

potential way forward for a dual imaging approach in this younger age group.

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#### O-84 AN OBSERVER PERFORMANCE STUDY COMPARING THE INTERPRETATION OF FULL-FIELD DIGITAL MAMMOGRAPHY WITH DIGITAL BREAST TOMOSYNTHESIS

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**Objective:** The purpose of the current study was to compare the diagnostic accuracy of two-view full-field digital mammography (FFDM) with co-registered two-view digital breast tomosynthesis (DBT).

**Methods:** The ethics committee approved trial evaluating a Hologic Selenia Dimensions machine recruited women recalled after their initial breast screening using analogue film-screen mammography, scheduled to undergo further breast assessment following informed consent. Radiologists fulfilling the professional criteria for National Health Service Breast Screening Programme's radiology practice reviewed all images using the Royal College of Radiologists Breast Group classification for mammographic features 1–5 (M1 = normal, M2 = benign, M3 = probably benign, M4 = suspicious, M5 = malignant).

**Results:** The study included bilateral mammograms of 526 women (age range 47–73 years) with 119 (22.6%) histologically proven primary breast cancers assessed by 5 readers.

Using receiver operating characteristic (ROC) test, the analysis yielded statistically significant difference ( $p = 0.0001$ ) between FFDM and DBT. The area under the ROC curve (AUC) was  $0.968 \pm 0.007$  for DBT compared to AUC of  $0.913 \pm 0.015$  for FFDM, demonstrating DBT interpretation was superior.

**Conclusion:** Patients recalled after routine screening mammography will benefit from DBT as an additional technique for diagnostic workup.

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#### O-85 WHAT DO CLINICIANS IN THE UK DO ONCE A PATIENT HAS RECEIVED 5 YEARS OF ADJUVANT HORMONAL AROMATASE INHIBITOR (AI) CONTAINING TREATMENT?

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**Background:** NICE guidelines advocate use of AIs within licence for all but low risk patients. Early discharge at three years is also recommended. To gauge interest in extended adjuvant endocrine therapy research treatment practice and follow up practice needs to be understood.

**Methods:** A survey designed to capture current practice for ER positive, post-menopausal women who have completed 5 years of treatment with an AI was distributed to 774 oncologists and surgeons from 285 centres across the UK. The survey also captured opinion on a proposed trial of further treatment in this patient group.

**Results:** A total of 159 clinicians (65 clinical oncologists; 28 medical oncologists; 63 surgeons and 3 others) responded to the survey, representing 102 hospitals. The most common time for routine discharge was 5 years regardless of nodal involvement 58% vs 12% before and 23% after 5 years. Patients with more than 4 nodes positive were discharged later than 5 years by 36% respondents. The majority of respondents discontinue AIs at 5 years for node negative but continue AI use beyond 5 years in node positive cases.

92% of responders expressed interest in participating in a clinical trial of extended endocrine therapy most frequently selecting node positive cases as the target population.

**Conclusions:** There is substantial variation in follow-up practice and treatment for ER positive, post-menopausal women following 5 years of AI containing endocrine therapy within the UK. Many clinicians would support a clinical trial of extended hormone therapy in node positive patients.

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#### O-86 MASTECTOMY AND RECONSTRUCTION IN STAGE IV BREAST CANCER: A SURVEY OF UK BREAST AND PLASTIC SURGEONS

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**Introduction:** The number of women with stage IV disease who have primary or delayed breast reconstruction is small. The primary aim of this study was to establish current UK practice and opinions with regards to the appropriateness of breast reconstruction in stage IV disease.

**Methods:** All 485 full members of the Association of Breast Surgeons (ABS) and all 378 full members of the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) were invited by email to take part in an online survey.

**Results:** Of the breast surgeons, 101 responded (26.9%). Of the plastic surgeons 59 responded (16%). 78.9% would operate on the primary tumour, mainly for local control. Plastic surgeons showed a propensity for immediate reconstruction compared to their breast surgery colleagues, and 26.6% of breast surgeons would not offer reconstruction at all. Immediate latissimus dorsi (LD) flap and implant was the favoured method in early stage disease (100%), with delayed LD and implant the most popular option for stage IV disease (77.0%).

In patients who have already had a mastectomy, the majority (54.4%) would offer reconstruction if stability of disease progression has been demonstrated.