

This analysis suggests important variance within pathologically homogeneous disease. Studies on the biomarker profiles of breast cancer in “young” and “old” breast cancer pts may help in future randomised clinical trial design for early disease.

O-106. Prognostic value of phosphorylated mitogen-activated protein kinase (aMAPK) in primary breast cancer

Rampaul RS, Nicholson RI, Gee JMW, Pinder SE, Blamey RW, Robertson JFR, Ellis IO. *Nottingham City Hospital*

Phosphorylated Mitogen-activated Protein Kinase (aMAPK), has been shown to be associated with poor response to anti-hormonal therapy and in such patient cohorts is also associated with decreased patient survival. Few studies have examined aMAPK in primary breast cancer (PBC), wherein a shortened Disease Free Survival (DFS) but not Overall Survival (OS) was described. These studies are few in number, small in size and possess several confounding factors such as the use of adjuvant therapy. Using tissue micro array (TMA) technology, 917 cases were constructed into a TMA. All patients were 70 years or younger at diagnosis, treated surgically with mastectomy or breast conserving surgery, axillary node sampling +/- radiotherapy between 1980 and 1986. No adjuvant systemic therapy was given. Immunohistochemistry was employed to detect aMAPK levels, semi-quantitative scoring methods were used to classify as positive or negative. Correlations were then sought for local recurrence (LR), regional recurrence (RR) and Distant Metastasis (DM).

Of 917 cases, 80.7% ($n = 733$) were positive for over-expression of aMAPK. Significant associations with grade ($p = 0.020$), oestrogen receptor (ER) ($p = 0.001$) and tumour type ($p = 0.001$). However, VI, size, stage and NPI were non-significant. No associations with OS or DFS was seen.

In multivariate analysis only size, grade, stage and ER were of independent significance.

aMAPK expression is of limited prognostic value compared to standard histopathologic factors (and NPI). However, due to its close relationship to ER expression, may be a candidate for prediction of response to anti-hormonal therapies.

O-107. Therapeutic mammoplasty – audit of outcome

Macmillan RD, Owers R, Morgan DAL, McCulley SJ. *Nottingham City Hospital*

Therapeutic mammoplasty (Th Mammo) is an oncoplastic technique for extending indications for and improving the cosmetic outcome of breast-conserving surgery. It combines bilateral breast reduction techniques with a unilateral wide local excision of breast cancer and is most suitable for women with relatively large and/or ptotic breasts.

The aim of this study was to analyse cosmetic and psychosocial outcome in women who have undergone Th Mammo.

68 women who had Th Mammo with post-operative radiotherapy were identified. The alternative surgical option for most women in this series was mastectomy +/- reconstruction.

Each was invited to be interviewed by a research nurse (R.O.). A questionnaire was completed, which included the Hopwood Body image scale (HIS). Standardised photographs were taken.

This abstract refers to the initial 26 women reviewed. The mean BIS was 3.61 (median = 2, range 0–22). The mean % breast retraction assessment (BRA) was 6.8% (median 6.3%, range 1.1–15.7%). 77% were judged to have an excellent/good result, 15% fair and 8% poor by a medical panel. 1 patient regretted her choice of operation. 65% of women thought that the appearance of their breasts was at least as good after surgery as it was before. These (initial) results show that Th Mammo is a successful operation for treating suitable women with breast cancer in a high percentage of cases. Body image and patient satisfaction is generally high – comparing very favourably with previously published data on women having wide local excision alone or mastectomy. Good symmetry after a 1-stop operation can be achieved in the large majority of cases despite radiotherapy.

O-108. An audit of outcome of women having immediate post mastectomy latissimus dorsi myocutaneous flap breast reconstruction (IPMLDBR)

Kokan J, Gawad A, Galea M. *Great Western Hospital, Swindon*

Aim: To audit patient satisfaction (with time) after IPMLDBR.

Method: Patient questionnaire to 110 consecutive alive women. This series audits a single surgeon practise in a DGH setting.

Results: Response rate 73% (80/110); Mean time since surgery 3.5 years. Median satisfaction score 8 (scale of 1–10: unsatisfied–satisfied), and 94% (75/80) would recommend reconstruction to others. In deciding about IPMLDBR women wanted to feel normal, 88% and wished to avoid wearing a prosthesis, 53%. 93% felt the preoperative decision was nearly or wholly their own; the media were the least and the surgeon the most influencing external factors. 81% advised that they had received enough pre-operative information; 38% requested more about alternative surgical options and only 24% had the opportunity to experience the buddy system.

Out of hospital recovery: 75% driving, 68% gardening, 38% playing sport, 32% back at work by 6 weeks. Shape with a bra: good/excellent 93%. Shape without a bra/match with contra-lateral breast: good/excellent 59%. Aesthetically breast consistency, 68% firmer/hard and mobility, 59% less mobile are the most difficult for the surgeon to mimic. Self confidence reduces with fewer clothing; 85% similar pre and post op with day clothes, 69% for night wear and underwear, 22% naked. 67% of women self-reported one or more complication; 33% seroma, 26% significant bruising, 21% some degree of infection requiring antibiotics.

Conclusions: This data provides useful baseline data. Improvement in preoperative information, counselling with clear understanding of expectations and reduction in post-operative complications should help to improve satisfaction further.