	P	R	U
Score of 1:	6	0	1
Score of 2:	4	7	7
Score of 3:	13	18	10
Score of 4:	14	13	13
Score of 5:	22	14	7
Total Patients	59	52*	38*

*Not all patients had both forms of radiological imaging.

Results:

- Based on mammography alone, 48% of medullary cancers were designated benign or intermediate (R score of 3 or less).
- Based on ultrasound alone, 47% of medullary cancers were designated benign or intermediate (U score of 3 or less).
- Combining R and U scores, and assigning the higher value, 35% of medullary cancers were designated benign or intermediate.

Conclusions: 1. The use of mammography or ultrasound in isolation to evaluate medullary breast cancer lowers diagnostic accuracy considerably.

2. The manner of presentation of medullary breast cancer mandates tissue diagnosis on all breast lumps regardless of clinical and radiological findings.

O-68. Incidence of intra-mammary (Intra-M) nodes in completion mastectomy specimens: implications for breast conserving surgery (BCS)

Rampaul RS, Pinder SE, Mitchell M, Blamey RW, Ellis IO, Robertson JFR, Macmillan RD. *Nottingham City Hospital*

Recent sentinel node biopsy (SNB) studies have highlighted the possibility of missing low lying (Intra-M) nodes by conventional axillary surgery. The significance of such nodes is unknown.

This study analyses the incidence of Intra-M nodes that were excised after a 4 node sample performed with BCS.

Between 1999 to 2003, 157 patients were treated with BCS and ANS and required completion mastectomy for involved margins as per protocol. The incidence of nodes in the completion specimen and the effect of this on prognosis was assessed. Overall 48% ($n = 76$) had Intra-M nodes. For ANS negative cases ($n = 71$), an Intra-M node was positive in 10 (14%). This resulted in 2 patients requiring additional therapy to that planned on the results of BCS and ANS.

In 86 ANS positive cases, an Intra-M node was positive in 15 (17%) and no change in therapy was indicated.

This study shows a high incidence of Intra-M nodes (48%) in a series of patients having completion mastectomy after BCS and ANS. Such cases are more likely to be node positive given the extent of disease that required mastectomy. Even so, only 2 cases required a change in adjuvant treatment plan. The implications of this study for patients not requiring completion mastectomy is that techniques such as palpating the tail of the breast during ANS or SNB may be worthwhile. However, the overall clinical significance of Intra-M is likely to be minimal.

O-69. Surgeons' views on multi-disciplinary breast meetings

Macaskill EJ, Thrush S, Walker EM, Dixon JM. *Western General Hospital, Edinburgh & Worcester Royal Hospital*

Aim: The aim of the study was to assess surgeons' views and their current commitments to multi-disciplinary breast meetings.

Method: 250 questionnaires were sent out to registered members of the British Association of Surgical Oncology. 136 were returned (reply rate 54.4%).

Results: All those who replied were involved in MDMs. 80.9% held MDMs once a week, 13.2% × 2 per week and 3.7% × 3 per week. 3 surgeons were involved in MDMs less frequently than once every 2 weeks.

Only 28% of MDMs were held during a protected session. Over 95% of surgeons and breast care were present for the whole meeting. Radiologists and pathologists were present for the whole meeting in between 90–95% of cases. No radiologists attended in 1.5% and no pathologists in 0.7% of meetings. In contrast clinical oncologists were present for the whole MDM in 70% of cases and medical oncologists attended the whole meeting in only 44.1% of cases.

There is variability in which patients were discussed in MDMs.

Suggestions for improvement included more time on protected sessions (72.8% in favour), time to prepare for meetings (29% in favour), allocation of a designated co-ordinator (30.9% in favour) and attendence of oncologists for the whole meeting (over 35% in favour).

Conclusion: The majority of Breast MDMs occur at breakfast, lunch or in the evening. There was variable attendance with a significant % of both clinical oncologists and medical oncologists not being present for the whole meeting. A quarter of units do not discuss patients with breast cancer before operation. There is a need to improve provision for MDMs and to produce national guidelines for these meetings.

O-70. Pre-operative study of the tolerability of Faslodex and Tamoxifen in a group of pre-menopausal women

Renshaw L, Young OE, Macaskill J, Dixon JM. *Western General Hospital, Edinburgh*

Aim: The aim of this study is to compare the efficacy and tolerability of Faslodex and Tamoxifen in a pre-operative study, of pre-menopausal women with ER positive breast cancer.

Patients and methods: 42 pre-menopausal women with ER positive breast cancer have been enrolled into a randomised pre-operative study of Faslodex 750 mgs (given as 3 separate intra-muscular, 5 ml injections) and Tamoxifen 20 mgs orally, for 14–16 days between diagnosis and surgery. All patients had data collected on tolerability, side effect profile and pain scores during injections. Side effects reported over 10% are listed below.

Results: see Table 1.

Injection related morbidity: Pain scores using a visual analogue during each individual injection were recorded. (0 being no pain and 10 being worst pain imaginable). Average pain