Contralateral procedures were commonly performed by plastic surgeons alone (72) or by oncoplastic trained surgeons (80). Fewer general than plastic surgeons performed breast reduction (80%P, 41%B) and mastopexy (80%P, 39%B).

Oncological concerns included delaying adjuvant treatment (21%P, 18%B), and margin involvement (19%P, 19%B) which most would manage by margin resection or mastectomy (43%P, 60%B). Infrequent concerns were parenchymal viability (6%P, 8%B), incomplete data (0%P,4%B) and lengthy operations (8%P, 5%B).

Most surgeons agreed with ABS at BASO oncoplastic guidelines and would be interested in further oncoplastic training (49%P, 77%B).

Conclusions: Oncoplastic surgery is being performed by both general and plastic surgeons.

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O-63 ONCOPLASTIC OUTCOMES WITH IMPLANT BASED BREAST RECONSTRUCTION AND RADIOTHERAPY: AN 8 YEAR RETROSPECTIVE ANALYSIS

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Introduction:

- Capsular contraction is a recognised complication of implant based reconstruction in breast cancer patients, with reported rates of pathological capsule formation ranging from 28% to 51% in patients undergoing radiotherapy.
- It has been suggested in recent literature that immediatedelayed reconstruction with a two stage procedure may reduce the capsule formation rates, while our institution has favoured immediate reconstruction procedure with the associated patient benefits of a single stage procedure.
- The use of electron beam therapy with the subsequent reduced tissue penetration in contrast to traditional 'glancing pairs' adjuvant radiotherapy is suggested as a possible contributing factor to reduced capsular formation rates in our cohort.

Methods:

• Identified all women with implants inserted between 1998 and present from implant records in a single institution (n > 450) who received radiotherapy (n > 100).

Results:

- Median age of the cohort was 46, with a mean time of follow-up of 4.84 years (range 1–9 years).
- The overall rate of pathological capsule formation was 33%, of which 27% proceeded to capsule surgery.
- No association was found between capsule formation and radiotherapy method, time to implant insertion, age of patient or use of autologous tissue.

Discussion: Recent literature has advocated the use of a two stage, immediate-delayed implant-based reconstruction in the setting of an irradiated breast field in order to minimise the risk of capsule formation. Our study has demonstrated equivalent capsule formation rates in a single stage procedure, thereby reducing the cumulative risk of an unnecessary second procedure in this population.

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O-64 ATTITUDES OF BREAST AND PLASTIC SURGEONS TO LIPOMODELLING IN BREAST SURGERY

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Aim: To investigate the practice, attitudes and reservations of surgeons to lipomodelling.

Method: A closed ended format questionnaire was distributed to members of the Association of Breast Surgery and BAPRAS.

Results: A total of 228 surgeons responded (70 plastics, 158 breast). The majority (68%) were consultants.

Fat transfer or lipomodelling in breast surgery was performed by 48/70 (69%) plastic surgeons and 17/158 (11%) general surgeons. Lipomodelling was performed with a colleague by 7 plastics, 14 general surgeons. A further 7 plastics and 71 general surgeons were familiar with the procedure.

Attitudes towards lipomodelling were positive amongst most surgeons: 44/70 (63%) plastic surgeons and 96/158 (62%) breast surgeons felt that the benefits of fat transfer outweighed the risks. Reservations included that multiple procedures were required (2 plastics/7 general), that it does not work (1 plastics, 4 general), that stem cells may promote cancer (5 plastics, 3 general), that microcalcification may distort mammograms (6 plastics, 13 general), that fat necrosis may require biopsies (4 plastics, 12 general). Concerns were also voiced about the lack of prospective, long-term follow up data by 8 plastics and 28 general surgeons.

Conclusion: This study provides the first overview of the current practice and attitudes towards lipomodelling in breast surgery in the UK. The majority of plastic and general surgery trained surgeons feel that the benefits of lipomodelling outweigh the risks.

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O-65 THE RELATIONSHIP BETWEEN BIOMARKERS OF INFLAM-MATION, CLINICOPATHOLOGICAL CHARACTERISTICS AND CANCER SPECIFIC SURVIVAL IN EARLY BREAST CANCER

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Introduction: Breast cancer is the second most common malignancy in women. The systemic inflammatory response (as