Table 1

Time period	1988–1993 (*n.* 300)	1994–1997 (*n.* 319)	2000–2003 (*n.* 547)
Non-operative diagnosis	59 (20%)	142 (45%)	439 (80%)
Treatment			
Mastectomy	134 (45%)	127 (40%)	205 (37%)
Wide local excision	123 (41%)	141 (44%)	294 (54%)
Diagnostic excision alone	43 (14%)	51 (16%)	48 (9%)
Radiotherapy (post conservation)	24 (15%)	25 (13%)	186 (54%)
Tamoxifen	139 (46%)	149 (47%)	240 (44%)
5 year LRR			
Mastectomy	2 (1.5%)	3 (2.5%)	1 (0.5%)
Wide local excision	12 (10%)	17 (12%)	19 (6.5%)
Diagnostic excision alone	9 (22%)	6 (12%)	1 (2%)

margin status), more aggressive surgery and increasing use of radiotherapy.

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O-58 FACTORS INFLUENCING LOCAL CONTROL IN PATIENTS UNDERGOING BREAST CONSERVATION SURGERY FOR DUCTAL CARCINOMA IN SITU

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Background: The aim of our study was to assess various risk factors for local recurrence (LR) in patients undergoing breast conservation surgery (BCS) for ductal carcinoma in situ (DCIS).

Materials and methods: Retrospective case note review between January 1975 and June 2008. In our hospital a margin of $\geqslant$10 mm is considered acceptable. Patients were divided into three groups based on pathological margin (<5 mm, 5–9 mm and $\geqslant$10 mm). Cox regression model for multivariate analysis of local recurrence was used with variables with significant *P* values (<0.05) in the univariate analysis carried out using SPSS version 16.

Results: Overall 239 women had BCS for DCIS during the above period. The median age was 59 years (40–86) and the median follow-up was 76 months (1–308). Pathological findings included median size of 11 mm (1–50), 75 cases with comedo necrosis and 5 patients with microinvasion (<1 mm). Overall 193 patients had grades recorded (44 low grade, 54 intermediate grade and 95 high grade).

Overall LR rate was 17% (40/239), of which 65% (26/40) were invasive recurrences. Thirty-one patients were $\leqslant$ to 50 years and 32% (10/31) developed LR compared to 14% (30/208) in those above 50 years ($P = 0.018$). Forty-three percent of patients (6/14) with <5 mm margin developed LR compared to 12% (3/25) with 5–9 mm margin and 14% (27/188) with $\geqslant$10 mm margin. Four out of 12 patients with unknown margin status developed LR. The LR rate in patients with <5 mm (6/14) margin was significantly higher compared to those with $\geqslant$5 mm (30/213) margin (P value < 0.012). Three out of 5 patients with microinvasion developed LR and it was statistically significant ($P = 0.034$) compared to those without microinvasion. On multivariate analysis age $\leqslant$50 years, <5 mm pathological margin and microinvasion were independent poor prognostic factors for local recurrence.

Conclusion: Our study shows that younger age ($\leqslant$50 years), a clear margin <5 mm and associated microinvasion are poor prognostic factors for LR in patients undergoing breast conservation surgery for DCIS.

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O-59 SINGLE CENTRE EXPERIENCE OF 500 PATIENTS WITH INTRA-OPERATIVE RT-PCR BREAST SENTINEL NODE ANALYSIS

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Introduction: Tumour specific mRNA markers detected by real time reverse transcriptase-polymerase chain reaction (RT-PCR) have been used to detect breast cancer metastases in sentinel lymph nodes. We present our experience of 500 consecutive cases in a single centre.

Methods: All clinically and radiologically node negative patients who underwent sentinel node biopsy (SLNB) were included in the study over a 24-month period. SLNB was performed according to New Start guidelines. Intraoperative analysis was performed on alternate slices at 2 mm intervals, with the remaining slices sent for standard histological analysis. The GeneSearch assay (Veridex LLC, Warren, NJ) was used to detect the expression of mammaglobin (MG) and cytokeratin 19 (CK). Patients were considered SLNB positive if one or more sentinel lymph nodes were positive for either MG or CK.

Results: Sentinel lymph nodes (912) were analysed with an average of 1.8 nodes per patient. The cohort was representative