were required to detect one cancer, while 124 screening mammograms costing £4340 were required to detect one cancer.

**Conclusions:** Routine annual mammograms for breast cancer recurrence are less cost effective than those for the NHSBSP. Stratified follow up or less frequent mammograms should be considered for detecting recurrence.

### 1057: DO YOUNG WOMEN WITH CLINICALLY AND RADIOLOGICALLY BENIGN BREAST LUMPS REQUIRE BIOPSIES?

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**Aim:** Women <25 years with clinically and radiologically benign breast lumps do not require a biopsy in accordance with RCR guideline 2010.

**Methods:** A retrospective audit of all women under 30 years having a breast biopsy at SWBH NHS Trust between Jan 2000 and Dec 2010. Clinical, radiological and histological data were compared.

**Results:** 864 patients were identified from the pathology database, 612 had FNAC and 252 had core biopsy. 544 patients had full data sets available for analysis. 91.2% (496) were p2 u2, all were confirmed b2 histology. 7.2% (39) were p2+ u3 with histology downgrading all of them to b2. 1.7% (9) were p3+ u3+ and histology graded them as b4+. 61.4% (334) of the dataset <25 years old. 10 cancers were detected, 1 <25 yrs (P2 U2), 9 >25yrs all suspicious clinically and radiologically.

**Conclusions:** 91.2% of biopsies could have been avoided. Clinical and Radiological findings show a high correlation <30 years. Only 0.18% (1) showed a discrepancy from the guidelines. 8.8% of the patients would have required biopsies in keeping with the guidelines; a substantial saving in psychological stress to patients, financial cost and manpower time.

### 1071: IMPROVING THE SERVICE FOR PATIENTS WITH BENIGN BREAST BIOPSY RESULTS: LESSONS LEARNT FROM A BUSY DISTRICT GENERAL HOSPITAL

Richard Boulton 1, Shanjitha Kantharuban 2, Ruth James 2, Kian Chin 2, Amanda Taylor 1, 1 North Middlesex University Hospital, London, UK,; 2 Milton Keynes Foundation Hospital, Milton Keynes, Buckinghamshire, UK

**Aims:** In 2005 the NHS Breast Screening Programme published guidelines recommending that 90% of breast biopsy results should be given to patients within a week.

We set up a Consultant-led telephone biopsy results service in response to a recent questionnaire study that demonstrated 77% of our patients did not want a follow up appointment if their biopsy result was benign. Our experience and audit results are presented below.

**Methods:** Retrospective analysis of 25 under 35 year clinic patients with a recent questionnaire study that demonstrated 77% of our patients did not want a follow up appointment if their biopsy result was benign. Our experience and audit results are presented below.

**Aim:** To assess the sensitivity and specificity of pre-operative axillary ultrasound in predicting lymph node metastases in breast cancer.

**Method:** A retrospective review of patients undergoing surgery for breast cancer over a 12-month study period was undertaken. Data was collected on pre-operative lymph node radiology, cytology and histopathology and correlated with post-operative histological nodal status.

**Results:** Out of 93 patients, 31 had radiologically abnormal axillary ultrasound scans (group 1) whilst 62 were normal (group 2).

In group 1–2 patients underwent ultrasound-guided biopsy of node, 3 underwent sentinel lymph node biopsy (SLNB), 28 underwent primary axillary node clearance (ANC) and 1 underwent secondary ANC (following SLNB).

In group 2–47 underwent SLNB, 15 underwent primary ANC and 11 underwent secondary ANC

**Conclusion:** In group 1, 87% of patients had involved nodes compared with 39% of patients in group 2. This data gives the sensitivity of ultrasound scan of the axilla as 52.9%, a specificity of 90.5%, positive predictive value of 87.1% and a negative predictive value of 61.3%.

**Conclusions:** Isolated ultrasound assessment of axillary lymph nodes has an unacceptably low sensitivity, although specificity is high. Sensitivity may be improved by combining pre-operative imaging with guided lymph node biopsies.

### 1093: INVESTIGATING THE IMPACT OF NEOADJUVANT CHEMOTHERAPY AND HERCEPTIN ON THE SURGICAL MANAGEMENT OF PATIENTS WITH INVASIVE BREAST CANCER

Terri McVeigh, Dhafir Al-Azawi, Karl Sweeney, Carmel Malone, Maccon Keane, Ray McLaughlin, Michael Kerin. Galway University Hospital, Galway, Ireland

**Aims:** Neoadjuvant Chemotherapy (NCT) is indicated in locally aggressive invasive breast cancers. The aims of this study are to audit the surgical management of patients managed with NCT, including Herceptin, in a tertiary referral centre in the west of Ireland, and to assess the impact of receptor status on response to chemotherapy.

**Methods:** The cohort studied included all patients assigned to NCT between 1999–2010. Data regarding patient demographics, tumour characteristics, nodal management, final pathological score and outcome was obtained from a prospectively maintained database. Analysis was completed using PASWv18.

**Results:** 152 patients were assigned to NCT including 5 with bilateral disease. Following chemotherapy, 140 patients underwent Axillary Clearance (AXCn), of which 53 were negative. NCT was found to be effective in 77.9% of patients, 29.3% having a complete pathological response, and a further 48.6% having partial response. Breast Conservation was facilitated in 42 patients (28.57%). Luminal-A subtype was the molecular subtype most often associated with a poor response (30.14%), while all those positive for Her-2 receptor had at least a partial response, 50% a complete response.

**Conclusion:** AXCn in this cohort remains controversial, with 38% of patients assigned to AXCn with no additional positive lymph node yield. Those patients treated with chemotherapy targeting Her-2 receptor had a better response than Her-2-negative patients.