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Laparoscopic hysterectomy for endometrial carcinoma

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Introduction: Endometrial carcinoma is the third most common malignancy in Maltese women. It is usually treated by total hysterectomy and bilateral salpingo-oophorectomy. According to NICE guidance, there is adequate evidence on the safety and efficacy of laparoscopic hysterectomy to support its use for endometrial carcinoma. Aim: Review of patients undergoing laparoscopic approach or the conventional open laparotomy as the surgical management for endometrial carcinoma.

Methods: Patients who had laparoscopic or open hysterectomy and bilateral salpingo-oophorectomy as treatment for endometrial carcinoma between January 2013 and July 2015 were included.

Results: Fourteen patients had surgical management for endometrial carcinoma between January 2013 and July 2015, age ranged between 54 and 83 years. Nine patients (age range 57-83 years) underwent open surgery, for endometrial adenocarcinoma FIGO IA (two patients), IB (six patients) and HIA (one patient). Laparoscopic hysterectomy and bilateral salpingo-oophorectomy was carried out in five patients (age ranges 54-75 years) for endometrial carcinoma FIGO IA (three patients), IB (one patient) and FIGO stage II (one patient). Only one of these was carried out in 2013 while four were carried out in 2014/2015. There were no conversion from laparoscopy to open. The patients in the laparoscopic group had shorter length of stay as compared to the laparotomy group. As regards complications, there were no patients in both groups that needed readmission.

Conclusion: Provided laparoscopic skills for this procedure are available and after patient selection, the laparoscopic approach for management of endometrial cancer provides an effective treatment option with smaller incisions and scars, and shorter recovery period.

Disclosure: none

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Is multi-morbidity becoming normal?

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Introduction: Chronic conditions are known to be increasing with implications for their ongoing care; to date there is little information available regarding patient conditions within the Maltese outpatient sector. We assessed referrals to Medical Consultant Clinics/Schedule V Clinics, aiming to classify the reasons for referral, the relevant systems and identify multi-morbidity, defined as two or more concurrent medical conditions in the same patient.

Methods: 100 consecutive Tickets of Referral (TOR) were prospectively analysed to identify the reasons for referral, the relevant system and whether multi-morbidity was present. All personal data were anonymised at source, with no possible backward linkage. Data were entered into an Excel® sheet and analysed using a framework from the literature.

Results: N=100, men 45%, women 49%, 6% unclear from TOR. The clinical tasks identified from the 'Reasons for referral' included treatment (89%), review (23%), diagnosis (5%) and handover (1%). 93% were cardiometabolic referrals, 2% respiratory, 2% neurology, 3% unclear referrals (to Schedule V Clinic). 80% of referrals were hypertensive, 17% diabetic, and 23% dyslipidaemic. Multimorbidity was indicated in 41%.

Conclusion: Cardiovascular conditions accounted for the majority of referrals, who were referred mainly for

treatment and review, reflecting ongoing chronic disease management. Just over a third of referrals had information indicating multi-morbidity in their TOR-the real proportion is likely to be higher given that the patients were still due to be assessed. In view of the implications of multi-morbidity for individual risk and prognosis, healthcare utilisation and cost, this figure is of concern, and warrants further investigation.

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The Malta BioBank / BBMRI.mt

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Introduction: The Malta BioBank is the BBMRI-ERIC's national node for Malta (BBMRI.mt) and forms part of the new inter-faculty Centre for Molecular Medicine and Biobanking at the University of Malta. It is a founding partner in EuroBioBank and RD-Connect. The Malta BioBank's management includes experts in: Ethics, Law and Sociology forming the ELSI working party; bioinformatics and Quality.

Methods: The clinical biobank links medical research conducted at the University of Malta with the Department of Health and Mater Dei Hospital's departments including Pathology, Paediatrics, Neurology and Oncology. The clinical catalogue holds a number of disease collections including: the Globin Bank; Parkinson's Disease (PD); Diabetes; Multiple Sclerosis; renal disorders; various cancers and rare diseases. The population biobank is being developed in the form of a research co-operative and includes a random collection of Maltese citizens and healthy Maltese senior citizens.

Results: The Globin Bank includes Beta and Alpha Thalassaemia and other haemoglobinopathies. The PD collection holds 200 cases and 400 age and gender matched controls and lifestyle questionnaires. The Diabetes Collection includes data and samples from newly diagnosed Type 2 Diabetes Mellitus (T2DM) patients and Maltese and Libyan T2DM with advanced end-organ complications. Banked renal disorders include congenital nephrotic syndrome, CAKUT and Bartter's syndrome. Banked cancers include: familial breast, colon, lung and gastric cancer. Two new rare disease collections include mitochondrial disorders and s Medical and Life Science research would not be possible without well-curated biobanks. sudden cardiac deaths.

Conclusion: Medical and Life Science research would not be possible without well-curated biobanks.

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Where is the Wnt blowing? Wnt signalling and cancer

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Introduction: Nusse and Varmus first discovered Wnt in 1982. Since then, significant research has been done in this family of glycoproteins made of 19 different ligands. Wnt is an evolutionarily conserved signalling pathway which has a multitude of functions including in embryology and planar cell polarity. Its major pathways are Wnt/ β -catenin, called the canonical pathway as well as the non-canonical pathways Wnt/PCP and Wnt/ Ca^{2+} . These are subject to complex mechanistic control. In fact, research is still ongoing to discover more about interactions between themselves and other pathways and now there is an approach towards a more integrative view of Wnt signalling due to cross-talk both between the Wnt pathways themselves as well as with other pathways such as Notch. It follows that Wnt dysregulation will have disastrous consequences. One disease commonly associated with defective Wnt signalling is cancer. These include colon, breast and liver cancer. A lot of research is being done both to elucidate which part of the pathway is responsible for the development of the