

32. LARGE CHEST WALL MASS PRESENTATION OF ADVANCED BREAST IMPLANT ASSOCIATED ANAPLASTIC LARGE CELL LYMPHOMA

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Background: The incidence of BIA-ALCL is rising with increasing awareness. It usually presents at an early stage however, advanced disease and even death have been reported.

Methods: A retrospective review of BIA-ALCL cases treated at Royal Derby Hospital between 2011 and 2019.

Results: 59-year-old woman underwent bilateral breast subglandular augmentation with PIP implants and presented in March 2019 with mass in left breast. Left breast imaging revealed an irregular, enhancing malignant appearing mass invading the anterior chest wall muscles. Staging CT Scan and PET scan showed activity in multiple mediastinal and left axillary lymph nodes (Stage III). Biopsy confirmed BIA-ALCL. Left axillary lymph node biopsy raised suspicion of a mixed cellularity T cell lymphoma. She underwent excision of the mass and bilateral total capsulectomy with implant removal in May 2019 and is currently receiving chemotherapy.

A 69-year-old lady having bilateral breast implants for augmentation in 2007 (Nagor) presented in 2017 with enlargement of the right breast. Imaging confirmed large peri-implant effusion with no evidence of metastasis (Stage I). Cytology confirmed ALCL. Bilateral total capsulectomy and removal of implants was performed with no adjuvant treatment and patient remains in remission.

Conclusion: BIA-ALCL most commonly follows an indolent course; however, a subset of patients display more advanced disease.

33. STAGING CT SCAN BEFORE DELAYED BREAST RECONSTRUCTION: DOES IT CHANGE THE MANAGEMENT?

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Background: There are no guidelines available for staging CT scan in patients undergoing delayed breast reconstruction. The purpose of conducting this retrospective review was to identify a cohort of patients in which staging CT scan would be useful.

Methods: A retrospective review was performed, looking at staging CT scans done for patients undergoing delayed breast reconstructions since 2008 at University Hospital Birmingham.

Results: Of the 206 CT scans reviewed 60(29.1%) demonstrated incidental findings. In 59(28.6%) the CT Scan prompted further investigations and notably in a further 11 patients (5.34%) metastatic disease or other significant pathology was discovered which changed the operative plan. 97% of these patients had high NPI. 62.8% had NPI between 3.4–5.4 i.e. they were in the moderate prognostic group, while 34.2% had NPI >5.4 i.e. they were in the poor prognostic group.

Conclusion: Staging CT scan can affect management in patients undergoing delayed reconstruction and is indicated especially in those with high NPI.

37. AN ALGORITHMIC AND MULTIDISCIPLINARY APPROACH TO THE MANAGEMENT OF ANASTOMOTIC LEAKS IN OESOPHAGECTOMY PATIENTS

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Background: The incidence of Oesophageal anastomotic leaks is around 10% and has a negative impact on overall survival. Aggressive conservative strategies mitigate the damage, with favourable outcomes for this critically unwell group of patients. The algorithm of care involves a multidisciplinary approach with the surgeon leading the team of interventional radiologists, endoscopists & nutritionists.

Method: This retrospective cohort included 12 patients over 6 years, between 2013 and 2019.

Results: This analysis identified 12 patients with anastomotic leaks

following Oesophagectomy between 2013 and 2019, who were diagnosed by CECT or contrast swallow studies and managed conservatively with endoscopic stents and adjuncts.

All patients received broad spectrum IV antibiotics, with approximately 40% having guided drainage. Nutrition was predominantly via jejunostomy feeds, while a small group needed naso-jejunal tubes or TPN. Phased oral intake was based on their clinical picture and contrast studies. Stenting was multimodal with APC and clipping, to make it more effective. A median number of two stents, exchanged at 2 weeks and staying in-situ for a median of 34 days were required before resolution confirmed by contrast studies.

The median length of stay in hospital was 41.5 days with a median readmission rate of 2 episodes.

Two patients developed Clavien-Dindo grade 3 complications needing further intervention, with one stent embedment with erosion and one stricture.

Conclusions: An algorithmic approach to anastomotic leaks with endoscopic stenting and adjuncts, achieves prompt source control, expedited oral intake to improve nutrition and facilitate healing.

Multidisciplinary team approach is key to this aggressive yet conservative strategy.

39. RE-EXCISION AFTER BREAST CONSERVATION SURGERY – OUR BREAST UNIT EXPERIENCE

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Background: The benefit of re-excision surgery for involved margin after BCS among the patient receiving adjuvant radiotherapy is unclear. Omission of re-excision surgery for selected patients with focally involved margin after BCS did not alter DFS and OS. Knowing the biology of cancer may assist to select patients benefiting with re-excision surgery.

Methods: Patients undergoing re-excision surgery after BCS (2009–17) included in this study. Redo specimen histology for residual tumour, local recurrence, survival benefits and disease free survival are the end points. This retrospective data is categorized and analysed using SPSS 22.

Result: Number of re-excision procedure 104 (6.8%). The median age 59 yrs, No residual invasive cancer 64 patients (61.9%). 85 patients (84%) had BCS with therapeutic intention. Completion mastectomy performed in 22 patients, 6 of them (22%) developed local recurrence. Variables achieving significance ($p < 0.05$); Significant factors for Local Recurrence (LR) are Nodal status, nodal stage, neo-adjuvant chemotherapy; tumour grade; Main significant variables associated with Distant Recurrence (DR) were nodal stage, triple negative status, and neo-adjuvant chemotherapy. Biological variables associated with poor Overall Survival (OS) are tumour grade, triple negative hormonal status and neo-adjuvant chemotherapy.

Conclusions: Biology of cancer determined the long-term outcomes i.e., LR, Distant recurrence and survival. Adjuvant radiotherapy offers similar benefits as redo surgery without second surgery for subgroup of patients. We believe further research is required to identify patients who would benefit from Re-excision surgery.

42. FACTORS INFLUENCING RE-EXCISION RATES FOLLOWING BREAST CONSERVING SURGERY FOR BREAST MALIGNANCY

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Introduction: Positive margins following breast conservation surgery (BCS) doubles risk of ipsilateral breast cancer recurrence. Re-excision following BCS for breast cancer leads to poor aesthetic results and delays in adjuvant treatment. Our study aims to assess which factors influence rates of re-excision following BCS.

Methods: Retrospective study of 363 consecutive patients who underwent BCS for breast cancer between January 2016 and March 2018.

Results: 79 of 363 (21.7%) patients had positive radial margins following initial BCS, of which 65 (82.3%) patients required one re-excision, and 14 (17.7%) required two re-excisions. No patients required ≥ 3 re-excisions.