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 mammoplasty, 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 mammoplasties. Bilateral therapeutic mammoplasty 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 mammoplasty 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 mammoplasty 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