

**Leamington
Spa 2014**

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GBIHPBA

Great Britain & Ireland Hepato Pancreato Biliary Association

A very successful meeting points way to the future

The GBIHPBA meeting, held in Leamington Spa, was a great success, with excellent scientific updates, exciting guest lectures, surgical tips and two invigorating and informative MDT sessions on the liver and pancreas which were particularly useful for trainees.

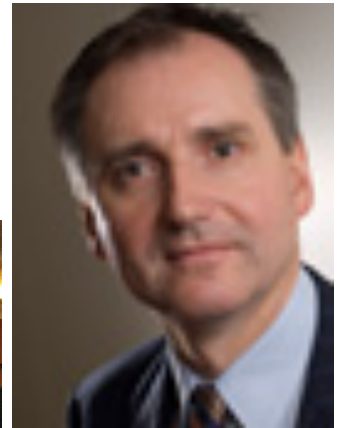
Nationally and internationally renowned surgeons and experts from other fields treated delegates to a wide range of talks at the conference with plenty of opportunities away from the main hall for networking and making new contacts.

Our thanks go to Professor Alain Sauvanet from Paris, Professor Dirk Gouma from Amsterdam and retired doctor Rami Seth from Birmingham who gave a patient's perspective and told the meeting: "It is a great privilege to be a doctor and to have the chance of helping another human being"

The meeting was opened by Mr Richard Charnley, chairman of GBIHPBA, who welcomed delegates and introduced the first session - **Update Lectures**. Professor Alain Sauvanet from Paris spoke on *Neuroendocrine tumours of the pancreas* referring to studies and case histories and said: "The benefits of surgery have to be weighed against the probability of mortality and morbidity."

Professor Juan Valle from Manchester then discussed *Downstaging chemotherapy in HPB malignancies* and started by commenting: "As a medical oncologist I feel a bit like a fish out of water, surrounded by surgeons."

He described the protocols that govern oncological work, including assessment of tumour viability and staging and



Mr Richard Charnley (above), the Annual Dinner (below), Prof Blazeby (below right) and the trade exhibition (top left)



then talked through treatment options. He offered case studies of two patients who gave good responses to treatment and were able to go forward for salvage surgery, adding: "We must be vigilant in identifying patients who will benefit from surgery. Rendering the non-operable operable depends on many factors including

taking an MDT approach."

The third lecture in the session was delivered by radiologist Dr Ashley Guthrie from Leeds who spoke on the *Management of incidental liver lesions*. He described the prevalence of lesions - malignant and benign - and discussed how to handle risk in imaging and how to decide which lesions need further



Dr Clare Byrne and Ms Louise Jones discuss the patient's pathway (left) while delegates are welcomed by the ever-efficient office staff (right)

investigation or could be left alone, adding: "We can come to non-invasive conclusions in many cases."

He finished his talk saying that radiology must reduce VOMIT - Victims Of Medical Imaging Tests.

Mr Paolo Muiosen from Birmingham concluded the Updates session with a lecture entitled *Has the re-introduction of DCD livers been a good thing?* He pointed out that such transplants have higher complication rates and inferior graft survival compared with other transplants. However, he added: "We have to weigh this against figures which show high mortality on the transplant waiting list." He also added that DCD livers had proved useful for children when cut down.

The second session of the day was on **The Patient's Perspective** and this opened with a talk on *The role of the HPB CNS* by Dr Clare Byrne and Ms Louise Jones, both from Aintree. Dr Byrne spoke about the evolution of the CNS role at her Trust in Aintree, saying: "We manage patients from pre-diagnosis through their cancer journey and including terminal care and bereavement support where necessary. We want to offer an individual patient plan and have clear clinical outcomes in mind." She said that it was also important to measure their work and demonstrate how they could make a difference to encourage similar services across other hospitals.

Ms Jones pointed out that the care and support needed for each patient can be complex and said the Aintree team had

developed a "patient care checklist" which covered areas including physical, emotional and spiritual needs and which she said had proved very useful as a problem-solving tool.

She said: "The role is still evolving but has led to significant changes in the way the MDT operates, enhanced recovery pathways and better patient information."

Professor Jane Blazeby then spoke on *Evaluating cancer surgery: the need for consistency, consensus and core outcome sets*. She started by highlighting the fact that outcomes are critical to surgical work as we use them to decide on our practice. She discussed the need for better selection and reporting - "Don't compare apples with oranges" - and emphasised the importance of making good choices of which outcomes to measure.

One of the highlights of the meeting was the talk given by Dr Rami Seth from Nottingham who spoke as a patient rather than as a doctor in a talk entitled *How much information do I want as a patient?*

He described his own experience of cancer treatment over several years and said: "patients will always remember how they received bad news - they will remember little of what they were told but HOW they are told is vitally important."

"If a patient starts to cry, do not give them tissues and leave the room. Stay with them - people know you are busy and they will pull themselves together

quickly. Offer them a cup of tea and put your hand on their shoulder."

Dr Seth offered a six-point plan for talking to patients at difficult times.

- Sit down with them and ask 'Who else should be present?'

- Find out how much the patients knows already

- Find out how much the patients wants to know

- Share information and sources of support

- Observe and respond to the patient's feelings

- Plan and offer follow-up, outline the next steps and give a contact number.

The next session of the day, **Outcomes in HPB Surgery**, was opened by Professor Dirk Gouma from Amsterdam who spoke on *How should HPB data be collected and presented?* He started by saying that the future was one of collaboration, transparency and public interest and gave in-depth examples from the Dutch experience of data collection. He recommended open discussion of data collection and recommend 24/7 support in the form of full-time clinical PhDs.

Mr Iain Cameron from Nottingham then discussed *Risk adjustment for outcomes data*. He described the well-established outcomes pathway followed by cardiac surgeon - which he pointed out was well-funded - and added that pressure from politicians and the public for data was increasing all the time.

He discussed which outcomes should be reported and discussed issues around collecting good data on low-volume operations. He added: "Money and dedicated staff will help with audits - obviously."

Mr Mark Deakin from Stoke finished the session talking on 'A national registry for bile duct injury.' He pointed out that a registry would have many benefits, not least in identifying areas of the country where treatment could be improved. He said surgeons had a role in improving HES returns by publishing a set of commonly used codes for each operation and providing feedback from the data to hospitals.

A session on **Management Dilemmas** included talks from Mr Emmanuel Huguet on *Patient with PSC and possible cholangiocarcinoma* and from Mr Christopher Halloran from Liverpool on the *Management of pancreatic cysts*.

Mr Huguet discussed liver transplants and the Mayo Protocol, saying that this is a demanding and intensive process for patients, both pre- and post-op and that he thought it was "suitable for a highly selective group of patients, giving disease-free survival rate of around 65% in a population for whom few other options exist."

He considers that it may well be worth looking at the procedure in the UK

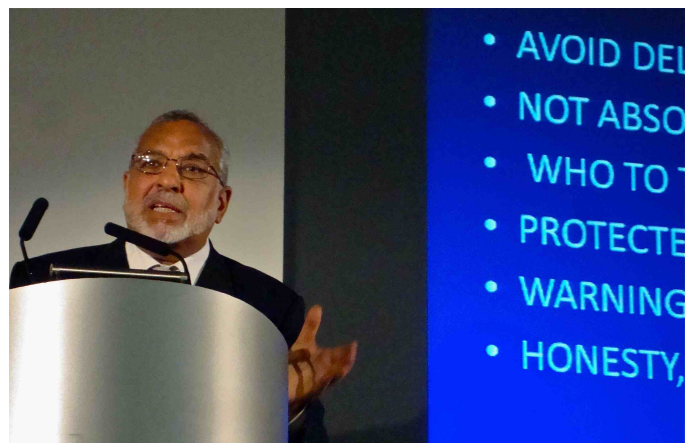
although one thing to note is that there must be a liver to transplant at the point it is needed.

Mr Halloran opened his talk by discussing types of cysts and the significance of the type and location and what to do about them. He

told the meeting that while there is no single ideal diagnostic test he did use the Liverpool IPMN Screening Pathway which he then described.

Mr James Gardener-Thorpe from Sheffield then spoke on the *Obstructive jaundiced patient with no mass*, saying: "The management dilemma is whether to resect when a malignant diagnosis is uncertain." He offered several case studies, referred to medical papers and ran through treatment options.

He concluded by saying: "All strictures should be considered malignant until proved otherwise. It's important to gather the necessary information in a short time - the role of the CNS is vital - and we need to maintain and develop our cytology expertise."



Dr Rami Seth gave the patient's perspective

Mr Mark Taylor from Belfast discussed Post-cholecystectomy pain saying that 25% of patients experience subsequent pain and ran through studies in Belfast which have been seeking a cause for this problem. Possible causes include a dropped stone, pancreatitis or wound pain. Mr Taylor described three options to help address the issue, including sphincterotomy, use of endoscopic ultrasound and possibly botox.

Prof Sauvanet then gave the keynote lecture on *Central pancreatectomy*. He described types of central pancreatectomy, discussed surgical techniques and referred to reviews and studies. He compared results for central and distal pancreatectomy and discussed pancreatic fistulas. In conclusion, he said: "We have to adjust the balance of risk and benefit. A long-term benefit should be our endpoint."

Mr Charnley then made closing remarks to end the meeting. Now the planning starts for a third meeting in 2016. Watch this space!

A worthy winner!

Best Oral Presentation:

Mr Paul Skyes: Targeted drug release in Pancreatic Cancer L Cell Lines using Superparamagnetic Iron Oxide Nanoparticles (SPIONs) (Oral no: A05)
Royal Liverpool University

