

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

Javeria Iqbal, Yasmin Wahedna, Amit Goyal. *Royal Derby Hospital, Derby, UK*

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?

Javeria Iqbal, Khalil Haitham. *University Hospital Birmingham, Solihull, UK*

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

Renol Koshy, John Wong, Vinod Menon. *University Hospitals of Coventry & Warwickshire, Coventry, UK*

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

Kamal Pushdary, Jill Atherton, Atanu Ray, Ramesh Jois. *Burney Breast Unit, St Helens and Knowsley Teaching Hospitals NHS Trust, St. Helens, UK*

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

Peiming Yang, Rachel Bright-Thomas. *Worcestershire Royal Hospital, Worcester, UK*

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.

Patients in the re-excision group were older than the group who underwent no re-excision. Smaller breast size, lobular histology, multifocality, presence of ductal carcinoma in situ (DCIS) component, concomitant cavity shave, and presence of ≥ 2 co-morbidities were factors significantly associated with re-excision. In Multivariate analysis, lobular histology, multifocality, and presence of DCIS component were independently associated with high re-excision rates.

In our experience, re-excision rates were not significantly related to tumour size or location. Our mastectomy rate of 12.8% following initial BCS was higher than the national rate of 7.7%. This was significantly associated with multiple positive margins and multifocality.

Conclusion: We have identified factors that potentially influence re-excision rates following BCS for breast malignancy. These may help to identify breast cancer patients that may benefit from larger initial resections. Furthermore, these factors should be carefully considered when counselling breast cancer patients, and when formulating their management plans, to minimise frequency of re-excision procedures.

49. METASTATIC INVOLVEMENT OF THE OMENTUM IN PATIENTS UNDERGOING OESOPHAGECTOMY: A MULTI-CENTRE STUDY

Rory Brittain¹, Alan Askari¹, Michael Talbot², Amjid Riaz¹. ¹ Watford General Hospital, Watford, UK; ² St George Hospital, Sydney, Australia

Background: There is currently little evidence to implicate the omentum in metastatic spread of oesophageal carcinoma. Routine excision of the omentum may not be justified in the absence of evidence of oncological benefit. This study aimed to characterise tumour involvement of the omentum in oesophageal carcinoma patients undergoing oesophagectomy with curative intent.

Methods: Histology reports were reviewed for 113 patients who underwent oesophagectomy with curative intent at two centres (Watford General Hospital, Hertfordshire, UK; St George Hospital, Sydney, Australia) between 2007 and 2017. Tumour type, stage and lymph node status for each patient was recorded. Each excised omentum was assessed by an experienced pathologist for tumour involvement.

Results: TNM classification was available for 110 cases. Tumour stage was T0 in 12 (10.6%), T1 in 22 (19.7%), T2 in 24 (21.2%), T3 in 43 (38%) and T4 in 9 (7.96%) patients. 68 patients (61.8%) had lymph node metastasis. Omentectomy was performed in 87 patients (77%). Of these, 84 resected omenta (97%) were tumour free and only three (3%) showed evidence of tumour involvement. Tumour staging in these cases was T3N3 (2 patients) and T4N3.

Conclusion: The omentum is rarely a site of metastasis in those undergoing oesophagectomy. Routine excision of the omentum during oesophagectomy is therefore unlikely to improve oncological clearance. Further studies are needed to determine if omentectomy confers any benefit to patient outcomes, and which patient or tumour factors might predispose to development of omental metastasis.

51. COLORECTAL CANCER DIAGNOSIS PATHWAY AT KETTERING GENERAL HOSPITAL: A CLINICAL AUDIT

Mohamed Abdellatif, Tariq Alhammali, George Bisheet, Alia Shamardal, Eiad Elmahi, Yahya Salama. Kettering General Hospital, Kettering, UK

Background: More than 300,000 new cancers are diagnosed yearly in the UK. Early diagnosis and treatment are very crucial. The aim of this audit is to check the compliance of Kettering General Hospital with the rapid CRC diagnostic pathway, recommended by NHS England.

Methods: The timescale of diagnostic process for confirmed CRC cases was extracted from Somerset database. The compliance percentages were calculated for the time of first seen, different tests, diagnosis and treatment started. A subgroup analysis was done to compare patients referred straight to test with those referred to clinic.

Results: 64 out of 2125 patients referred through 2 weeks wait pathway in 2018 were confirmed to have CRC. 97% were first assessed within 14 days. 42% had endoscopy within 2 weeks. A 36% compliance for CT abdomen &

pelvis was double that of MRI pelvis (18%). Only 23 (35%) cases were diagnosed within 21 days. This has reflected on the average waiting time for treatment which was 73 days. The straight-to-test approach achieved faster diagnosis compared to clinic referrals ($p=0.017$).

Conclusion: Although the majority of patients were seen within 14 days, there was a significant delay in investigations, diagnosis and treatment. There was better compliance when patients were referred straight-to-test. A one-stop clinic is another suggestion to tackle the delay.

53. STOP TABLET OVER PRESCRIBING IN DAY CASE BREAST CANCER SURGERY - STOP

Samer Mashlab, Jennifer Crewe, Stephanie Jenkins. University Hospitals Plymouth NHS Trust, Plymouth, UK

Background: Breast cancer surgery is mostly day case surgery as it is superficial and post-operative pain, classed as mild to moderate, can be controlled with over the counter analgesia (OTC). Many units have protocols to prescribe a standard multi-modal analgesia (Paracetamol, Non-Steroidal anti-inflammatories (NSAID), Opioid) on discharge. Prescribing OTC medication is costly and in many cases wasteful as patients have their own analgesia at home. Our aim is to assess practice, cost of prescribing OTC analgesia, and to propose a pathway that encourages patient self-supply of analgesia and education on how to best achieve symptomatic relief.

Method: Data from 100 consecutive breast surgery cases were analysed for age, sex, day case surgery, analgesia, and cost of prescription. Discharge summaries were reviewed to assess analgesia prescription. The pharmacy department calculated cost of processing and supplying one prescription of paracetamol, NSAID, and opioid.

Results: Eighty-two (82/100) cases were booked as day case surgery, one remained as an unplanned inpatient for observation and excluded. 80 Females v 1 male with a mean age of 56 years [IQR 47 – 66]. 72.8% (59/81) of day case patients were prescribed OTC analgesia. The cost per prescription per patient was calculated to be £24.15 with a total cost of £1425 for all cases.

Conclusion: Prescribing simple analgesia is costly and wasteful. A pathway encouraging and educating patients to self-supply OTC analgesia will incur savings to the NHS and a better patient experience.

59. LONG TERM OUTCOMES FROM LATISSIMUS DORSI (LD) FLAP BASED BREAST RECONSTRUCTIONS

Soudamini Nayak¹, Shazia Khan¹, Emma MacInnes¹, Haley Hocking¹, Ghulam Wattoo¹, Irene Athanasiou¹, Kadappa Kolar¹, Clare Rogers¹, Olu Olubowale¹, Kathryn Rigby¹, Nazar Kazzazi¹, Lynda Wylid^{2,1}. ¹ Doncaster and Bassetlaw Teaching Hospitals Foundation Trust, Doncaster, UK; ² Sheffield University, Sheffield, UK

The LD flap reconstruction has been the workhorse of breast reconstruction in delayed setting and until the advent of ADMs, was an important technique in immediate reconstructions. The study presents 12 years follow up of a large single Trust series of over 200 cases.

A consecutive series of LD flap reconstructions was derived from theatre logs between 2002 and 2016. Case notes were reviewed for type of surgery, acute and chronic complications. Risk factors for complications were recorded using Charlson co-morbidity index, smoking status, BMI and use of radiotherapy. Statistical analysis using SPSS was performed.

There were 212 LD flap reconstructions; 88 delayed and 120 immediate. Fully autologous surgery was performed in 68 and supplemented with implant in 136. Median follow up is 7 years. Early adverse events included 7 patients readmitted within 30 days of surgery, usually for infection, partial (2) or complete (1) flap necrosis. There were no deaths. Seromas required aspiration at least once in 150 patients (median of 2, range 1-11). There were 24 minor infections and 1 major infection causing implant loss. Further surgeries were required in 119 women, usually symmetrization (80). Median number of further procedures was 2 (range 1-10). Long-term chronic complications were reported in 30 women (such as back or wound pain, chronic seroma, shoulder stiffness).