumour with soft tissue emphysema within the scrotum, anterior abdominal wall and perineum. He was treated with broad spectrum antibiotics. Surgeons confirmed necrotising fasciitis of the perineum and he was not fit enough for extensive debridement.

Fig 1: CT axial image confirming

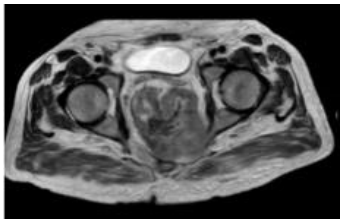


Fig 2: MRI axial image at surgical physema. diagnosis showing a T4N2 rectal carcinoma.

1. Morais, H, Neves, J, Ribeiro H et al. (2017). Case series of Fournier's gangrene: Affected body surface area - The underestimated prognostic factor. Annals of Medicine and Surgery. 16, pp.19-22. 2. Goh, T, Goh, L, Ang C & Wong, C. (2013). Early diagnosis of necrotizing fasciitis. British Journal of Surgery. 101(1), e119-e125.

P030 The role of radiotherapy in radical treatment of rectal cancer during the COVID-19 pandemic

Amarpal Bains; Jasdeep Bhogal; Margaret King
Royal Wolverhampton NHS Trust

Background: The COVID-19 pandemic has resulted in immeasurable barriers to healthcare provision. Radical treatment for rectal cancers was affected with cessation of elective operations and measures introduced to reduce patient visits to hospital. Guidance produced by The Royal College of Radiologists (RCR) advised short-course preoperative radiotherapy (SCPRT) to be used to either bridge the gap to surgery or instead of long-course chemoradiotherapy (LCCRT)[1]. This retrospective study reviewed subsequent outcomes.
Method: Patients who received radiotherapy to their rectal tumour from April to July 2020 were reviewed retrospectively at a single centre. Patient demographics, tumour stage, dose/fractionation of radiotherapy and post-operative histology were recorded. They were separated into sub-groups based on their treatment, and whether this was altered due to the pandemic.
Results: 24 patients were analysed.
11/24 had SCPRT as a bridge to surgery. 9/11 proceeded to tumour resection, 8 of which were pathologically downstaged. All had R0 resections.
9/24 had SCPRT instead of LCCRT due to risk of complications. 6/9 underwent tumour resection. Of these, all except one had R0 resections.
4 patients still had long LCCRT due to young age or locally advanced aggressive disease.
Conclusion: COVID-19 has significantly impacted radical treatment of rectal cancer. SCPRT instead of LCCRT resulted in