

(BiA-ALCL), Immediate implant reconstruction 239; early-delayed reconstruction 14. No patient was lost to follow-up.

Conclusion: NSM can be offered to patients with early and advanced breast cancer. It is oncologically safe and offers a superior cosmetic result than the standard mastectomy.

Conflict of interest: No conflict of interest.

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PROPHYLACTIC MASTECTOMY IN HIGH RISK WOMEN WITHOUT ANY KNOWN GENETIC MUTATION

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Background. The definition of high-risk patients remains controversial, including both mutation carriers and patients with evident familial history even in the absence of pathognomonic mutations. Thanks to the “Angelina effect”, the prophylactic surgery underwent a considerable increase in recent years. The objective of our study is to evaluate the outcome of high-risk patients operated of prophylactic mastectomy.

Materials and methods. We retrospectively collected clinical data on all patients operated at their breast from 2002 to 2017 in our Breast Unit. We then divided the patients into three groups: low-risk patients, high-risk patients carrying a gene mutation (BrCa1, BrCa2, p53 or other) and high-risk patients without gene mutations (i.e. important familiarity but negative genetic test).

Results. During the considered period, we performed 4859 breast interventions. In about 12% of cases familiarity for breast cancer was reported, and in about 2.5% the criteria for genetic testing were met. The genetic test resulted negative for mutations in 25% of cases, positive for mutations recognized as predisposing to breast cancer in 67% of cases, and positive for mutations of uncertain significance in 8% of cases. 75% of the high-risk patients underwent prophylactic mastectomy, including 98 women with a recognized gene mutation and 5 non-mutated. Prophylactic surgery was performed at a median distance of about 12 months from the previous breast oncological intervention, and in about 30% of patients a consensual bilateral prophylactic oophorectomy was also performed. The incidence of complications was 21%, none of which required re-operation. At a median follow-up of 36 months, all patients undergoing prophylactic surgery are alive, healthy and disease-free, with an aesthetic result that is objectively and subjectively very satisfying.

Conclusions. Despite the prevalence of hereditary carcinoma in the literature of about 5%, in our population the familial history managed to identify about half of the expected cases (2.5%), and among these, the genetic test resulted positive in about two thirds of cases. Considering the overall and disease-free survival of women undergoing prophylactic surgery, and also taking into account the excellent aesthetic results obtained by the nipple-sparing mastectomy technique, prophylactic mastectomy results a safe and effective preventive intervention in reducing the breast cancer risk in high-risk patients, and should also be offered in selected cases in patients with a negative genetic test or mutations with uncertain significance.

Conflict of interest: No conflict of interest.

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RETROSPECTIVE STUDY OF CLINICO-PATHOLOGICAL FEATURES OF BREAST CANCER PATIENTS IN YOUNG WOMEN (<40 YEARS AGE) REPORTED AT MALABAR CANCER CENTRE

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BACKGROUND: Differences in the clinical and biological characteristics between young and older breast cancer patients have been observed in many cancer centres. Breast cancer in younger women may be more aggressive in their behaviour and more advanced at their initial presentation in younger patients. There is a paucity of data on breast cancer in younger women in India. The literature from the Indian subcontinent in this regard is scanty, and therefore in this study we particularly focused on the clinical, biological behavior of breast cancer in younger

women.

MATERIALS & METHODS: Breast cancer patients reported at Malabar cancer centre(MCC) from January 2012 to December 2016 were part of the study population. Retrospective analysis of hospital records of all young (<40yrs) breast cancer patients was done. The list of patients with mentioned inclusion criteria was obtained from the Department of Cancer Registry. Demographic details like age at diagnosis, age of menarche, parity, family history of cancer, Body Mass Index was collected. Stage of tumor, Type of surgery, histology of the tumor, Hormonal receptor status and HER2neu receptor status was also collected from the records. Pretreatment Neutrophil-Lymphocyte Ratio and Platelet-Lymphocyte Ratio was also calculated.

Inclusion Criteria - All female patients diagnosed and treated with breast cancer from January 2012 to Dec 2016.

Exclusion Criteria - Male breast cancer, Patients operated outside MCC. The data was analyzed using tables and percentages using SPSS.

RESULTS:

- 1 252 patients were registered. Mean age was 36 years. 17.5% were nulliparous.
- 2 Body Mass Index-The Mean was 36.09 kg/sq metre. There was no correlation between Pretreatment Body Mass Index with Nodal Metastasis.
- 3 Stage II was the most commonly reported at 49.6% (125 patients).
- 4 Pretreatment Neutrophil Lymphocyte Ratio(NLR)-The Mean was 2.3. There was no correlation between NLR and Nodal Metastasis.
- 5 Pretreatment Platelet Lymphocyte Ratio(PLR) -The Mean was 123.28. There was no correlation between PLR and Nodal Metastasis.
6. Hormone Receptor Status -78 patients (31%) were Triple Negative Breast Cancers.
- 7 The most common site of recurrence was Contralateral Breast followed by Bone and Liver.

Conclusions: This is probably first Indian study that has not missed important factors like Nulliparity, Family history, Body Mass Index, Markers of systemic inflammation and Types of surgical intervention & Pattern of recurrence. Unlike other cancers like prostate, esophagus and lung, there was no significant association between pretreatment NLR, PLR and BMI on the nodal or distant metastasis in young (<= 40 yrs) breast cancer patients. High grade (2 & 3) are more in young patients. Annual Mammogram should be used judiciously to reduce the burden in the form of cost to the hospital and anxiety to the patient.

Conflict of interest: No conflict of interest.

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THE RELATIONSHIP BETWEEN CARDIAC DOSIMETRY AND TUMOUR QUADRANT LOCATION IN LEFT SIDED WHOLE BREAST AND CHEST WALL RADIOTHERAPY FOR ADJUVANT BREAST CANCER

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Background: Adjuvant radiotherapy is indicated in breast cancer patients who have undergone breast conservation surgery and in high-risk mastectomy patients to decrease the incidence of local-regional recurrence and improve overall survival. This is not without risks because of cardiac exposure especially in left sided cancers. Though there have been studies looking at cardiac doses, there is little data correlating doses to the breast quadrant treated. This could have implications in clinical practice in terms of radiation planning and patient counselling. Our study aims to