

Conclusions: Our study has shown that patients who present with thickening or lumpiness of the breast should all have FNAC or core biopsy of the symptomatic area, even in the presence of normal USS and/or mammography. This highlights the importance of a thorough triple assessment in all patients presenting to the breast clinic.

0236: IS THE BENEFIT OF INTRAOPERATIVE SENTINEL LYMPH NODE BIOPSY (SLNB) ANALYSIS USING ONE-STEP NUCLEIC-ACID AMPLIFICATION (OSNA) NEGATED BY THE NEED FOR FURTHER BREAST SURGERY?

Dionysios D. Remoundos¹, Hannah A. Wilson¹, Farid Ahmed¹, Yoon Chia², Giles H. Cunnick¹. ¹Department of General Surgery, Wycombe General Hospital, High Wycombe, UK; ²Department of Histopathology, Wycombe General Hospital, High Wycombe, UK

SLNB is standard practice for axillary staging in clinically node-negative breast cancer patients. Traditionally, SLNB-positive patients required delayed axillary lymph node clearance (ALNC). The development of intra-operative analysis methods, such as OSNA, has made single-stage procedures possible. However, some argue that their benefit may be negated by the need for further breast surgery. We aimed to assess the benefit of intraoperative OSNA compared to conventional SLNB analysis and delayed ALNC.

400 consecutive patients with clinically and radiologically normal axillary lymph nodes, who underwent mastectomy or breast-conserving surgery for invasive cancer or multifocal DCIS, in a single institution from May 2010 to November 2011, were included. Routine localisation and intra-operative OSNA analysis were performed. Patients positive for metastasis proceeded to ALNC at the same setting. Those requiring additional breast procedures were identified.

142 patients underwent an immediate ALNC. 14.6% of patients required re-excision breast surgery. Only 21.4% of OSNA-positive patients required further surgery.

Despite the need for re-excision breast surgery in cases of positive margins, intra-operative OSNA analysis reduces the number of patients requiring further surgery by 78.6%. Offering a single operation is better for patients and the health economy, reducing waiting times and expediting the start of adjuvant treatments.

0306: ULTRASOUND EVALUATION OF BREAST CANCER DEPTH. DOES THIS PREDICT THE LIKELIHOOD OF SUPERFICIAL MARGIN INVOLVEMENT?

Lulu Tanno, Catherine Boffa, Gavin Royle, Rachel Oepfen, Ramsey Cutress. Southampton University Hospital Trust, Southampton, UK

Aim: We determined superficial margin involvement (SMI) in patients undergoing breast conserving surgery (BCS) and assessed if ultrasound tumour depth predicts the likelihood of SMI.

Methods: A retrospective review of 201 BCS procedures undertaken in 2009. US report and images were used to determine the superficial depth of tumours.

Results: Tumour was present at one or more margin (including deep or superficial) in 41 (20%) cases and led to further surgery in 15 cases. A skin ellipse was excised in 76 (38%), and of these, no specimens had isolated SMI. In 2 cases skin involvement was clinically apparent pre-operatively. From those without skin resection the superficial margin was the only margin involved in 4 cases. In total there were 2 re-excisions for isolated superficial margins, one following a skin ellipse and the other following no skin resection. The mean USS depth of the tumour in cases with SMI was 4mm whilst the mean depth of those without SMI was 10mm ($p=0.002$).

Conclusions: Isolated SMI is rare following BCS. US depth may be a good indicator of SMI. If USS depth is <5mm an ellipse of skin overlying the cancer should be considered rather than excision from a distant site.

0307: INTRA-OPERATIVE ULTRASOUND IS AN EFFECTIVE TECHNIQUE FOR EXCISION OF EARLY BREAST CANCER

Jennifer Pollard, S. Pathak, Anu Shrotri, C.D. Parmar, Lee Martin. University Hospitals Aintree, Liverpool, UK

Introduction: Radio-guided occult lesion localisation (ROLL) has been used to excise impalpable breast lesions instead of wire-guided localisation. We hypothesise Intra-operative Ultrasound Marking (IUM) is as

effective as ROLL for excision of ultrasound-detectable lesions and more cost-effective.

Methods: Retrospective analysis performed on consecutive patients undergoing IUM WLE over 3 years. Baseline demographics, tumour size, margin clearance, histology and further procedures performed were analysed.

Results: Sixty-six IUM WLE's were performed June 2008–November 2011 for non-palpable lesions, with 100% success rate for excision. Mean patient age 58-years (27–81 years). Mean radiological tumour size 13.5mm (4.5–28.4mm), mean invasive tumour size 18.7mm (3–77mm) and mean specimen weight 43.9 grams. 63 patients (95.3%) had clear radial margins (mean clearance 3.35mm, range 1.1–7mm). Three patients (4.7%) had positive margins for invasive malignancy. These results compare favourably with ROLL data.

Conclusions: Our results demonstrate no malignant lesions were missed; therefore this procedure can be safely used to excise early, impalpable screen-detected breast cancers. It improves peri-operative patient journey; increases patient safety and convenience, whilst making savings in cost of nuclear medicine services. Furthermore, it can be performed in hospitals without a nuclear medicine department. Our recommendations are breast surgeons will need to undergo training in ultra-sound scanning.

0318: MEDICAL ASTROLOGY: DEBUNKING THE MYTH FOR BREAST DISEASE

Thomas Micic, Rachel Barnes, Kelvin Gomez. Aneurin Bevan Health Board Trust, Abergavenny, South Wales, UK

Introduction: Medical astrology predicts that disease is under the influence of astrological signs. Being born within the zodiac sign of Cancer is meant to increase your chances of developing diseases of the breast.

Methods: A retrospective cohort of 1458 patients who presented with breast disease was derived from hospital admission data from a single Health Board from January 2008 to February 2011. Statistical confirmation of the dataset was performed using the Chi-Squared test.

Results: Results showed that the probability of developing benign breast disease and being born within the zodiac sign of Cancer was 7.83% (Range 6.01–10.97% for the other zodiac signs); pre-invasive malignancy was 8.76% (Range 5.84–11.68% for the other zodiac signs); and for malignant disease was 9.25% (Range 7.71–9.91% for the other zodiac signs). There was no statistically significant difference between the Zodiac groups.

Conclusions: The basis for medical astrology, as with astrology itself, is rooted in superstition and pseudoscience. Unfortunately, a proportion of patients presenting with breast disease still seek advice from medical astrologers, who may influence their treatment options. Our results show that there is no statistical difference. The authors hope that by debunking this myth, fewer patients will be adversely affected by inappropriate advice.

0345: SAME DAY ADMISSIONS ARE KEY TO SAVING MONEY IN ELECTIVE BREAST SURGERY

Usman Khalid, Nicola Woodcock, Pawel Pietrzak, Sumit Goyal. The Cardiff and Vale Breast Centre, Cardiff, Wales, UK

Aim: To evaluate our length of stay for Elective Breast Surgery and explore ways to increase our rate of Same Day Admissions (SDA's) and reduce costs.

Method: Retrospective data on admission, discharge and day of surgery were collected for all patients who underwent Breast Surgery at Cardiff Breast Centre between April 2010 and March 2011.

Results: 626 patients underwent Breast Surgery, with a median age of 57 and average length of stay 3 days. 28% of patients were admitted on day of surgery (62% of which day-cases), 71% day before surgery and 1% more than 1 day before surgery. Reasons for admission day before surgery were: Sentinel Node Radioisotope(RI) injection(50%), Wire insertion(6%), 'Normal Culture' within this trust for pre-operative assessment(44%).

Conclusions: Based on a £200 cost per bed day, we estimated that our Trust could save £89,000 per year if all patients arrived on day of surgery. Ways to increase our SDA rate include: 1. RI injection day before surgery and admission on day of surgery; 2. Setup of a pre-assessment clinic - Clinic space, nursing staff and junior doctors are already set in place for this