between the two groups. Intraoperative identification and excision of the localised lesion was successful in all patients as confirmed with specimen radiography. Overall no significant differences were observed in the proportion of patients requiring re-excision between the two groups (Magseed 16% vs. WGL 14% p=0.692). Specimens size by weight were similar for both groups; the mean weight was 39.6 gr in the Magseed cohort and 44.5 gr in the wire localisation cohort (p=0.206).
Conclusions: In our series Magseed localisation proved to be as reliable and effective as wire guided localisation in terms of lesion identification, excision with tumour free margins, re-operation rate and specimen weight.

P038. AN OBJECTIVE AESTHETIC OUTCOME TOOL USING 3-DIMENSIONAL SURFACE IMAGING (3D-SI) TO REPLACE PANEL ASSESSMENT FOR BREAST CONSERVING TREATMENT (BCT)

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Introduction: The aesthetic goal for BCT is maintenance of symmetry. No gold standard exists to evaluate aesthetic outcome. Panel assessment is most commonly used. With heterogeneous methodology, inherent bias, and poor internal consistency, comparison is unreliable. 3D-SI has advantages over standard photography in that it provides additional views and measures, is quick and simple, and does not require a photographer. It is, however, more expensive. We describe the development of an objective outcome tool using 3D-SI.
Methods: REC approved study. 290 women who underwent BCT 1-5 years previously had 3D-SI (VECTRA XT). 3D measures were derived using Mirror™Software, and panel assessment was performed (5 members, blinded to patient ID and surgeon, Harvard 4-point scale). 190 women comprised a training set to create the tool. Measures were entered into a multivariate model to predict panel score. The predicted scores of the remaining 100 women were compared to observed panel assessment for validation.
Results: 6 objective measures were significantly associated with panel score by multivariate analysis and were used in the tool. Correlation between predicted and actual panel score for the training and validation set was moderate (R=0.67 & 0.65 respectively). Limits of agreement in Bland Altman were -1.2 to 1.2 in the training set and -1.2 to 1.1 for the validation set.
Conclusions: The preliminary tool has reasonable correlation but defaults towards the median panel score. Adjustment may be required to improve clinical utility. This objective tool will enable the communication and comparison of results in research and provides a method to benchmark clinical performance.

P039. LAVAGE COMBINED WITH MINIMALLY INVASIVE SURGERY IN TREATMENT OF PLASMA CELL MASTITIS: A CLINICAL STUDY

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More often seen as plasma cell mastitis (PCM) and granulomatous mastitis, non-lactating mastitis is regarded as one of the world's difficult and complicated diseases. Due to such characters as suddenness, rapid progress, difficult to cure, long course of disease and easy recurrence, the disease is called "non-fatal cancer." The average age of patients is 32, and the clinical manifestation is breast lumps accompanied by painful ulceration. Traditionally the treatment of the disease used to be surgical resection and incision drainage; however the treatment not only had a recurrence rate of 48.84% but also had a tendency of destroying the shape of the breasts. This presentation reports our treatment of the disease through individualized technical means such as duct scope, assisted vacuum resection, intravenous needle indwelling as well as single or combined syringe for flushing, repairing inflammatory areas to gain clinical effect of achieving complete and seamless healing. The report highlights the innovation in four aspects: (1) Breast tissue resection defects were avoided; (2) The treatment process is simple and there is less pain in the wounds; (3) Economical and practical (4) Preservation of breasts and prevention of recurrence and (5) It is likely to be the first in China.

P040. RADIOLOGICAL AND SURGICAL EFFICACY OF NEOADJUVANT SINGLE VS DUAL BLOCKADE IN HER 2 POSITIVE BREAST CANCER AND ITS IMPACT ON SURGICAL PLANNING: A RETROSPECTIVE SINGLE CENTRE STUDY

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Introduction: Dual anti-HER-2 therapy with pertuzumab and trastuzumab has been shown to increase rates of pathological complete response in HER-2 positive breast cancers. The use of dual blockade was approved by NICE in Dec 2016, however the benefit is yet to filter into surgical practice to allow an increase in rates of breast conserving surgery.
Methods: A locally approved retrospective single centre service evaluation analysing all HER-2 positive patients managed with neoadjuvant chemotherapy (NACT) between January 2015 and April 2017. Breast imaging was also evaluated to ascertain correlation to surgical findings.
Results: 55 HER-2 positive non-metastatic breast cancer patients received NACT; of these 48 (24 dual blockade vs 21 trastuzumab alone) had MRI prior to and following chemotherapy. Dual blockade had greater radiological complete response (rCR, 71% vs 21% Herceptin) and superior pathological complete response (pCR). In respect to lymph node disease, rCR was achieved in 69% of patients managed with dual blockade (9/13) vs Trastuzumab alone (64%, 9/14). pCR was achieved in 73% cases treated with dual blockade (11/15), vs 28% (4/14) with trastuzumab. We intend to present our analysis on the potential impact on surgical planning with the change in the response rate by adding pertuzumab.
Conclusion: Use of neoadjuvant dual anti-HER-2 blockade increases rates of pCR and has the potential to increase BCS rates, leading to improved cosmesis and patient satisfaction.

P041. DO WAITING TIMES FOR SURGERY HAVE AN IMPACT ON BREAST CANCER TUMOUR SIZES?

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Background: Over the years, breast cancer incidence rates have been increasing, putting more pressure on the health service. With this yearly increase and the limitation of resources, there is always some waiting between presentation, diagnosis and treatment. This retrospective audit is to evaluate tumour growth while waiting for surgery (Approved by NHS Grampian Clinical Effectiveness Team).
Methods: Patients diagnosed with breast cancer who underwent wire guided wide local excision at Aberdeen Royal Infirmary in 2017 were identified and the first 100 were included. 62 of these patients had a measurable lesion on mammogram at presentation and on the day of surgery. The tumour diameters were measured by two radiologists independently comparing the mammograms at presentation and on the day of surgery. Tumour sizes were calculated as well as the difference between the sizes on presentation and on the day of surgery.
Results: The two radiologists had an Intraclass Correlation Coefficient of 0.812, showing that their measurements were in good agreement. Waiting times averaged 70 days. Paired t-test showed there was no significant difference between tumour volumes on mammograms taken at initial detection and on mammograms taken on the day of surgery ($p = 0.76$). Different waiting times from initial detection to surgery did not affect tumour volume significantly either ($p = 0$ .92). Paired t-test also showed that tumours did not change in grades significantly either ($p = 0.235$).
Conclusions: Delays in treatment did not cause significant increase in tumour size or cause an advancement in tumour grade.

P042. EVALUATION OF A BREAST CANCER SURVIVORSHIP PROGRAMME: 7-YEAR PATIENT OUTCOMES AND SERVICE EXPERIENCE

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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