

**Table 1**

Variable	PPV (%)	NPV (%)
US suspicious vs. US negative – all cases	59	81
T1 vs. T2 – all cases	47	74
T2 cases – US suspicious vs. US negative	75	75
T1 cases – US suspicious vs. US negative	51	86

disease. Fewer than 20% of these patients had micrometastases alone. Tumour size and grade influenced node status in US-suspicious cases only.

**Conclusion:** Axillary US has a moderately high PPV and NPV in preoperative axillary staging. US gives false negative results in 20% of cases and only a small proportion of these can be explained by micrometastases. Taking into account tumour size improves the predictive value of the technique.

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#### O-76 BREAST RADIOTHERAPY FOR OCCULT BREAST CANCER WITH AXILLARY NODAL METASTASES – DOES IT REDUCE LOCAL RECURRENCE RATE AND INCREASE OVERALL SURVIVAL?

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**Background:** The optimal management of axillary lymph node metastases from occult breast cancer (TXN1-2M0) is uncertain and practice varies in the use of primary breast radiotherapy. We conducted a retrospective review to examine clinical outcomes for patients managed with or without primary breast radiotherapy.

**Materials and methods:** Case records from the Clinical Oncology database were reviewed to identify patients presenting with axillary nodal metastases but no detectable primary tumour for over the period between 1974 and 2003. Fifty three patients with TXN1-2M0 breast cancer were identified representing 0.4% of patients managed for breast cancer during this period. Of those tested, 59% had oestrogen receptor positive tumours. 77% received ipsilateral breast radiotherapy.

**Results:** There was a trend towards reduced ipsilateral breast tumour recurrence in patients who received radiotherapy (16% at 5 years, 23% at 10 years) compared to those who did not (36% at 5 years, 52% at 10 years). Similarly, the locoregional recurrence rate at 5 years was 28% for patients who received radiotherapy compared to 53.7% for non irradiated patients. Breast cancer specific survival was higher ( $p = 0.0073$ ; log-rank test) in patients who received ipsilateral breast radiotherapy (72% at 5 years, 66% at 10 years) compared to those who did not (58% at 5 years, 15% at 10 years).

**Conclusion:** Primary breast radiotherapy may reduce ipsilateral breast tumour recurrence and increase survival in patients presenting with axillary lymph node metastases and occult breast primary (TXN1-2M0). Larger studies are needed to validate these findings.

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#### O-77 SENTINEL LYMPH NODE BIOPSY (SLNB) BEFORE PRIMARY CHEMOTHERAPY (PC) IN BREAST CANCER PATIENTS

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SLNB prior to PC will minimize risk of a false negative result and allow more accurate initial staging which can guide treatment decisions for adjuvant radiotherapy and axillary surgery.

A retrospective analysis was undertaken to examine upfront SLNB amongst 46 patients with clinically node negative, non-inflammatory invasive breast cancers measuring between 2 and 5 cm on initial imaging (irrespective of modality). Axillary ultrasound was performed in most patients (43/46), 10 of whom had a negative core biopsy. Mean tumour diameter was 28.5 cm and two patients had axillary lymph node dissection (ALND) prompted by subsequent MRI size estimate (>5 cm). Dual localization methods were employed and micrometastatic foci identified on H&E sections; immunohistochemistry was not routinely performed.

The sentinel node was identified in all patients with a mean of 2.7 nodes per patient (range 1–6). A total of 13 patients had positive nodes (28%) with 10 having involvement of a single node (eight macrometastases; two micrometastases) and three patients with two separate nodes, both containing a macrometastasis (two patients) or each a macro- and micrometastasis (one patient). The mean number of nodes removed on completion ALND was 10.9 (range 7–32). Only one patient had tumour (micrometastasis) within a non-sentinel node (NSLN) and one other patient had evidence of fibrosis suggesting tumour response to PC.

A group of patients can be selected for SLNB before PC who have a relatively low axillary tumour burden at presentation. Potential downstaging with PC may result in a low incidence of NSLN involvement with viable tumour.

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#### O-78 COMPARISON BETWEEN ENDOSCOPE-ASSISTED PARTIAL MASTECTOMY WITH FILLING OF DEAD SPACE USING ABSORBABLE MESH AND CONVENTIONAL CONSERVATIVE METHOD ON COSMETIC OUTCOME IN PATIENTS WITH STAGES 1 AND 2 BREAST CANCER

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**Background and aims:** Breast conservative therapy is currently the mainstream of breast cancer treatment. There is increasing interest in methods to further improve postoperative cosmesis such as endoscopic surgery which was introduced in 1994 as an alternative to Conventional Conservative Method (CCM). However, data on whether endoscopic surgery confers any additional benefit to CCM in terms of cosmesis is lacking. We compared cosmetic outcome between CCM and Endoscope-assisted Partial