**0867: AUDIT ON CLINICAL CODING OF BREAST SURGERY CLINIC OUTCOMES**

Clare Hammer, Tracey Irvine. *The Royal Surrey County Hospital, Surrey, UK.*

**Aim:** Clinical activity within the NHS needs to be accurately documented and coded to ensure trusts are paid accurately for activity, to acquire statistically meaningful data and to plan services. RSCH guidance is to complete an outcome form for coding after each outpatient clinic appointment. This audit assessed the financial impact of missing outcome forms and looked at ways to improve this.

**Method:** All missing outcome forms from breast department clinic over a 6 week period were analysed. Appropriate codes and cost were formulated from 2010 RSCH tariffs using data from patient notes, clinic letters, and results databases. Findings and recommendations for change were presented in a departmental meeting. Subsequent re-audit used the same methodology.

**Results:** Complete cycle audit showed a reduction in missing outcome forms by clinicians from 48 to 17 with potential to increase income by £59,540 per annum.

**Conclusions:** Recommendations included educating clinicians on clinical coding and importance of completing the readily available outcome form at each appointment. The re-audit showed a clear improvement and financial saving. This audit accounts for clinic appointments in one department but allows for reflection on the extent inaccurate coding could pose throughout the NHS.

**0897: USE OF SHORT-TERM DRAINS IN BREAST CANCER PATIENTS UNDERGOING AXILLARY LYMPH NODE CLEARANCE**

Ankit Patel, Bryony Moore, Sue Jones, Peter Jones, Haresh Devalia, Karina Cox. *Maidstone and Tunbridge Wells Breast Clinic, Maidstone, Kent, UK.*

**Aim:** Seroma formation commonly occurs following axillary lymph node clearance (ANC) and may require percutaneous drainage. Long-term axillary drainage is thought to reduce clinic attendances for seroma drainage but requires district nurse input and may be associated with infections and discomfort. We compared short-term with long-term axillary drainage in women who had an ANC for lymph node metastases in breast cancer.

**Methods:** Within a 6 month period, 37 patients underwent an ANC. Thirteen patients had the drain removed prior to discharge (24hr post surgery) and 24 patients were discharged with their axillary drain in situ. We compared number of clinic visits for percutaneous seroma drainage and axillary infection rates between the 2 groups.

**Results:** Short-term axillary drainage resulted in more visits for seroma drainage (2.69 drainages versus 2.04). This was consistent with all forms of ANC operations; ANC alone (1.75 versus 1.00); wide local excision and ANC (2.20 versus 1.11); mastectomy and ANC (4.25 versus 3.4). The incidence of infection was decreased in the short-term axillary drainage group (7.69% versus 16.68%).

**Conclusions:** Axillary drain removal prior to patient discharge may have increased the number of clinic attendances for seroma drainage but seems to reduce the rate of axillary infections.

**0914: THE USE OF A SPONGE SPECIMEN HOLDER FOR INTRAOPERATIVE RADIOLOGY OF WIRE GUIDED WIDE LOCAL EXCISIONS**

Roshani Patel, Stephen Brewer, Kiran Divani, Antony Pittathankal. *King George Hospital, Ilford, London, UK.*

**Background:** It is gold standard to take intraoperative specimen radiographs of non-palpable malignant breast lesions following excision. To assess radial margins the generally cylinder shaped specimen has to be maintained in an exact antero-posterior orientation. Specimens that are 'taller' and softer often collapse or lean to a side on a flat surface during radiography. This can result in inaccurate cancer margin assessment and consequently unnecessary second operations for achieving adequate margins.

**Methods:** We have designed a cheap and easily replicable sponge specimen holder to maintain the shape of the specimen. The radiolucent sponge has a hollow cavity and maintains tissue in the correct shape and orientation. It is reusable as it is lined with an inexpensive replaceable transparent plastic sheet. The sponge was trialled on a variety of specimens.

**Result:** The sponge specimen holder produced a superior and consistent specimen orientation than the traditional method and allowed surgeons better margin assessment

**Conclusions:** X-ray of wire guided wide local excision specimens help surgeons achieve required margins. This useful, easy to make technical tip may help breast surgeons better maintain the shape and orientation of the tissue during specimen x-ray and guide decision to immediate further margin excisions if required.

**0993: EFFICACY OF PREOPERATIVE AXILLARY ULTRASOUND IN BREAST CANCER; A SINGLE CENTRE EXPERIENCE**

Elizabeth Ward, Lianne Thomas, Joe Groshart, Wael Elsaify, Imtiaz Cheema. *James Cook University Hospital, Middlesborough, UK.*

**Aim:** Our study aimed to evaluate the accuracy of axillary ultrasound (USS) and guided core biopsy of radiologically suspicious nodes in the preoperative diagnosis of metastatic axillary disease.

**Method:** During a 12-month period (December 2011-November 2012), 146 patients underwent axillary ultrasound as part of assessment for early invasive breast cancer.

We performed retrospective analysis of USS and core biopsy referenced against pathological node status at subsequent sentinel lymph node biopsy (SLNB) or axillary node clearance (ANC).

**Results:** Axillary USS combined with core biopsy was shown to have a sensitivity of 43%, specificity of 88%, positive predictive value of 72% and negative predictive value of 69%.

On subgroup analysis of the false negative results; 22 patients (65%) had only one positive sentinel node and no further involvement at ANC.

**Conclusions:** Preoperative USS scan is of proven benefit in preventing a large proportion of those requiring ANC from unnecessary SLNB. Our results compare well to previous reported studies. In the false negative group a large propertion showed micrometastasis only. Recent studies and debate suggest that in such situations ANC may not be advocated. More evidence is required ub this area before SLNB is accepted treatment, not purely an aid in prognostic information.

**1064: BREAST CANCER AWARENESS MONTH: IS IT A WASTE OF TIME?**

Virginia Summerour, Asad Parvaiz, Rachel Isgar, Brian Isgar. *New Cross Hospital, Wolverhampton, UK.*

**Aim:** We aimed to assess breast cancer risk awareness amongst hospital staff with relevance to October being the breast cancer awareness month (BCAM).

**Methods:** Hospital staff nurses were asked to recognise 15 possible risk factors for breast cancer on a short questionnaire. The survey was carried out in September 2012 as pre-BCAM and then repeated in November 2012 as post-BCAM with different staff members.

**Results:** 73 hospital staff nurses were surveyed, 34 in September and 39 in November. Median correct response rate was only 50% in Sep and 46% in Nov with no statistically significant difference ($p=0.64$) between the two months. A 33% increase in total 'yes' responses was observed in Nov ($n=320$) compared with Sep ($n=241$). This increase in 'yes' responses in Nov was similar for correct (37%) and incorrect (27%) replies with no statistical difference between the two ($p=0.089$).

**Conclusions:** BCAM failed to increase hospital staff's awareness of breast cancer risk factors, paradoxically a decrease in risk recognition was observed after the BCAM. Equal increase in 'yes' responses for correct and incorrect replies in Nov is possibly due to augmented publicity of BCAM without actual knowledge enhancement. Stronger strategies are required to improve public comprehension of the disease.

**1079: DUCTAL CARCINOMA IN-SITU DISCOVERED POST-OPERATIVELY AFFECTS THE REOPERATION RATE FOLLOWING BREAST CONSERVING SURGERY**

Robert Pallas, Mohammed Elhassan, Jonathan Lloyd-Evans, Chris Gateley. *Breast Unit, Royal Gwent Hospital, Newport, UK.*

**Aims:** It has recently been reported that the reoperation rate after breast conserving surgery is surprisingly high at 20% and higher when in-situ disease is present (29.5% v 18%). This was reported on postoperative histology1. We examined how often the postoperative histology was at variance to the preoperative core biopsy and analysed the reoperation rate by the core biopsy.

**Methods:** 77 consecutive patients diagnosed with pure invasive ductal carcinoma (IDC) on core biopsy underwent breast conserving surgery