

Our aim was to measure excision biopsy rates of entirely benign RS/CSL in individual NHS Breast Screening Units within the South West Region of the UK, examining any changes occurring over time.

For the period 1988–2003 information on all benign RS/CSL which were removed by open biopsy as part of the NHS Breast Screening Programme was obtained for each unit. The number was compared with the total number of open benign biopsies performed and cancers detected. For the years 1996–2003 comparisons were made with the cancer detection rates, benign:malignant ratios and open biopsy rates.

During the period 1988–2003, 665 entirely benign RS/CSL were excised representing 14.7% of all benign biopsies. For individual units the percentage varied between 6.4% and 22.9%. For the period 1996–2003 where benign RS/CSL were diagnosed by excision biopsy there was no correlation between the number of RS/CSL per 1,000 women screened, which varied from 0.20 to 0.67, and the overall cancer detection rates, open biopsy rates and benign:malignant ratios for the individual units. From 1996 to 2003 the proportion of benign open biopsies subsequently shown to be a RS/CSL rose from 24.1% to 38.2% ($\chi^2 = 14.01$, $P < 0.001$).

With improved pre-operative diagnosis of screen-detected lesions, RS/CSL account for an increasing proportion of open biopsies for benign disease. Different rates of excision apparent between units may be related to several factors including radiological detection, non-operative diagnosis, subsequent management and pathological reporting.

O-97. Follow-up after excision of radial scars and complex sclerosing lesions of the breast

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Radial scars (RS) and complex sclerosing lesions (CSL) may be entirely benign but can simulate invasive carcinoma radiologically and in up to 30% of cases associated malignancy is present. Our aim was to identify the incidence of subsequent breast pathology after excision of a RS/CSL.

A prospective study of 163 patients (median age: 52 years) with RS/CSL was performed. 128 women were identified by the NHS Breast Screening Programme. 35 patients were identified through the symptomatic breast service.

Of the 108 patients with adequate follow-up data (median: 72 months, range: 12–156 months) three groups were identified:

Group (1): 76 patients had a benign RS/CSL: eight developed further lesions (2 invasive and 2 in situ cancers, 1 fibroadenoma, 1 CSL in the ipsi-lateral breast; 1 invasive cancer, 1 RS in the contra-lateral breast).

Group (2): 24 patients underwent wide local excision for associated malignancy: two developed a benign lesion in the contra-lateral breast

Group (3): 8 patients underwent mastectomy for associated malignancy: one developed a contra-lateral carcinoma

The incidence of subsequent malignancy of 0.44% per year (CI: 0.12–1.18) after excision of an entirely benign radial scar/complex sclerosing lesion compares with value of 0.25% per

year for an age-matched control population ($p = 0.08$). Longer follow-up of more cases is required to determine if RS/CSL is a true risk factor for subsequent malignancy.

O-98. Triple assessment of every focal asymmetrical palpable breast lesion is unnecessary in the presence of normal imaging

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The standard investigation of a breast lump is triple assessment i.e. clinical examination, breast imaging and fine needle aspiration cytology or core biopsy. It is unclear whether every focal, asymmetrical palpable breast lesion should also undergo triple assessment irrespective of imaging results. At Kettering General Hospitals, a policy of performing free-hand core biopsies (FCB) on all such lesions is followed when imaging fails to show a discrete abnormality. This study aims to examine the practice. 590 patients who underwent FCBs between January 2000 and December 2003 were retrospectively analysed. Of 262 patients who had normal imaging, (203/262) 77.48% had a normal (B1) biopsy result, (57/262) 21.76% had benign (B2) result, (1/262) 0.38% had an indeterminate (B3) result (outcome – benign) and (1/262) 0.38% had a malignant (B5) result. Of 191 patients who had benign imaging (93/191) 49% had a B1 result, (96/191) 50% had a B2 result and (2/191) 1% had a B3 result (outcome – benign and ADH). Of the 10 patients who had an indeterminate ultrasound with normal or benign mammogram, (3/10) 30% had a B1 result, (2/10) 20% had a B2 result, (2/10) 20% had a B3 result and (3/10) 30% had suspicious or malignant result.

Conclusion: It is unnecessary to perform triple assessment on patients with focal, asymmetrical palpable breast lesions when the mammograms and ultrasound scans are normal with no additional risk factors.

O-99. Intraoperative touch imprint cytology of clinically apparent sentinel node metastases: why bother?

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Intraoperative detection of sentinel node metastases by touch imprint cytology (TIC) enables an immediate decision to proceed to completion axillary lymph node dissection, thereby avoiding a second operative procedure. Time and resource constraints on already overstretched cytopathologists makes it tempting to act on the finding of clinically apparently involved sentinel nodes.

This paper compares clinical assessment of sentinel nodes by the operating surgeon and touch imprint cytology to definitive histology results.

Methods: Patients underwent sentinel node biopsy using the combination technique. Immediately after surgery, the operating consultant surgeon was asked whether the nodes were metastatic or non-metastatic. The surgeons' assessment and TIC of the nodes were compared to definitive haematoxylin and eosin (H&E) staining of the nodes to determine the accuracy thereof.