Aim: To demonstrate the role of human fibrin sealant glue for mastectomy flap adherence.

Methods: We audited the use of ARTISS fibrin sealant glue versus surgical drain placement for six months at a District General Hospital, looking at two primary endpoints: discharge within 23 hours and post-operative complications. All mastectomy patients were included and complications were identified up to 60 days. Data was collected prospectively from physical and electronic records.

Results: Complete data was collected for 18/19 patients who underwent mastectomy in the study period. The rate of discharge within 23 hours using fibrin sealant glue was 6/7 patients compared with 5/8 with surgical drains. For the four patients who had neither drain nor glue, two were discharged within 23 hours. The rate of seroma with fibrin glue was 1/7 versus 4/8 with a drain. Using neither drain nor glue 2/4 patients developed seromas and one was re-admitted.

Conclusion: The use of fibrin sealant glue resulted in reduced complications and earlier discharge compared with surgical drains for mastectomy patients in this small sample. Larger scale studies are required to demonstrate statistical significance, but fibrin sealant glue may negate the use of drains, expedite discharges and reduce costs from community nursing, prolonged admissions, drain complications and delays starting adjuvant treatment.

0700: THE ROLE OF GUIDELINE REINFORCEMENT IN IMPROVING QUALITY OF REFERRALS TO A SPECIALIST BREAST CLINIC

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Aim: To assess the effect of redistributing Scottish Cancer Referral Guidelines to primary care in improving the quality of referrals to a specialist breast clinic in a Scottish DGH.

Methods: A previous audit showed 36% referrals from general practice were either inappropriate or of incorrect level of urgency. The Scottish Cancer Referral Guidelines were re-distributed to primary care physicians and referrals were re-audited over a 2 week period.

Results: 231 referrals were made in the study period. 33% were referred as routine. Of these, 65% were correct and 35% incorrect. Incorrect routine referrals should have been urgent according to guidelines (54%); the remainder should have been managed in primary care (46%). This was a 17% improvement over the previous audit. 67% patients were referred as urgent. Of these, 73% were correct while 27% were incorrect. 86% incorrect referrals should have been routine while 14% should have been managed in primary care. This was a 6% improvement over the previous audit.

Conclusion: Redistribution of the guidelines did improve the quality of referrals. Other methods of reinforcement are needed to further improve standards of referral from primary care and to give general practitioners the confidence to manage conditions not needing specialist care.

0728: A REVIEW OF THE MANAGEMENT OF AXILLARY MICROMETASTASES IN BREAST CANCER

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Aim: Our local protocol suggests undertaking axillary node clearance (ANC) if a micrometastasis is found at sentinel lymph node biopsy (SLNB). With recent reports suggesting this may not be necessary, we reviewed our data between January 2012 and August 2014 (30 months).

Methods: A case note review was performed on all patients undergoing axillary surgery for breast cancer over a three year period. The form of axillary surgery, as well as the number of nodes retrieved was noted. We also noted whether there were micrometastases or macrometastases.

Results: 163 of a total of 358 patients (45.5%) underwent axillary node clearance (ANC). Of those, 87 (53.4%) were primary, and 76 (46.6%) following SLNB. From the 76 secondary ANCs, 21 (27.6%) only had micrometastases on SLNB. All underwent ANC. Out of the 21 ANCs for micrometastasis, only 2 patients (9.5%) had further nodal involvement. One with a further solitary micrometastasis, another had 2 involved nodes- one micrometastasis, one macrometastasis.

Conclusion: ANC with solitary micrometastases has been called into question, especially with improving adjuvant therapies. This data supports that view and suggests that in almost 28% (21/76) of cases we may be unnecessarily increasing potential morbidity and cost by advocating ANC.

0741: USE OF THE LATISSIMUS DORSI FLAP IN BREAST RECONSTRUCTION: THE PATIENT PERSPECTIVE

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Aim: The latissimus dorsi (LD) flap is one of many available methods of breast reconstruction following mastectomy. All methods carry key strengths and potential pitfalls; no method can exactly replace the lost breast. This study aims to assess patient perspective of outcome following breast reconstruction with LD flap.

Methods: 29 patients completed satisfaction surveys assessing aesthetic, pain and functional outcomes.

Results: Mean overall satisfaction score was 8.9/10 and 28/29 (96.6%) would recommend the procedure. The most important factors in aesthetic outcome were symmetry (10/29, 34.5%) and shape (10/29, 34.5%). Eight (27.6%) reported mild/moderate restrictions in activities and six (20.6%) reported moderate pain; none reported significant limitation or pain.

Conclusion: LD flap reconstruction was associated with high overall patient satisfaction comparable to DIEP which is considered as the gold standard, and little functional or aesthetic compromise. The most important factor for patients was symmetry. Patient expectations and priorities should be a key point to address in a reconstruction consultation. The ultimate aim should be for an outcome which has addressed the factors most important to that individual patient.

0763: EFFICACY OF TRIPLE ASSESSMENT IN COMPARISON WITH SURGICAL BIOPSY IN BREAST CANCER

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Aim: To examine, combined and individual predictive values regarding Palpation (P), Mammogram (M), Ultrasound (U) and FNAC (C)/Core biopsy (B) in Breast cancer diagnosis in relation to surgical biopsy.

Methods: 124 breast cancer patients reviewed between 1st April’09–30th March’10. For diagnostic potential of combination of the modalities (P, M and FNAC), we considered cases with score of 4 (Probable malignant) and 5 (malignant) in any of the modalities were considered positive for malignancy. All Patients diagnosed with breast cancer with triple assessment were found having breast cancer on surgical biopsy. 12 were excluded, unfit for intervention.

Results: (P) alone relatively accurate, confirmed by surgical biopsy. PPV 58.9% when compared with surgical biopsy. PPV 66.1% after ultrasound scan, the over Radiological grading (R) gives a PPV 81.3%, reflecting important role of ultrasound, FNAC 73.2%, comparable with other studies. Core biopsy diagnostic in 107 (95.5%), combination of the modalities (P, M, U, R, FNAC) is more accurate than any one modality, alone.

Conclusion: Cases with positive three modalities for breast malignancy: surgical biopsy confirms the breast cancer with a PPV 100%, sensitivity 95.5%. Results showed improvement when compared to previous audit. Furthermore, practice was in line with NICE guidelines and performance was well above standard required.

0798: PRIMA: Y INVASIVE BREAST TUMOUR SIZE WITH AXILLARY METASTASIS IN ETHNICITIES

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Aim: To explore the correlation between breast cancer tumour size and axillary lymph node metastasis in new presentations, amongst an ethnically diverse patient population in an east London hospital.

Methods: A total of 131 patients were identified as first presentations of breast cancer over a two-year period based on the Trust’s electronic database (excluding recurrent breast disease or histological anomalies). Tumour size was based on TNM staging and status of the axilla derived
from surgical histology. 35 patients were excluded as they did not undergo sentinel lymph node biopsy or axillary clearance.

Results: Analysis of the remaining 96 patients revealed strong negative correlation ($r = -0.908$) between increasing tumour size (T1 to T3) and rate of axillary metastasis. 40% of all tumour T4 staged patients had axillary involvement. Regardless of tumour size, South Asians had highest tendency for axillary disease (42%) then followed by Afro-Caribbeans (39%).

Conclusion: Based on our study, increasing primary tumour size is ironically associated with reduced rates of axillary disease. Chest wall and cutaneous invasion strongly predict axillary metastasis. Ethnicity does appear to alter the risk of lymphatic spread. However, further work with a larger study population are needed for firm conclusions to be drawn.

0827: USE OF ONCOTYPE DX ASSAY REDUCES CHEMOTHERAPY IN BREAST CANCER

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Aim: The future of breast cancer adjuvant treatment lies in molecular profiling of tumours to determine their prognosis and sensitivity to chemotherapy. Oncotype Dx is a 21 gene assay recommended for use by NICE to guide adjuvant chemotherapy decisions for people with Oestrogen Receptor positive (ER+), Lymph Node negative (LN-), Human Epidermal growth factor Receptor 2 negative (HER2-) early breast cancer at intermediate risk. Our aim is to audit the use of Oncotype Dx assay in the Royal Liverpool University Hospital and to compare the assay score with traditional prognostic tools such as Nottingham Prognostic Index (NPI), Adjuvant! Online and Predict.

Methods: Patients records, identified through Genomic database, were searched for histology, demographics and adjuvant treatment decision.

Results: 38 patients were identified, median age 59 (43–75); 16 were LN+. 76% did NOT receive chemotherapy following the assay; this represents a 40% reduction in expected use. There was no correlation of Oncotype Dx score with the traditional prognostic tools.

Conclusion: Oncotype Dx assay should be used in all patients, including LN+, considered for chemotherapy. Tumour histology does not necessarily reflect molecular profile, chemosensitivity and patient outcomes.

0847: THE MANAGEMENT OF BREAST CANCER IN PATIENTS WITH BREAST AUGMENTATION

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Aim: Achieving balance between oncological and cosmetic outcomes in Breast Cancer patients with breast augmentation (BA) is challenging. With increasing age of women with BA, the management of Breast Cancer in this cohort is likely to come under increased focus. Breast conserving surgery (BCS) is less likely as it requires radiotherapy, with poor aesthetic outcomes. There is a lack of clear guidance for this cohort with a call for recommendations.

Methods: A literature review was carried out using PubMed and OVID using key words and phrases: “breast cancer management”, “breast cancer treatment”, “augmentation” and “previously augmented”. Papers published since the year 2000 were considered.

Results: Fourteen papers were identified. BCS feasibility in Breast Cancer patients with BA is low and mastectomy rates are high. BCS does not compromise oncology outcomes but interferes with aesthetics. Better cosmetic outcomes are seen with careful planning, patient selection, novel reconstructive techniques and in those with sub-pectoral implants.

Conclusion: There is no guidance for the management of Breast Cancer in women with BA. BCS is a viable treatment option in these patients. Treatment should be based on clinical judgement, patient preference and preoperative counselling. Targeted radiation with novel reconstructive methods may exclude aesthetic problems.

0863: AXILLARY DISSECTION FOR BREAST CANCER MICROMETASTASES TO THE SENTINEL NODE: OVERTREATMENT OR A NECESSARY EVIL?

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Aim: The benefits of sentinel lymph node (SN) biopsy for axillary staging in breast cancer are well documented, although there is little consensus regarding the subsequent management of micro and macro-metastastic disease. We currently perform level I/II axillary dissection (AD) for SN micrometastases in patients undergoing mastectomy, as not all receive subsequent radiotherapy.

In this retrospective case series, we aim to determine whether there is any benefit in performing AD in mastectomy patients with micrometastases to the SN.

Methods: We analysed histopathology reports of all patients who underwent mastectomy and had micrometastases to one or more SN on One Step Nucleic acid Amplification (OSNA), during the 12 month period to November 2014.

Results: 15 female patients were identified with a mean age of 59.1 years (range 42–81 years). Most (n=14) had invasive ductal or lobular carcinoma +/+ carcinoma in situ. Non SN involvement was present in 3 patients however this did not result in upstaging of cancer in any case.

Conclusion: Within our cohort, AD for micrometastases to the SN in mastectomy patients did not alter the pathological stage of cancer. We therefore recommend AD is avoided as it does not alter patient management and causes significant morbidity.

0879: AUDIT OF THEATRE UTILISATION IN BREAST AND ENDOCRINE SURGERY IN WISHAW GENERAL HOSPITAL

J. McAllister, J. Murray. Wishaw General Hospital, UK

Aim: To determine the amount of time spent between cases and proportion of theatre time spent operating in an elective breast and endocrine practice.

Methods: The ORMS theatre database was used to collect and analyse times when patients entered and left theatre, and when surgery started and finished. 33 operating lists performed by three surgeons were included, comprising 146 cases over a 4-month period (January to May 2014).

Results: Of a potential 8-hour operating session (9-5), the average list duration was 6 hours 34 minutes (including breaks). This meant an average 94% of potential available theatre time was utilised. Amongst this, 62% was spent operating, 24% was spent prior to surgery starting, and 14% was spent after surgery between cases. In total an average of 4 hrs 4 minutes were spent operating (51% of potential theatre time spent operating). No significant difference was found between operating surgeon or anaesthetist.

Conclusion: Only half of the potential time available in theatre is spent operating. While some of the other time is spent anaesthetising patients, there is also a considerable amount of time spent with the transfer of patients into and out of theatre.

0892: HAS THE USE OF IN-THEATRE INTRA-OPERATIVE SPECIMEN X-RAY REDUCED OUR RE-OPERATION RATES IN BREAST CONSERVING SURGERY?

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Aim: Negative margins at first operation for breast conserving surgery (BCS) reduce local recurrence, improve long-term breast conservation and cosmesis. Gold-standard intra-operative confirmation is departmental x-ray. Recently, in-theatre assessment (Faxitron) may be alternatively used allowing immediate assessment of tumour-margins. It may reduce re-operation rates, anaesthetic time and cost. This audit aims to determine if re-operation rates decreased and breast conservation rates increased following Faxitron introduction.

Methods: A retrospective case-note review of consecutive patients undergoing wide local excisions (WLE) both before and after Faxitron introduction was performed. All image-guided specimens also underwent standard departmental X-ray.