European Journal of Surgical Oncology 45 (2019) e25–e158

Contents lists available at ScienceDirect

European Journal of Surgical Oncology

journal homepage: www.ejso.com

ESSO 38 Abstracts 2018 – Poster Presentations

Poster Session
Breast Cancer I

80
SENTIDOSE – A DOSE OPTIMIZING STUDY WITH A NEW SUPERPARAMAGNETIC IRON OXIDE TRACER FOR SENTINEL LYMPH NODE DETECTION

A.F. Hersi[1], S. Eriksson[1], C. Obondo[2], L. Pistioli[3], S. Abdsaleh[4], F. Nilsson[5], I. Mohammed[6], E. Vikhe-Patil[7], C. Dussan[7], A. Karakatsanis[2], F. Wärnberg[2]. [1] *Västmanland County Hospital, Department of Surgery, Västerås, Sweden;* [2] *Uppsala University, Department of Surgical Sciences, Uppsala, Sweden;* [3] *Sahlgrenska University Hospital, Department of Surgery, Göteborg, Sweden;* [4] *Uppsala University, Department of Radiology- Oncology and Radiation Science, Uppsala, Sweden;* [5] *Umeå University, Department of Surgery and Perioperative Sciences, Umeå, Sweden;* [6] *Kalmar Hospital, Department of Surgery, Kalmar, Sweden;* [7] *Linköping University Hospital, Surgery, Linköping, Sweden*

Background: Superparamagnetic iron oxide (SPIO) is a validated method of detecting sentinel lymph nodes (SN) in axillary staging for breast cancer patients without radioactivity. Several studies have shown non-inferiority compared to radiolabelled colloid and blue dye (Tc/BD). In this study a SPIO tracer (Magtrace™) was evaluated, which is a new version of the currently available (Sienna+®). A handheld magnetometer (Sentimag®) was used for the detection of magnetically marked nodes. Aim of this prospective, double cohort study is the comparison of 1.5ml SPIO injected intra/peri-operatively and 1.0 ml SPIO injected preoperatively (1-7 days) to the formerly assessed performance of Sienna+® (2ml + 3 ml saline) and to Tc/BD. Skin staining will also be compared. Herein, results from the first cohort are presented.
Material and methods: In all, 330 patients will be recruited from 6 sites in Sweden. Patients received a ^{99m}Tc peritumoral injection within 24 hours before surgery, 1.5ml SPIO injected retroareolarly within 1 hour to 20 minutes before surgery and a periareolar injection of blue dye intra-operatively. The SN detection rate and concordance of SPIO was compared to Tc/BD. Also, the number of SN detected by each technique was registered. Skin discoloration provided at 3 weeks after surgery was registered. For comparisons between the new and old version of the SPIO tracer, data from the Nordic SentiMag trial were used (a total of 356 patients).
Results: Median patient age was 67 years (40-89) and BMI was 26.4 (16.8-49.3). In total 322 SN from 150 patients were retrieved. Detection rate per patient were similar for Magtrace™ and Dual technique (96.7% vs 99.3%, p=0.125), as well as for Magtrace™ and Sienna+® (96.7% vs 97.6%, p=0.748). Concordance between Magtrace™ and Tc/BD was 97.3%, comparable to the concordance Sienna+® had shown (98%, p=0.672). Similar were the results for nodal detection rates (Magtrace™ vs Tc/BD 91.0% vs 87.6%, p=0.126) but with lower nodal concordance than Sienna+® (90.9% vs 95.9, p=0.01). The average number of SN per patient was 1.88 with Magtrace™, 1.83 with Sienna+® and 1.71 with Tc/BD. Magtrace™ injection was followed by less skin discoloration than that reported for Sienna+® (16.7% vs 35.5%, p=0.006)
Conclusions: The perioperative use of 1.5ml Magtrace™ is comparable to Sienna+® and Tc/BD for sentinel node biopsy. Its use simplifies logistics and comes with less skin discoloration than previously documented for Sienna+®.
Conflict of interest: No conflict of interest.

81
ENHANCING PATIENT EXPERIENCE AND SATISFACTION IN BREAST CANCER TREATMENT THROUGH PATIENT-CENTRED INFORMATION VIDEOS FOR AN EAST LONDON TERTIARY BREAST UNIT

L. Reza, L. Johnson. *St Bartholomew's Hospital, Breast and oncoplastic surgery, London, United Kingdom*

***Background*:** Referral to a one stop breast clinic can cause significant patient anxiety and distress. Inadequate prior information can compromise the patient experience and outcomes due to the fear of the unknown. Patients often do not appreciate the multidisciplinary approach to breast assessment and cancer treatment leading to confusion, disengagement and reduced adherence to treatment and follow up. Overcoming social isolation and language barriers in an east London diverse population is challenging, in particular to ensure equal access to services. Two patient centered videos were produced with charity funding to assess their impact on patient experience and satisfaction in the outpatient clinic. A large proportion of patients speak Bengali, a voice over was translated specifically to engage this sub-group of patients and assess the effect that had on understanding.
***Methods*:** The videos were produced with a broad range of team members and current consenting patients within our unit. A one-stop breast clinic video demonstrated the diagnostic process including service specific information. The second, detailing treatment included contributions from existing patients recalling their experiences. Patients attending for one stop clinical assessment were shown the video either before or after their consultation and written feedback was collected on patient anxiety. Newly diagnosed patients with breast cancer watched the treatment video and were assessed for understanding and anxiety using the self-anxiety scale.
***Results*:** All patients reported high levels of anxiety at the one stop clinic. 11 reported feeling 'very anxious' changing to 'not anxious' after watching the video, while 14 reported feeling only 'slightly anxious' at the end of the video, reduced from 'very anxious'. All patients reported a reduced level of anxiety after watching the one stop breast clinic video. The video was reported as superior to written information given by post with the appointment letter. Patients had access to the video directly via the internet. Bengali speaking patients demonstrated enhanced levels of understanding of the process by all indicating the video as either 'helpful' or 'very helpful' on a utility scale.
***Conclusions*:** Patient focused videos are an excellent tool for improving the overall patient experience in a clinical service and are a good way to exchange important information. Whilst a potential cancer diagnosis causes great anxiety, we show that familiarising patients with the environment and the process involved, and helping patients to visualise the journey ahead of them is crucial. Information delivered from previous patients has a positive impact in alleviating fear and anxiety.
Conflict of interest: No conflict of interest.

https://doi.org/10.1016/j.ejso.2018.10.122