O-17. Risk reducing mastectomy (RRM): high incidence of occult breast cancers

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RRM is an aggressive but controversial strategy for breast cancer risk reduction. We conducted a retrospective study of all women with or without a previous history of breast cancer who underwent a RRM between 1997 and 2004. A comprehensive genetic risk assessment was performed and patients were categorised into near population, moderate or high risk of developing breast cancer. Reconstructive data and pathological reports were also reviewed.

There were 34 patients with a median age of 42 years (range 29–55 years). Two groups were identifed: (A) patients with no history of breast cancer and had a bilateral RRM ($n = 12$) and (B) patients with a previous history of breast cancer and had a contralateral RRM ($n = 22$). In group A, pathological review revealed that 17% of patients had positive pathology: one had a small grade 1 tumour and one had lobular carcinoma in situ. In group B, 27% had positive pathology: 13% had an occult malignancy and 17% had high risk pathology. Of those patients with positive pathology, 86% were calculated by the geneticist to be at moderate or high risk of developing breast cancer. None of the lesions were detected by mammography prior to surgery. Median follow-up was 23 months (1 year to 7 years) with no incidence of breast cancer.

Patients that underwent a contralateral RRM and were calculated by the geneticist as high or moderate risk subsequently were shown to have a 32% incidence of having a malignant or high-risk pathological lesion. Surveillance did not detect these lesions and our study would support the use of contralateral RRM in this carefully selected group of patients.

O-18. Risk reducing mastectomy: a survey of current practice in the UK

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Aim: Prophylactic mastectomy is an option for women who are at increased risk of developing breast cancer. The aim of this study was to determine the current practice of risk reducing mastectomy (RRM) in the UK.

Methods: A questionnaire was sent to all the practicing breast surgeons in the UK through the BASO group. The indications, risk assessment model, role of genetic testing, psychological counselling and availability of breast reconstruction were assessed.

Results: 81% performed RRM; 76.5% general surgeons with interest in breast, 20.5% breast surgeons and 3.5% plastic surgeons. Proportion of RRM performed as compared to number of cancers was 0.33–16.66% (median: 2.0%). 66.5% perform risk estimation: 33.3% used Gail, 4.9% Claus, 14.7% used both and 13.7% used other methods.

Recommendations for RRM included: hereditary breast cancer (99.3%), significant family history (58.6%) and past/present contra-lateral breast cancer (61.9%). The procedure was not supported in patients who had atypical hyperplasia, in-situ cancers and ipsi-lateral multi-focal cancers. 89.6% discussed the role of RRM in the MDT before offering the procedure. 96.49% offer immediate or delayed reconstruction following RRM. Only 42.9% offered psychiatrist/psychologist counselling.

Conclusions: RRM is only appropriate for a small proportion of women with a family history of breast cancer. There is no consistent practice in offering RRM in UK and standardisation is required.

O-19. Systemic cavity shaves reduces positive margins and re-excision rates in breast conserving surgery

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The role of cavity shaves in reducing re-excision rates has not been determined. This study aimed to compare rates of involved margins and re-excision following cavity shaves based on either intraoperative radiology or systematic cavity shaves.

Data was recorded prospectively from 1999 to 2004 for 217 patients undergoing wide local excision of biopsy proven breast cancer. From 1999 to 2001, cavity shaves were only performed when intraoperative radiological margins appeared close. An audit of the first 106 cases (1999–2001) showed the superior/inferior resection margins accounted for 90% of positive margins. Consequently, systematic superior and inferior cavity shaves (SSICS) were performed on the remaining 111 cases. Positive margins and re-excision rates were then compared between groups.

The median weight of excised tissue was less in the SSICS group: 82.8 grams, IQR 57.1–110.3 versus 100.5 grams, IQR 75–147.6, $p = 0.001$. The introduction of SSICS was associated I with a 68% reduction of involved margins (18/106 to 8/111), relative risk (RR) 0.17, 95% confidence interval (CI) 0.08–0.48, $p = 0.001$. Multivariate analysis showed SSICS also reduced re-excision rates (15 versus 8 cases), RR 0.26, 95% CI 0.09–0.74, $p = 0.012$.

Positive margins and re-excision rates are reduced by Systematic cavity shaves. This approach has additional cosmetic benefits as it allows less tissue to be excised.

O-20. The role of the breast care nurse (BCN) specialists in giving results to patients

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The results of pre-operative investigations and post-operative results are normally given to patients by their clinicians. With increasing demands on clinicians' time it was thought appropriate to examine the possible role of BCN specialists in this area. A pilot study was designed to assess the practicalities of BCN specialists giving results to patients both before and after breast surgery and to determine the level of patient satisfaction.

39 patients with either benign or malignant breast disease were invited to join the study. Instead of the results being given to them by their clinician, the patient's BCN specialist verbally presented the results to each patient. These results were also presented in an individualised written format. The informa-

tion reflected the treatment policy previously discussed at the multi-disciplinary team meeting. Patients completed a standard questionnaire to assess their level of satisfaction with the way that their information had been presented and discussed.

32 (82%) patients returned a completed questionnaire. Of these 30 (94%) indicated that they had understood the results given to them. 28 (88%) recognized that further treatments had been discussed and that they had understood the discussion. All 32 (100%) patients felt they had been given an opportunity to ask questions of their BCN specialist and 97% felt that their questions had been adequately addressed. 30 (94%) patients felt that there had been sufficient time to cover the issues raised during the consultation. 72% of patients felt that they had been given a reasonable initial choice as to whether the BCN specialist or clinician were to give the results to them. In retrospect, only 4 (13%) patients felt they would have preferred to have their clinician inform them of their results.

This initial study has indicated that patients find receiving their results from their BCN specialist to be acceptable in the majority of cases and that such communication appears effective. Widespread adoption of this practice would release a significant amount of valuable clinical time.

O-21. A prospective investigation into venous changes and lymphoedema in breast cancer

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Introduction: This study aims to investigate the contribution of the axillary venous system to the development of breast cancer-related lymphoedema (BCRL) following axillary lymph node clearance for invasive breast cancer.

Methods: Patients with a new diagnosis of invasive breast cancer were invited to undergo arm volume measurement and Doppler ultrasound assessment of the axillary vein (measuring venous pulsatility index (VPI) and wall movement ratio (WMR)) on 4 separate occasions: before surgery, 3, 12, and 39–48 months post-operatively.

Results: A total of 50 patients were assessed both pre-operatively and at 39–48 months post-operatively, with a complete data set available for all 4 occasions in 42 patients. BCRL was observed in 28% of patients at 39–48 months follow up. In the BCRL group, VPI as assessed by Doppler ultrasound was significantly reduced at 39–48 months at the level IIII junction in the axilla compared with the non-BCRL group ($p = 0.04$). VPI had also been reduced in the BCRL group at 3 months ($p = 0.05$). The difference between the operated and contralateral arm for WMR at level I/II at 39–48 months did not reach significance ($p = 0.06$), and there was no difference in WMR on the operated side between the BCRL and non-BCRL groups.

Conclusion: Axillary clearance results in alterations of flow in the axillary vein. Alterations in flow occur early and are sustained, and are associated with the development of BCRL.

O-22. A randomised controlled trial: comparing the psychological effects of routine follow up versus point of need access only at 2 years post diagnosis of breast cancer

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There is little evidence for routine follow up in relation to overall improved survival however there remains a dearth of evidence in relation to the value of review in terms of wider patient implications.

Methods: 240 patient were randomised to either point of need access or routine 6 monthly review 2 years post diagnosis. Longitudinal measurements of quality of life, psychological morbidity, fear, shifts in health care, patient preference and recurrence rates are recorded at base line, 9 and 18 months.

Analysis: Interim data on 191 patients demonstrates no differences between groups. Investigation of psychological morbidity using GHQ scale show no significant differences with adjusted mean scores of 0.4 (CI=-1.1 to 1.3, $p = 0.944$). Scores for FACT-B plus endocrine subscale demonstrate equivalence between groups (FACT G, $p = 0.939$). Measurements examining fear and isolation suggest no detrimental effect to patients in the point of need access group. Patients utilise point of need access effectively with no excessive use of access via the specialist nurse. 3 recurrences in each group are observed to date with no evidence of patient compromise through lack of routine review.

18 month Adjusted mean scores ($n = 191$)	Point of need	Control – 6 monthly review	Adjusted Mean difference PON – Control (CI 95%)	P value
GHQ12	1.7	1.6	0.4 (−1.1 to 1.3)	0.944
QofL	86.1	85.0	0.2 (−4.1 to 4.4)	0.939
PWB	24.1	24.2		
SWB	20.8	20.2	0.5 (−1.2 to 2.3)	0.541
EWB	19.1	20.3	−1.1 (−2.6 to 0.3)	0.127
FWB	21.3	20.6	0.7 (−1.2 to 2.6)	0.449
ES	54.0	56.1	-2.5 (−5.9 to 0.8)	0.141
BS	24.0	25.0	-0.9 (−3.0 to 1.1)	0.376
Fear	5.6	5.1	0.5 (−0.5 to 1.4)	0.322

Analysis of covariance (adjusted for baseline score)

Summary: Interim results suggest that point of need access has no disadvantages. Rather than providing traditional routine care these findings advocate a more responsive flexible service determined by patient initiative. Health care resources may therefore be more appropriately targeted to the point of patient need.

O-23. Neoadjuvant letrozole is equally effective in Her 2 positive and negative breast cancers

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Background: The 024 studies showed that response rate to letrozole was significantly higher in Her 2 positive breast can-