and established a local OOHCA protocol in collaboration with EMS, ED, interventional cardiology and critical care and demonstrated better than expected survival to hospital discharge at 19.5%.

**Aim** The aim of this review was to ascertain if the currently observed outcomes, which were previously better than expected at 19.5%, have been maintained.

**Methods** We undertook a retrospective chart review of EMS data, ED records, Myocardial ischaemia National Audit Project (MINAP) and Trust coding data from 2018 to 2021. We identified 5785 adult patients with spontaneous OOHCA in which cardiopulmonary resuscitation was commenced or continued by EMS. Outcomes for the RBH were compared to current national statistics and to our previous 2012-2015 data. A chi-squared test to evaluate comparison of proportions was used.

**Results** Overall locally 21.7% of patients with an OOHCA survived to discharge compared to 9.1% for England (P<0.0001), see table one. A greater proportion than in the previous audit (32.6% vs 22%) underwent coronary intervention. Although survival to hospital discharge in those undergoing PCI was lower in 2018-2021 at 51.5% compared to 62.4% in 2012-2015, see table two. Further work is ongoing to quantify the degree of disability exists in survivors in the more recent audit using the Glasgow Outcome Score.

**Conclusion** Through collaborative working across the patient pathway high survival rates at the RBH have been maintained for all patients admitted to critical care following an OOHCA compared to the national average.

**Conflict of Interest** nil
USE OF SIROLIMUS COATED BALLOON IN DE NOVO SMALL VESSEL CORONARY LESIONS IN ACUTE CORONARY SYNDROME; LONG-TERM FOLLOW-UP FROM A SINGLE CENTRE REGISTRY

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Background Drug coated balloons (DCBs) are mainly used in restenotic lesions as endorsed by the European Society of Cardiology, with a class IA recommendation. However, some of the recent data suggest, it can also be considered in a subset of de novo lesions. In this study, we report outcomes from the use of a Sirolimus coated balloon (SCB) in de novo small-vessel coronary lesions specifically in the context of acute coronary syndrome (ACS), from a high volume centre.

Methods A retrospective analysis was conducted on all patients treated with an SCB for de novo small vessel lesion in ACS, of which 20% were STEMs (n=59) with the remainder being NSTEMIs (n=230) and there were 319 NSTEMI lesions and 82 STEMI lesions treated. The mean age of patients was 65 years (range 37-97), 81 (55%) were male, 41% (n=119) had diabetes, 73% (n=210) had hypertension and 21% (n=59) had chronic kidney disease. Pre-dilatation was performed in 98% lesions (n = 394) and bailout stenting (with DES) was required in 3.2% of lesions (n=13). The mean diameter and length of DCBs were 2.78 mm and 26 mm respectively. During a median follow-up 570 days (19 months), cardiac death was reported in 8 patients (3%). Target vessel MI was in 7% (n=19), TLR per lesion was 12% (n=48) and the MACE rate was 14% (n=41). There were no documented cases of acute vessel closure.

Conclusion The long-term outcome from the first ever study on sirolimus eluting balloon in de novo small vessel lesions in ACS appears promising with low rates of hard endpoints and acceptable TLR. This study suggests that use of SCB in de novo small vessel lesions in ACS may be reasonable therapeutic option.

Conflict of Interest None

CANCER INCIDENCE IN CHILDREN AND ADOLESCENTS IN IRELAND: RESULTS OF THE IRELAND CHILDHOOD CANCER REGISTRY

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Background The Childhood Cancer Registry (CCR) collects information from hospitals that treat childhood cancer, the purpose of the registry is to improve outcomes by monitoring and evaluating these outcomes longitudinally. Improved survival of children with cancer has been documented over the last 30 years. However, the role of the registry remains significant as it provides an opportunity to evaluate patterns of care, incidence and disease-specific outcomes in Ireland.

Methods Data from hospitals throughout Ireland was collected between 2008 and 2018. Due to the volume of data, all adult and adolescent cases were excluded from the analysis. The datasets collected include age, sex, date of diagnosis, site and type of cancer, survival and cause of death (if applicable).

Results 1,621 children and adolescents were diagnosed with cancer in Ireland from 2008 to 2018. The majority of children (51.9%) were aged under 15 years at diagnosis. The most common cancers diagnosed were neuroblastoma (24.8%), leukaemia (17.3%), lymphoma (16.8%) and osteosarcoma (8.3%).

Conclusion The Childhood Cancer Registry is an important tool in monitoring the incidence, diagnosis and outcomes of childhood cancer in Ireland. A better understanding of these trends will allow for the development and implementation of appropriate healthcare strategies to improve survival rates.

Conflict of Interest None