

mode of detection, wire localisation, axillary procedure, incision, nipple procedure, smoking status, and adjuvant treatment. Ethical approval was granted by University of Dundee.

Results: The patient response rate to the study was 61.3% (57 of 93 patients), with a mean age of 59 years (range 41–75 years). The average time since surgery was 24 months (range 7–51 months). The Q-score results for each domain in the BREAST-Q are shown in Table 1.

Throughout all domains it was found that with increasing patient age, there was increased patient satisfaction ($r=0.5$; $p=0.0005$). Other variables found to be associated with increased patient satisfaction were being identified through breast screening rather than a symptomatic presentation, diagnosis of DCIS rather than invasive disease, no axillary surgery, no chemotherapy and being a non-smoker.

Conclusions: Our results demonstrate that patient reports of body image have a significant influence on overall satisfaction following surgery, with appearance of the breast in relation to shape and symmetry being important factors. Younger patients were least satisfied with their body image, which reflects the need for better management of expectations in

Domain	Minimum Q-Score	Maximum Q-Score	Average Q-score
Satisfaction with breasts	42	100	75
Satisfaction with outcome	33	100	80
Psychosocial well-being	12	100	74
Sexual well-being	0	100	57
Physical well-being	45	100	74
Satisfaction with information	45	100	80
Satisfaction with nipples	25	100	77
Satisfaction following radiation	49	100	87

this patient population.

TABLE 1

Conflict of interest: No conflict of interest.

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A NOVEL STRATEGY FOR THE IMMEDIATE SALVAGE OF INFECTED BREAST IMPLANTS

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Background. Infection represents a significant cause of failure and patient anguish following skin-sparing mastectomy (SSM) with implant reconstruction. Conventionally, in order to facilitate safe re-implantation with an expander, infection necessitated ex-plantation and prolonged antibiotic administration, with sufficient duration to ensure cavity sterilisation. With this technique, skin retraction and scar formation frequently occur due to inflammation and oedema, which may perverse cosmesis. Furthermore, patients are typically left for a period of months without a breast mound, often to the detriment of body image.

We report our experiences of a novel technique for the immediate salvage of infected implant reconstructions following SSM. We describe a series of 14 patients managed using a vacuum-assisted closure device, combined with aggressive local and systemic antibiotic administration, with the aim to achieve cavity sterilisation within days, permitting single-stage re-implantation.

Materials and methods. Fourteen patients who had undergone SSM with implant/ADM reconstruction which had become infected or threatened with partial skin flap necrosis were managed via this novel technique. All patients displayed clinical signs of infection, in addition to a proven microbial infection confirmed via ultrasound-guided aspiration and microbiological culture. Following initial broad-spectrum antibiotics, subsequent therapy for local irrigation, as well as systemic administration, was guided by microbial sensitivities.

Results. After utilisation of this strategy, all but one patient received a new fixed-volume implant, without requiring a conventional two-stage expander approach. Of those, all have returned to regular follow-up and maintain excellent cosmesis, mirroring the pre-infection aesthetic outcome. One patient was unable to undergo immediate re-implantation under strict guidance from microbiology, due to growth of *mycobacterium fortuitum*.

Conclusions. Our novel technique allows for early re-implantation and restoration of the initial reconstruction, thus avoiding the consequences of a prolonged period without a prosthesis. We advocate this technique in cases of implant infection refractory to conservative management.

Conflict of interest: No conflict of interest.

Scientific Symposium

Sarcoma, incl. Retroperitoneal

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FEASIBILITY OF SURGICAL SALVAGE COMBINED WITH INTRAOPERATIVE RADIATION THERAPY (IORT) FOR RECURRENT SOFT TISSUE SARCOMA AFTER MULTIMODALITY TREATMENT

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Background: The management of local recurrences of soft tissue sarcomas (STS), after previous multimodality approach containing radiotherapy, is challenging. The aim of this study is to evaluate safety, feasibility and efficacy of surgical salvage combined with intraoperative radiation therapy (IORT) alone in patients affected by locally recurrent STS of any site.

Materials and methods: We retrospectively analyzed data of patients with local recurrences of STS after failure of previous multimodality treatment, containing preoperative radiotherapy +/- chemotherapy and surgery plus IORT with electrons, treated at our Institute.

Results: Data of 43 patients, 19 (44%) female and 24 (56%) male, treated between March 2001 and March 2018, were available. Median ECOG PS was 0. Site of primary tumor was: limb in 13 (30%) patients, trunk in 10 (23%) patients and retroperitoneal sarcomas (RPS) in 20 (47%) patients. Complete tumor resection with microscopically clear margin (R0) was possible in 20 (46%) cases: 9 limb, 5 trunk and 6 retroperitoneal sarcoma. Twenty-one (49%) patients had microscopically residual disease (R1): 4 limb, 5 trunk and 12 retroperitoneal sarcoma. Macroscopically residual tumor (R2) was present in 2 (5%) patients with retroperitoneal sarcoma. Multivisceral resection of contiguous organs was performed in 10 (50%) cases with retroperitoneal sarcoma. IORT with electrons was administered at a median dose of 15 Gy (range 12.5–18.0) after tumor removal. Grade III complications were reported in 3 (7%) patients: 2 bleeding and one bowel obstruction; all of which required surgical treatment. Grade II complications were reported in 9 (21%) patients, most of which were late neuropathy. There were no postoperative deaths. At a median follow-up of 36 months (range 6–162) 17 (40%) patients are alive.

Conclusion: Surgical salvage combined with re-irradiation with full dose IORT, in selected patients, seems to be safety and feasible with acceptable morbidity. Considering this unfavorable patients population, the salvage treatment proposed shows interesting results, in terms of oncologic outcome.

Conflict of interest: No conflict of interest.

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ISOLATED LIMB PERFUSION FOR UNRESECTABLE EXTREMITY CUTANEOUS SQUAMOUS CELL CARCINOMA; AN EFFECTIVE LIMB SAVING STRATEGY

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