confident in contacting their breast care nurse.
This new model won the Macmillan excellence award for service improvement in November 2017.
Conclusion: All breast follow up patients' are offered a treatment summary appointment; saving 2,128 consultant follow up appointments to date.

19. SURGERY AND SYSTEMIC THERAPY IN OLDER WOMEN WITH EARLY STAGE TRIPLE NEGATIVE BREAST CANCER (TNBC) IN ENGLAND: A POPULATION BASED COHORT STUDY WITHIN THE NATIONAL AUDIT OF BREAST CANCER IN OLDER PATIENTS (NABCOP)

Yasmin Jauhari[1], Melissa Gannon[1,2], Kieran Horgan[3], David Dodwell[4], Jibby Medina[1], Karen Clements[5], David Cromwell[1,2]. [1] *Clinical Effectiveness Unit, Royal College of Surgeons of England, London, United Kingdom;* [2] *Department of Health Services Research & Policy, London School of Hygiene & Tropical Medicine, London, United Kingdom;* [3] *Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom;* [4] *Nuffield Department of Population Health, University of Oxford, Oxford, United Kingdom;* [5] *Public Health England, Birmingham, United Kingdom*

Introduction: Chemotherapy is the only systemic therapy that can be used in TNBC and consequently there are no less toxic systemic treatments for older women with TNBC. The study evaluated the use of surgery and chemotherapy for early stage TNBC in women aged ≥70yrs compared to those aged 50–69yrs, as part of NABCOP.
Methods: Women aged ≥50yrs with unilateral early stage (1-3a) TNBC in England diagnosed between 2014–2016 were identified from the national cancer registry and linked Hospital Episode Statistics (HES) datasets. Use and details of chemotherapy were obtained from the national Systemic Anti-Cancer Therapy (SACT) dataset.
Results: Among 88,115 women aged ≥50yrs with early invasive breast cancer, 7% (n=5,734) had TNBC. Of these, 37% were aged ≥70yrs. Tumour characteristics were comparable across age groups; most were grade 3 (77%) and TNM stage 2 (54%).
The overall rate of surgery was 94%; only women aged ≥85yrs had a substantially lower rate at 76%. Among 5,411 women receiving surgery, 12% received neoadjuvant and 36% adjuvant chemotherapy, and the use of both decreased with age. Lower grade, lower stage, absence of axillary nodal involvement and poor fitness were strongly associated with not receiving chemotherapy.
Women aged ≥70yrs were more likely to receive anthracycline-based and less likely to receive a taxane-containing chemotherapy regimen compared to women aged 50-69yrs. Use of bisphosphonates increased in each study year, across all age groups.
Conclusion: Majority of women aged ≥50yrs with early stage TNBC received surgery. Fewer fit older women received chemotherapy and prescribed regimens varied by age.

20. AURICULAR ACUPUNCTURE IN TREATING MENOPAUSAL SYMPTOMS CAUSED BY BREAST CANCER TREATMENT – A PILOT STUDY

Hannah Hall[1], Karen Holmes[1], Charles Weston[1], Sarah Saunby[1], Amy Taylor[2], Loaie Maraqa[3]. [1] *Weston Park Cancer Support Centre, Sheffield, United Kingdom;* [2] *Weston Park Hospital, Sheffield, United Kingdom;* [3] *Royal Hallamshire Hospital, Sheffield, United Kingdom*

Introduction: Hot flushes affect 51% to 81% of women with breast cancer and negatively impact quality of life. Integrative oncology can be effective at reducing these adverse symptoms. We explored the efficacy of auricular acupuncture in ameliorating symptoms of hot flushes, and improving quality of sleep and feeling of well-being when given to cancer patients within a dedicated support centre.
Methods: A prospective pilot study was conducted between April 2016 and August 2017 at a single cancer support centre within the UK. Consent was obtained from 106 patients referred with menopausal symptoms associated with hormonal treatment. Eligible patients were offered four weekly sessions of auricular acupuncture, and subsequent 'top-up' sessions. Participants completed a self-assessment questionnaire at baseline and at end of treatment using an adapted version of the validated Measure Yourself Concerns and Wellbeing evaluation tool.
Results: 77.4% of patients reported improvement in hot flush symptoms. At baseline, most patients reported severe hot flushes, improving to moderate after treatment, Wilcoxon Signed Ranks Test Z value = -8.24, $p < 0.001$. On a Likert scale of 0 to 6, this was equivalent to a reduction by 2 Likert points (95%CI 1.93 to 2.42, $p<0.001$). Sleep quality was better in 66% with equivalent reduction of 1.72 Likert points (95%CI 1.44 to 2.00, $p<0.001$). Well-being was better in 52.8%, improving from moderate to mild; 1.03 point reduction (95%CI 0.76 to 1.30, $p<0.001$).
Conclusion: Auricular acupuncture reduced the severity of hot flushes, and improved sleep quality and well-being.

21. OUTCOMES OF VASCULARISED LYMPH NODE TRANSFER FOR MANAGEMENT OF BREAST CANCER RELATED LYMPHOEDEMA

Katy Wallis[1], Fatma Dalgakiran[2], Joanna Skillman[1]. [1] *University Hospital Coventry and Warwickshire, Coventry, United Kingdom;* [2] *University of Warwick Medical School, Warwick, United Kingdom*

Introduction and Aims: Lymphoedema can be a debilitating consequence of breast cancer treatment. Vascularised lymph node transfer (VLNT) is a relatively novel surgical technique for management of this condition. The aim was to evaluate the effectiveness and patient reported outcomes of VLNT.
Material and Methods: Between November 2012 and October 2017 sixteen patients underwent VLNT in combination with delayed deep inferior epigastric artery perforator (DIEP) free flap breast reconstruction. Pre and postoperative measurements of arm circumference at 3 fixed points were recorded. Patients were invited to complete a validated quality of life questionnaire for limb lymphoedema (LYMQOL).
Key Results: Postoperative upper limb measurements at all 3 points were significantly reduced from preoperative values ($p<0.005$). The circumferences of the upper limbs were reduced by an average of 3.8% at the deltoid insertion; 3.3% at the upper forearm and 5.2% at the wrist.
LYMQOL results following VLNT showed significant reductions on the effects of lymphoedema on patients' lives with statistically significant improvements in 4 of 5 domain scores - appearance, function, symptoms and QoL (all $p<0.008$).
Conclusion: VLNT is a promising surgical option for women with breast cancer related lymphoedema undergoing delayed DIEP reconstruction. It improves signs and symptoms of lymphoedema and significantly improved quality of life in these patients.

22. SNAKES AND LADDERS: THE HIGHS AND LOWS OF THE BREAST CANCER JOURNEY AND CLINICAL NURSE SPECIALIST INTERVENTION

Amanda Lowe, Samantha Giles, Jackie Noakes. *Gloucestershire Hospitals NHS Foundation Trust, Cheltenham, United Kingdom*

Breast clinical nurse specialists were invited to demonstrate the variety of work they do to other cancer CNS teams and senior leaders within the trust in order to increase understanding of their role.
The National Institute for Healthcare and Excellence (NICE) guideline for early and locally advanced breast cancer advises that all people with breast cancer should have a named clinical nurse specialist (NICE 2018).
As breast clinical nurse specialists we wanted to demonstrate our role in a visual and easily accessible way. We therefore created a large, colourful poster of a 'Snakes and Ladders board' with specific problems faced by breast cancer patients and outcomes of interventions attached. This was a pictorial analogy to represent the highs and lows seen in the breast cancer journey from diagnosis through surgery and adjuvant treatments to living with and beyond cancer.
The snakes represent the emotional, physical and psychological lows of the journey. The clinical nurse specialist intervention is noted at the bottom of the snake to identify the holistic support given.
The ladders represent the tools provided by the clinical nurse specialist to enable the person to climb the rungs to a better sense of control, emotional well-being, body image and ultimately self-management.
The board brought about a lot of discussion. It increased engagement with other cancer site clinical nurse specialists and senior managers and raised awareness of how breast clinical nurse specialists are implementing the NHS 6Cs (NHS England 2016) and our Trust's Journey to Outstanding (GHNHSFT 2018).