

Introduction: In 2018, the National Institute of Clinical Excellence published new guidance on the follow-up of early breast cancer on completion of initial treatment, reflecting a move from traditional follow-up, with increased focus on supporting holistic needs and developing an individual approach. Prior to this, the National Cancer Survivorship Initiative (NCSI) was established to prototype pathways of care for cancer survivors. This evaluation considers data gathered by Hull and East Yorkshire NHS Trust over 7 years as an NCSI vanguard, to examine the safety of the survivorship programme and to discuss our experience.

Methods: 12 months from curative surgery for primary breast cancer, patients received a surveillance mammogram and consultant surgeon review, followed by holistic needs assessment with a breast care nurse. Suitable patients received annual surveillance mammography for a subsequent 3 years with a final mammogram and consultant surgeon review at year 5.

Results: Prospectively gathered data from a sample of 436 consecutive patients entered into the programme during the first 2 operational years (2010-2012) is considered. 86% (n=374) completed the programme without disease recurrence. 9% (n=42) developed loco-regional recurrence, contralateral primary or metastatic disease. 66% required no unplanned clinical review. 150 patients (206 attendances) required additional review: 37% with endocrine therapy side effects, 21% with suspected breast lumps and 12% with back/bone pain, yet only 10% (n=20) of appointments confirmed disease recurrence.

Conclusions: Our survivorship programme is a safe method of delivering follow-up care, demonstrating significant improvement in usage of outpatient resources whilst empowering breast cancer survivors.

P043. SKIN SPARING MASTECTOMY WITH IMMEDIATE DERMAL SLING IMPLANT RECONSTRUCTION: AN ASSESSMENT OF OUTCOMES AND PATIENT SATISFACTION

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Introduction: Skin sparing mastectomy (SSM) with immediate dermal sling implant reconstruction is an innovative option in breast cancer management and relies upon the use of autologous tissue to facilitate implant placement. This technique is particularly useful in patients with a high body mass index (BMI) and/or large ptotic breasts. Clinical and patient satisfaction outcomes in SSM with dermal sling implant reconstruction were retrospectively assessed in a London teaching hospital.

Methods: All patients who underwent SSM with immediate dermal sling implant reconstruction were identified from August 2015 - May 2018 and included in this study. Notes were reviewed to identify complications and cancer recurrence rates. Patients were also contacted and asked to rate aspects of their experience on a Likert-type scale ranging from very dissatisfied to very satisfied.

Results: 28 patients were identified (average age=52, average BMI=31). 2 patients had cancer recurrence (7%). 3 patients (9%) suffered complications with implant loss (1 haematoma and 2 wound breakdown in smokers). At the time of study 10 (36%) patients had undergone contralateral symmetrisation. 14 patients answered questions on their experience. 71% were satisfied with the shape of their breast in a bra (57% extremely satisfied) and 64% were satisfied with the shape of their breast unclothed (50% extremely satisfied). 76% of patients were satisfied with their overall experience (57% extremely satisfied).

Conclusion: Patients who underwent SSM with dermal sling implant reconstruction exhibited low complication rates and high satisfaction levels. Future work comparing outcomes with alternative immediate reconstructive methods would give further valuable information.

P044. CLINICO-PATHOLOGICAL CORRELATES OF TRIPLE NEGATIVE BREAST CANCER AND FACTORS AFFECTING DISEASE FREE SURVIVAL- EXPERIENCE FROM A TERTIARY CARE CENTRE

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Introduction: Triple Negative Breast Cancer (TNBC) is an aggressive clinical subtype with different clinicopathological features than other

subtypes

Methods: The clinical and pathological records, including follow up (minimum 2 years) of 220 patients with TNBC treated in the Breast Clinic at PGIMER, Chandigarh, India between 2010-2014 were reviewed. The clinico-pathological features were recorded, Disease free survival (DFS) calculated and correlation of standard prognostic factors with DFS was done.

Result: Out of 220 patients analyzed, stage II formed the majority - 62.2%; 46.36% were node negative. Infiltrating ductal carcinoma NOS was the most common pathological subtype (91.9%), higher grade tumours were more common (Grade-3-57.6%). 74/220 patients received neoadjuvant chemotherapy with pathological complete response rate of 37.84%. DFS at 5 years for the entire study population was 85.2% (80-90.7%)(DFS at 5 years 88.8% for early breast cancer and 81% for locally advanced breast cancer). At average 4.4 years follow up - 31/220 (15%) of the patients had a breast cancer event.

On univariate analysis tumour stage, tumour size, pathological nodal status and presence of lymphovascular invasion (LVI) were factors significantly associated with DFS (p=0.0001;p=0.0002;p=0.0006 and p=0.041 respectively). On multivariate analysis, tumour size (p=0.0004) and presence of LVI (p=0.003) remained significant. Type of surgery performed (mastectomy versus breast conservation) did not make a difference to DFS (p=0.275).

Conclusion: TNBC are higher grade tumours but have a higher pathological complete response rate (37.8%). Traditional prognostic factors- tumour stage, tumour size, nodal status and presence of LVI continue to be determinants of DFS.

P045. SHOULDER FUNCTION FOLLOWING LATISSIMUS DORSI FLAP RECONSTRUCTION WITH PERIOPERATIVE REGIONAL BLOCK

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Introduction: Extended latissimus dorsi (ELD) reconstruction is a straight forward autologous reconstruction however it has historically been associated with a degree of shoulder morbidity. Since the introduction of perioperative regional blocks with accelerated recovery and discharge anecdotally this seems to have improved.

Aim: To assess the rate of shoulder dysfunction in patients who underwent regional anaesthetic assisted LD breast reconstruction.

Method: LREC/HRA approved patient questionnaire study of a single breast unit's consecutive ELD patients who received supplementary regional block (paravertebral, interpleural or combination Pec block). Outcome measured via validated postal Disability of Arm and Hand (DASH) questionnaire.

Results: 41 female patients were approached for this study, 32 responses (78%). Mean age 59 (32-71), mean follow up of 18 months (4-31), mean DASH Score in cohort = 13.2 (0-52.6), 25/32 patients had scores between 0 and 20. (Normal population mean DASH = 10.1).

Conclusion: The majority of patients undergoing ELD reconstruction with perioperative regional block have minimal shoulder dysfunction. This snap shot study will be the basis of an extended prospective study
DASH Score Distribution

DASH score range	0-10	11-20	21-30	31-40	41-50	51-60
Number of patients	15	9	3	2	1	1

P046. ASSESSMENT OF RATES OF LOCAL RECURRENCE IN A SYMPTOMATIC CENTRE FOLLOWING BREAST CANCER SURGERY

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Introduction: The Association of Breast Surgery (ABS) recommends mandatory rates for local recurrence of 5% at 5 years following breast