

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 70<sup>th</sup> 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.

**Conclusion:** This small pilot study demonstrates the benefit of community outreach breast health events to BAME groups and supports the need for further events. In the future seminars will concentrate on the healthcare inequalities and challenges faced by individual communities with inclusion of information about breast reconstruction.

#### P034. REVIEW OF OUR INITIAL USE OF TOMOSYNTHESIS-GUIDED BIOPSY - HOW DID IT HELP?

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**Introduction:** As use of digital breast tomosynthesis (DBT) increases, there is a need for biopsy methods to sample abnormalities only on DBT. We have used DBT since 2014, with DBT-biopsy since August 2016, in screening and symptomatic clinics. We have reviewed use of DBT-biopsy to assess the management role of this new technique.

**Methods:** DBT-biopsies between 08/2016 and 05/2018 identified from PACS. Imaging findings, management decisions and biopsy outcomes were reviewed.

**Results:** 61 patients underwent DBT-biopsy over 21 months (57 screening, 2 recalled from surveillance mammography, 2 incidental calcifications in symptomatic patients). 21 masses, 21 distortions and 19 calcifications were biopsied. Reasons for using DBT-biopsy: 32 where the area was not identified on USS, 13 cases where DBT improved lesion accuracy and 16 for calcification where DBT was operator preference over stereotactic biopsy. There were 16 B5 diagnoses (9 B5a, 7 B5b). In 8/16 cases, the mammographic lesion was not identified by ultrasound. In 2, DBT-biopsy allowed more accurate lesion identification (multiple lesions or initial ultrasound biopsy at inaccurate site). 6 cases (for calcification/clips) used DBT-biopsy at user's discretion. In 45 cases, the DBT-biopsy was benign.

**Conclusion:** DBT-biopsy is a useful tool in the assessment of breast disease. It is particularly helpful in assessment of subtle distortions which were ultrasound occult, and where lesion localisation is difficult on conventional imaging. In addition, it provides a 'belt and braces' approach to low suspicion findings, where accurate benign biopsies can allow users to discharge the patient with increased confidence.

#### P035. COMPARISON OF POST-OPERATIVE PATIENT SATISFACTION AND HEALTH-RELATED QUALITY OF LIFE FOLLOWING LATISSIMUS DORSI (LD) FLAP BREAST RECONSTRUCTION, DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP BREAST RECONSTRUCTION AND BILATERAL THERAPEUTIC MAMMOPLASTY USING BREAST-Q QUESTIONNAIRE

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**Introduction:** Patients' post-operative wellbeing determines their perceptions of the impact and effectiveness of breast surgical procedures. The aim of this study is to evaluate and compare patient-reported outcomes following the 3 different types of breast reconstruction.

**Methods:** Patients (n=182) who underwent bilateral therapeutic mastoplasty, LD flap and DIEP flap breast reconstruction at our unit were identified from a retrospective register and were sent BREAST-Q questionnaires. The collected data was analysed using Q-SCORE software to compare post-operative patient satisfaction with breast, outcome and care, and physical, psychosocial and sexual wellbeing.

**Results:** Seventy-five (41%) responses were received: 26 LD flaps, 26 DIEP flaps and 23 therapeutic mastoplasties. Bilateral therapeutic mastoplasty patients had higher BREAST-Q scores in post-operative satisfaction with breast and psychosocial well-being compared to DIEP flap patient cohort. However, there was no significant difference in physical or sexual wellbeing between these two groups. The LD flap group had relatively high satisfaction with post-operative back appearance. Satisfaction with information, surgeon and office staff was maintained across both DIEP flap and bilateral therapeutic mastoplasty groups but satisfaction with medical team varied. Detailed analysis of specific quality of life scores in correlation

with clinical characteristics of each group will be presented.

**Conclusions:** The most important goal of breast reconstruction is to improve quality of life. This study demonstrates patients' perception of body image following breast reconstruction and highlights the importance of post-surgical psychological impact. It suggests that women who undergo bilateral therapeutic mastoplasty report higher satisfaction and quality of life outcomes following surgery.

#### P036. PREDICTORS OF NON-SENTINEL NODE METASTASIS AND POORER PATIENT RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN PRIMARY BREAST CANCER: A 10-YEAR STUDY

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**Introduction:** The ability to predict non-sentinel node (non-SLN) metastasis in breast cancer patients has been an area of intense research for the past decade. This study aimed to identify predictors of non-SLN metastasis and level 3 node involvement. Further objectives included identifying factors which predicted poorer patient response to neoadjuvant chemotherapy (NAC).

**Methods:** Electronic patient records of 1088 patients who underwent ANC between 2007-2016 at the Royal Hallamshire Hospital, Sheffield, UK were reviewed. Clinicopathological characteristics were used to identify factors predicting lymph node metastasis.

**Results:** Larger tumour size (OR=1.025; CI=1.016-1.034; p<0.001), grade 3 (OR=3.706; CI=2.102-6.534) and grade 2 tumours (OR=2.174; CI=1.245-3.795) compared to grade 1 tumours (p<0.001), presence of lymphovascular invasion (LVI) (OR=2.832; CI=2.064-3.885; p<0.001), ER-negative tumours (OR=2.339; CI=1.472-3.717; p<0.001), and number of positive SLNs (OR=1.756; CI=1.333-2.313; p<0.001) were all significantly associated with non-SLN metastasis. In addition to these characteristics, lobular carcinomas (OR=1.832; CI=1.157-2.899; p=0.034) and multifocal tumours (OR=1.717; CI=1.108-2.662; p=0.016) were also significantly associated with level 3 disease. In patients who underwent NAC, larger tumour size (OR=1.040; CI=1.025-1.056; p<0.001), presence of LVI (OR=3.030; CI=1.673-5.488; p=0.001), and HER2-negative tumours (OR=1.983; CI=1.177-3.343; p=0.01) significantly predicted non-SLN metastasis, despite treatment. These same variables significantly predicted level 3 metastasis.

**Conclusion:** Based on the significant associations identified, multivariate analysis and development of an accurate model of predicting non-SLN metastasis will allow patients to make a more informed decision as to whether they wish to proceed with full ANC, participate in a clinical trial, or choose to have their axilla re-staged following neoadjuvant chemotherapy.

#### P037. MAGSEED LOCALISATION OF NON PALPABLE BREAST CANCER. IS THE FUTURE MAGNETIC?

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**Introduction:** Magseed is an alternative method of localising non palpable breast lesions that has addressed many of the limitations of wire guided localisation. It consists of a paramagnetic seed that can be visualised on mammography and ultrasound. Intraoperative localisation of the seed is achieved with the use of the Sentimag probe. The aim of this study was to prospectively compare localisation in patients undergoing wide local excision for non palpable lesions between Magseed and wire guided localisation.

**Methods:** We prospectively collected data on all patients undergoing image guided wide local excision between October 2017 and September 2018 in two academic breast units with a planned accrual of 100 consecutive patients undergoing Magseed localisation. Data was also collected on a cohort of 100 consecutive patients undergoing wire guided localisation in the same time period.

**Results:** Demographic and disease characteristics were well balanced