option, with 40% willing to have neoadjuvant endocrine therapy to facilitate this. Only 14% would have considered neoadjuvant chemotherapy with the same aim. Despite our BCS patients having to travel a considerable distance daily for radiotherapy, only 4% found it problematic. Eighty-eight percent of patients who had BCS were happy with their treatment decision, 72% being happy with the cosmetic outcome.

**Conclusion**: BCS is something that patients aged 70+ are interested in considering. More than a third of mastectomy patients would be willing to take neoadjuvant endocrine therapy to facilitate BCS.

## 0266: BREAST CANCER PRESENTATION IN THE OVER 70S

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**Aim**: To explore the presentation of the over 70s with breast cancer, along with attitudes towards screening.
**Methods**: A questionnaire was sent to patients aged 70+ at breast cancer diagnosis in NHS Lanarkshire between 2006 and 2013. This detailed reasons and timing of presentation, in addition to thoughts about screening.
**Results**: Three hundred and fifty-two questionnaires were sent with a 65% response rate.
Sixty-four percent routinely examined themselves with 70% identifying a lump themselves. Distressingly only 36% were aware of the other signs/symptoms of breast cancer.
The majority of women sought medical attention early, with 39% presenting within days, personal concern was the greatest prompt (68%).
Eighty-three percent routinely attended screening when invited, a further 3% willing to attend once over 70. The majority (60%) were not aware that they could opt into the screening service when over 70.
**Conclusion**: Despite the belief that older women are less breast aware most of our patients routinely examined themselves, identified pathology, and promptly sought medical advice. Despite most women having no knowledge of other signs and symptoms of breast cancer. Our cohort has also shown that they are keen to continue screening over the age of 70 if it was routinely offered.

## 0278: EVALUATING THE QUALITY OF INTERNET INFORMATION FOR BREAST CANCER

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**Aim**: The internet is frequently used by patients for researching information regarding breast cancer. Though much of it is contemporaneous and of good quality, a significant proportion of this information is unregulated, and potentially misleading. This study aims to assess the quality of information on the internet regarding breast cancer using validated tools.
**Methods**: The term 'breast cancer' was searched for in 3 search engines. The top 20 results were selected and after duplicates and irrelevant websites were excluded, the remaining websites were analysed using the DISCERN Plus tool, HONcode and the JAMA benchmarks.
**Results**: 26 unique websites were assessed. The average score using the DISCERN criteria was 57 out of a possible total of 80 – classed as 'good' (range: 25–74). Charity websites had the highest average score; 63 – classed 'excellent'. 9 websites were found to be HONcode certified. 7 websites complied with all four JAMA benchmarks.
**Conclusion**: This study shows the quality of breast cancer information on the internet is on the whole good; however the range of quality is wide. Patients may be heavily reliant on information available on the internet so it is important for healthcare professionals involved in breast cancer care to understand the nature of this information.

## 0290: AXILLARY STAGING IN BREAST CANCER: IMPROVEMENTS IN PRE-OPERATIVE ULTRASOUND EVALUATION AT MUSGROVE PARK HOSPITAL

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**Aim**: NICE Guidelines (2009) advise that pre-treatment ultrasound evaluation of the axilla is undertaken for patients with early, invasive breast cancer, and that ultrasound-guided needle sampling of any abnormal

nodes should be performed. Pre-operative assessment of the axilla has been standard practice at this unit since 2010. Our aim was to establish whether rates of pre-operative diagnosis of axillary metastases have changed since then.
**Methods**: Data were collected on all axillary procedures performed in breast cancer patients between April 2010 and February 2014 at a busy district general hospital. Cases were identified using consultant databases, histopathology records and theatre diaries. Patients receiving neo-adjuvant chemotherapy were excluded.
**Results**: 987 cases were identified. 279 patients had malignancy in the axilla and 101 of these were diagnosed pre-operatively. The proportion of patients with axillary malignancy diagnosed pre-operatively, as opposed to using sentinel node biopsy, has increased year on year (21% in 2010-11; 37% in 2011–12; 48% in 2012–13 and 51% in 2013-14).
**Conclusion**: Over time, there has been a significant trend towards diagnosing axillary malignancy pre-operatively rather than intra-operatively on sentinel node biopsy. This suggests a learning curve in the use of axillary ultrasound and node sampling in the unit.

## 0416: A RETROSPECTIVE ANALYSIS OF SURVIVAL AFTER BREAST CANCER RECURRENCE: EVALUATION OF PREDICTIVE CLINICOPATHOLOGICAL VARIABLES AND TREATMENT EFFECT

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**Aim**: To evaluate predictive clinicopathological variables of survival following breast cancer recurrence.
**Methods**: All coded recurrences from January 2009 to January 2014 resulting from breast cancer resections from January 1988 to January 2013 were included in our study. Of the 272 patients identified, data was available for 257 patients, and the clinicopathological variables were analysed. The median follow-up was 9.40 years (IQR; 6.10–14.56). Survival following recurrence was then calculated using log rank test.
**Results**: Survival following breast cancer recurrence was not predicted by grade (p=0.233), size (<50mm vs $\geq$50mm, p=0.234) and hormone receptor status (ER+ve vs ER-ve; p=0.873 and Triple negative; p=0.224) of the original tumour. There was no difference in the disease-free survival between patients who developed distant and locoregional recurrence, however, the overall survival following distant metastasis was 33.3 months, and that for locoregional disease was 54.6 months (n=229, p=0.000). The majority of patients with locoregional disease (50/83) had surgical management, and these patients had significantly better post-recurrence median survival (62 months) than those who had either cytotoxic chemotherapy (33 months) or anti-hormone therapy (41 months).
**Conclusion**: Clinicopathological variables of the primary tumour cannot predict recurrence; however aggressive surgical management of locoregional recurrence will improve survival compared to systemic therapy.

## 0451: A SYSTEMATIC REVIEW AND META-ANALYSIS OF THE INCIDENCE AND PREDICTORS OF BLOOD TRANSFUSION IN BREAST RECONSTRUCTION POST TRAM (TRANSVERSE RECTUS ABDOMINUS MYOCUTANEOUS) FLAP AND DIEP (DEEP INFERIOR EPIGASTRIC PERFORATOR) FLAP

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**Aim**: Despite the increase in number of women opting to have autologous breast reconstruction with TRAM or DIEP flaps, there is paucity in literature regarding the incidence and predictors of blood transfusion associated with these procedures. The aim of the study is to conduct a systematic review and meta-analysis of the incidence and predictors of blood transfusion post TRAM and DIEP flaps. To the best of our knowledge, this is the only systematic review in literature on this topic.
**Methods**: Literature search conducted on Pubmed, Ovid medline and EMBASE databases. Statistical analysis investigating odds ratio of transfusion and correlation.
**Results**: The search identified 11 studies and no clinical trials. The reported rate of transfusion ranges from 9.1% to 80.3% for DIEP and around 9% For

TRAM flaps. The risk factors for transfusion include obesity, peri-operative anaemia and bilateral cases. There are contradictory reports regarding immediate procedures being a risk factor. The data is variable with lack of consistency, emphasising the importance of a systematic analysis of the studies.

**Conclusion**: We have identified the most common predictors for post operative transfusion for DIEP and TRAM flaps. This information is valuable to patients and clinicians during preoperative counselling and consent.

## 0495: IMPROVING POST OPERATIVE PAIN MANAGEMENT IN SUB-PECTORAL TISSUE EXPANDER IMPLANT RECONSTRUCTION OF THE BREAST USING AN ELASTOMERIC PUMP

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**Aim**: Postoperative pain after breast surgery leads to delayed mobilization and prolonged stay. We performed a retrospective analysis of patients undergoing skin-sparing mastectomy and subpectoral implant reconstruction. Hypothesis: Does the use of an elastomeric local anaesthetic pump improve pain control and length of stay (LOS).

**Methods**: 25 consecutive patients undergoing the above procedure were sited with an elastomeric local anaesthetic infusion pump intra-operatively, in addition to standard regular and PRN analgesia. The control group contained 25 patients undergoing the same procedure receiving standard analgesia alone. Visual Analogue Scales (VAS) were recorded at 24 hours in addition to PRN analgesic requirements.

**Results**: Median age was 51 (26–75) in the intervention group and 50 (28–70) in the control. Mean VAS score was 0.28 (0.61SD) at 24 hours in the intervention group and 1.84 (0.37SD) in the control, p<0.0001. Mean LOS was 1.8 days (0.71 SD), and 2.28 days (0.94 SD) in the control, p=0.252. There were no complications involving catheter placement, local anaesthetic leakage or toxicity.

**Conclusion**: We found significantly reduced pain and trend towards reduced and length of stay with the local anaesthetic infusion pump. The elastomeric pump is a step towards enhanced patient recovery following mastectomy and implant reconstruction.

## 0521: EXPLORING THE POTENTIAL OF USING THE TRAINEE COLLABORATIVE MODEL TO DELIVER HIGH-QUALITY, LARGE-SCALE PROSPECTIVE MULTICENTRE STUDIES IN RECONSTRUCTIVE BREAST SURGERY: THE IBRA (IMPLANT BREAST RECONSTRUCTION EVALUATION) STUDY

On behalf of the Breast Reconstruction Research Collaborative*Breast Reconstruction Research Collaborative, United Kingdom*

**Aim**: The introduction of techniques to augment the subpectoral pocket has revolutionalised the practice of implant-based breast reconstruction(IBBR), but evidence to support the safety and efficacy of these techniques is lacking. High-quality data are required, but large prospective cohort-studies are expensive and time-consuming. Adoption of the trainee research collaborative model may effectively overcome these barriers.

We report early experience with the iBRA(implant Breast Reconstruction evAluation) study which has employed this innovative methodology in breast-surgery for the first time.

**Methods**: The iBRA study has 4-phases that aim to inform the feasibility and conduct of a future RCT including a national practice questionnaire(NPQ) and prospective audit.

Trainee leads have been identified at each centre via the Mammary Fold and Reconstructive Surgery Trials Network. Leads are responsible for completing the NPQ with the support of a lead consultant and identifying patients for the prospective audit, collecting in-hospital and 30-day outcome data and obtaining consent for patient-reported outcome questionnaires.

**Results**: Between May-Dec2014, 67 units have completed the NPQ. Over 100 collaborators have recruited 328 patients from 35 centres and the study is running 6-months ahead of schedule.

**Conclusion**: The iBRA study has demonstrated that the trainee collaborative model is an effective means delivering large-scale prospective studies in breast-surgery.

## 0529: LOCAL RECURRENCE FOLLOWING BREAST CONSERVING SURGERY FOR DUCTAL CARCINOMA *IN-SITU*: THE EDINBURGH EXPERIENCE

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**Aim**: Ductal carcinoma in-situ (DCIS) represents 5% of symptomatic and 50% of screen-detected breast malignancies. Historically managed with mastectomy, providing excellent long-term outcomes, Breast Conserving Surgery (BCS) +/– adjuvant radiotherapy now represents the mainstay management option for DCIS providing better cosmetic outcomes with no adverse impact on overall survival. The main drawback of BCS remains local recurrence – DCIS or invasive breast cancer, which are associated with significant morbidity and mortality. Given advances in DCIS management, the study aims to compare local recurrence rates as well as 'time to recurrence' over the last 10 years to previously published data from the Edinburgh breast unit.

**Methods**: Retrospective single-centre study of patients with histologically confirmed primary DCIS who underwent BCS between January 2000 and January 2010.

**Results**: Of the 477 eligible patients, 7.8% (n=37) developed local recurrence following BCS (median follow-up = 63months), a significant decrease from 15% previously reported within the same unit. The median time-to-recurrence was 27months. There is also trend towards decreasing local recurrence rates with increasing use of adjuvant radiotherapy.

**Conclusion**: Advances in DCIS management and widespread use of adjuvant radiotherapy have contributed to a significant reduction in local recurrence rates following BCS for DCIS.

## 0530: EXPLORING VARIATIONS IN THE PROVISION AND PRACTICE OF IMPLANT-BASED BREAST RECONSTRUCTION IN THE UK: INITIAL RESULTS FROM THE IBRA NATIONAL PRACTICE QUESTIONNAIRE

On behalf of the Breast Reconstruction Research Collaborative*Breast Reconstruction Research Collaborative, United Kingdom*

**Aim**: The introduction of lower-pole sling-procedures has revolutionised the practice of implant-based breast-reconstruction (IBBR), but data regarding the availability and practice of these procedures is limited. The iBRA (implant Breast Reconstruction evAluation) Study aims to explore the practice and outcomes of IBBR to inform the feasibility of undertaking an RCT comparing techniques.

We report the early results of iBRA Phase-1, a National Practice Questionnaire (NPQ) which aims to comprehensively describe current national-practice.

**Methods**: A questionnaire developed by the iBRA Steering-Group was completed by trainee and consultant leads at breast and plastic surgical-units across the UK. Simple summary statistics were calculated and variations in service-provision, practice and adherence to guidelines evaluated.

**Results**: 44-units have completed the NPQ to-date. Variation was demonstrated in the provision of novel-techniques especially the availability of biological (n=32, 72.7%) and synthetic (n=10, 20.5%)meshes and in patient-selection. There was lack of consistency in peri and post-operative management particularly duration of antibiotic-use (induction-only-vs.14-day-course) and drain-policy (no-drains-vs.2-drains-for-14-days). Few units (n=14, 37.8%) had written management protocols and only half (n=20) prospectively-audited their outcomes.

**Conclusion**: Early analysis of the iBRA-NPQ has demonstrated marked variation in the provision and practice of IBBR. Phase-2 of the iBRA Study will determine the safety and efficacy of different approaches to IBBR and allow evidence-based best practice to be explored.

## 0571: ARTISS HUMAN FIBRIN SEALANT GLUE FOR MASTECTOMY FLAP ADHERENCE

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