

enucleation and 6 vacuum assisted excision. Mean size was 39mm (Range 8 – 250 mm). Margins were not specified in 10. Seventeen had LR (12.1%) at mean of 45 months from primary surgery. Age, tumour size (3cm and 5cm cut offs) and type of surgery (WLE + Mastectomy verses enucleation or less) were not associated with LR. Completeness of excision was the only significant factor (p value 0.0052). 16 LRs were symptomatic - 2 malignant, 2 borderline and 7 multiple eventually requiring mastectomy. Follow-up recommended to 89; 39 clinical and radiological, 17 radiological and rest, only clinical. Duration of follow-up recommended was variable.

Conclusion – LR rates for benign phyllodes are low overall. Completeness of excision is significantly associated with LR. Being breast aware might be more useful than regular follow-ups as most LRs were symptomatic. We could use this information to guide local practice.

P031. PATTERNS OF SELF-REFERRAL FOR BREAST CANCER SCREENING IN WOMEN AGED OVER 70 IN WALES BETWEEN 2005 AND 2016

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Introduction: In Wales, routine invitation for breast screening stops at 70 years of age. Women over 70 can self-refer for continued screening if they choose to.

Methods: Retrospective review of NHS Breast Cancer Screening Database (NBSS) looking at patterns of self-referral appointments and resultant cancer diagnoses in women over 70 years in Wales between 2005-2016 with respect to the Welsh Index of Multiple Deprivation score.

Results: During the review period 38,853 women aged over 70 requested 55,950 breast screening appointments. 13,497 (34.7%) women attended more than one 'additional' screening with the majority attending once more beyond 70 years. 2875 (5.1%) were recalled following the screening episode, of which 929 had a screen-detected cancer diagnosed (23.9 cancers per 1000 women screened). 774 (83.5%) had invasive disease. The median age of women who self-referred was 74 years (range 71–95 years). More appointments were requested by and more cancers were diagnosed in women from the least deprived WIMD quintiles than those from the most deprived quintiles.

Quintile	Number of appointments (%) n=55950	Number of cancers (%) n=929
1 (most deprived)	5463 (9.4)	93 (10.0)
2	9797 (16.9)	145 (15.6)
3	12729 (22.0)	186 (20.0)
4	14632 (25.3)	264 (28.4)
5 (least deprived)	13329 (23)	222 (23.9)
Missing	1892 (3.3)	19 (2.0)

Conclusion: Women from more affluent backgrounds are more likely to self-refer for breast cancer screening beyond their 70th birthday than those less well-off. We found a high cancer detection rate in this age-group per 1000 women screened.

P032. REVIEW OF BREAST CANCER DIAGNOSES IN WOMEN AGED OVER 70 YEARS IN WALES: A COMPARISON BETWEEN SCREEN-DETECTED AND SYMPTOMATIC PRESENTATIONS BETWEEN 2010-2012 WITH 5 YEAR FOLLOW-UP

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Introduction: Women over 70 years can self-refer to breast screening but most cancers in this age-group are symptomatic presentations.

Methods: Retrospective review of prospectively held cancer registry database (CANISC) of breast cancers diagnosed in women aged over 70 between 2010-2012. Cancer outcomes for screen-detected and symptomatic presentations were compared statistically using Chi-squared and Mann-WhitneyU as appropriate.

Results:

	Screen-detected n=363 n(%)	Symptomatic n=2180 n(%)	p-Value
Median age(range)	73(70-91)	79.5(70-104)	<0.001
Non-invasive	65(17.9)	119(5.5)	<0.001
Invasive	298(82.1)	2054(94.2)	
Grade 0/1	78(21.4)	257(11.8)	<0.001
G2	158(43.5)	1136(52.1)	
G3	56(15.4)	520(23.9)	
Missing	71(19.6)	268(12.3)	
ER+	281(77.4)	1709(78.4)	0.046
HER2+	26 (7.2)	243(11.1)	0.072
Tis	27(7.4)	31(1.4)	<0.001
T1	173(47.7)	331(15.2)	
T2	43(11.8)	588(27.0)	
T3	5(1.4)	89(4.1)	
T4	0(0)	102(4.7)	
Missing	115(31.7)	1039(50)	
N0	199(54.8)	598(27.4)	<0.001
N1-3	39(10.7)	457(21.0)	
Missing	125(34.4)	1125(56.1)	
M0/ Mx	362(99.7)	2078(95.3)	<0.001
M1	1(0.3)	102(4.7)	
BCS	237(65.3)	482(22.1)	<0.001
Mastectomy	103(28.4)	731(33.5)	
No surgery	23(6.3)	967(44.4)	
SLNB	256(70.5)	707(32.4)	<0.001
Survival (months), median (range)	77(4-97)	62(0-97)	<0.001
5-year survival	318(87.6)	962(44.1)	<0.001

Conclusion: Allowing for data-recording inaccuracies, this review shows women with symptomatic presentation over 70 present with more advanced disease and are less likely to receive surgical treatment than those who self-refer for breast cancer screening.

P033. THE IMPACT OF COMMUNITY OUTREACH BLACK AND ETHNIC MINORITY BREAST HEALTH AWARENESS SEMINAR: ADDRESSING HEALTHCARE INEQUALITIES

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Introduction: Breast screening rates among Black, Asian, and minority ethnic groups (BAME) in Bristol are 2.6%, compared with 53.7% of white women. An educational event was organised in order to improve knowledge and understanding of breast health in the BAME community, and gather information from service users about what barriers existed and ideas for how to overcome them.

Methods: An event was arranged in partnership with Bristol Health Watch involving clinicians and plastic breast care nurses from Southmead Hospital. The event included educational lectures and breakout focus groups in a relaxed community setting. A self-rated questionnaire was distributed asking participants to rate their knowledge and understanding of breast health.

Results: A total of 40 women attended of whom 25 completed feedback. Knowledge and understanding of breast health increased from good or excellent in 32% pre-event, to 84% post-event. Fourteen women already attended breast screening prior to attending, but 23 women planned to attend after the event (an increase of 39%). All respondents planned to encourage friends and family to attend breast screening. Areas for improvement identified from focus group feedback included appropriate locations for advertising and holding similar events, and images of women from BAME groups in literature about breast health.