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Introduction: There is little long-term data on outcomes of ADM reconstruction and its efficacy. Our aim was to establish the incidence of capsular contracture in the world's largest long-term study of Strattice™-assisted reconstruction compared to a submuscular technique and investigate the role of tonometry as an objective measure of capsular contracture.

Methods: All women who had immediate implant based reconstruction with Strattice™ or a submuscular technique between 2009 and 2015 at three tertiary centres in the UK were invited for prospective clinical examination and tonometry measurements (measurement of intramammary pressure, 0=hard – 10=soft). An eight-year retrospective review of case notes, theatre database and implant log was performed.

Results: 585 patients underwent 553 Strattice™-assisted and 242 submuscular reconstructions with median follow-up of 58 months.

8% in the Strattice™ group and 9% in the submuscular had significant capsular contracture (Baker 3/4), having had no revision surgery. Of the Baker 1/2, 3% of Strattice™ and 12% of submuscular reconstructions had undergone revision surgery for capsular contracture ($p=0.01$). Overall there was more capsular contracture in the submuscular group (12% vs. 22%, $p=0.1$).

Tonometry has a positive correlation with Baker grade ($r=0.66$, $p<0.001$). Baker 1/2 capsules had a softer reading of 5.4 compared to 4.8 in Baker 3/4 capsules, however there was no significant difference between the readings of the two groups.

Conclusion: Strattice™ reduces capsular contracture in breast reconstruction. Isolated tonometry measurements are not sensitive enough to diagnose capsular contracture but serial measurements are likely to detect changes to the implant capsule.

16. CAN PATIENTS WITH MULTIPLE BREAST CANCERS IN THE SAME BREAST AVOID MASTECTOMY BY HAVING MULTIPLE LUMPECTOMIES TO ACHIEVE EQUIVALENT RATES OF LOCAL BREAST CANCER RECURRENCE? A RANDOMIZED CONTROLLED FEASIBILITY TRIAL CALLED MIAMI UK (NCT03514654)

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Background: Oncological safety of treating multiple ipsilateral breast cancers (MIBC) using therapeutic mammoplasty (TM) compared to mastectomy remains uncertain. A National Institute for Health Research (NIHR) - funded MIAMI feasibility phase randomized controlled trial (RCT) aims to demonstrate that sufficient numbers of eligible patients can be identified and accept randomization.

Methods: Phase 3 un-blinded prospective UK RCT. Initially aims to recruit 50 women with MIBC ≥ 40 years randomized in a 1:1 ratio to multiple lumpectomies and TM compared to mastectomy +/- reconstruction. No limitations of numbers of cancer foci with multifocal resectable by a single lumpectomy and multicentric cancers requiring separate lumpectomies. Radiation therapy (RT) will mirror IMPORT HIGH and FAST FORWARD, with individualized planning for potential dual lumpectomy RT boosts.

Results: Five centres screened 374 invasive cancers (June - Nov 2018). MIBC were diagnosed in 49 women (13.1%). Most women were ineligible for MIAMI ($n=40$, 81.6%) with 3 (6.1%) invited to trial participation. Unsuitability for TM was common ($n=16$, 32.7%), and similarly bilateral

breast cancer ($n=9$), previous cancer ($n=7$), neoadjuvant chemo ($n=8$), other cancers ($n=3$), < 2 invasive foci ($n=3$) and exclusive DCIS ($n=2$). Three women declined randomization: two preferring a mastectomy and the other electing TM.

MIAMI TMG proposed major amendments: randomization of MIBC on mammogram and US, with breast MRI restricted to women allocated to TM only; 2:1 treatment allocation of 60 women.

Discussion: MIAMI is a world-first RCT investigating clinical and cost-effectiveness of TM being oncologically equivalent to mastectomy +/-reconstruction in MIBC. The feasibility phase will inform the main RCT.

17. FERTILITY PRESERVATION PROVISION FOR BREAST CANCER PATIENTS IN ENGLAND – A POSTCODE LOTTERY

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Introduction: Breast cancer is the most common cancer in women of reproductive age. Current NICE guidelines state that fertility should be discussed at diagnosis because of the impact treatment may have. Also standard eligibility criteria for IVF should not be used. Despite this, we suspect many Clinical Commissioning Groups (CCGs) who fund fertility preservation do apply eligibility criteria. We undertook this study to identify what differences existed.

Method: A 'Freedom of Information' request was sent to all 209 CCGs in England enquiring about eligibility criteria for cryopreservation, options and storage length for breast cancer patients.

Results: We obtained information from 204 CCGs (98%). 58 followed NICE guidelines with no eligibility criteria for cancer patients, 97 had specific policies with eligibility criteria, and 36 did not have separate policies for cancer patients. 15 CCGs stated that patients had to be under 35 years; 54 used 38, 39 or 40 years; and 62 funded cryopreservation up to age 42. 176 CCGs offered embryo cryopreservation and 167 offered oocyte cryopreservation. 97 CCGs offered 10 years' storage. 36 offered 5 years only, 17 offered 3 years and 4 only offered 1 year's worth of storage.

Conclusion: This study reveals that there is a marked difference in the provision of fertility preservation for breast cancer patients across England, contrary to NICE guidelines. Women with breast cancer across England are not getting equal opportunities to an evidence based fertility preservation service.

18. NEW MODEL OF BREAST AFTERCARE - SELF-SUPPORTED MANAGEMENT

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Introduction: Ensuring high quality care for people affected by cancer has been a pivotal point for the NHS for many years. The breast team at WATW have implemented an after care model comprising a stratified follow up pathway, which is tailored to meet patient individual concerns, based on promoting recovery, health and well-being, rather than the traditional medical model; subsequently improving patient outcomes and experiences.

Background & Aims: Evidence suggests the traditional model did not meet the individual psychological needs of breast cancer patients. Changes to the traditional breast aftercare pathway were also intended to ensure a better use of NHS resources by the removal of unnecessary follow up appointments.

Method: The initiative was to implement the Macmillan recovery package, providing patients with a 45-60 minute nurse-led treatment summary appointment at the end of initial treatment, all elements of diagnosis, surgery, treatments, potential signs of recurrence and health promotion is discussed. A holistic needs assessment is completed and patients are invited to attend a breast health and well-being event.

A surveillance mammogram is also offered at the appropriate time.

Results: A patient satisfaction questionnaire shows 99% of patients strongly agreed that the aftercare provided met all their needs and 98% felt