

potential way forward for a dual imaging approach in this younger age group.

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#### O-84 AN OBSERVER PERFORMANCE STUDY COMPARING THE INTERPRETATION OF FULL-FIELD DIGITAL MAMMOGRAPHY WITH DIGITAL BREAST TOMOSYNTHESIS

Rema K. Wasan, Asif Iqbal, David R. Evans, Clare Peacock, Juliet C. Morel, Abdel Douiri, Michael J. Michell. *King's College Hospital, UK. King's College London, UK*

**Objective:** The purpose of the current study was to compare the diagnostic accuracy of two-view full-field digital mammography (FFDM) with co-registered two-view digital breast tomosynthesis (DBT).

**Methods:** The ethics committee approved trial evaluating a Hologic Selenia Dimensions machine recruited women recalled after their initial breast screening using analogue film-screen mammography, scheduled to undergo further breast assessment following informed consent. Radiologists fulfilling the professional criteria for National Health Service Breast Screening Programme's radiology practice reviewed all images using the Royal College of Radiologists Breast Group classification for mammographic features 1–5 (M1 = normal, M2 = benign, M3 = probably benign, M4 = suspicious, M5 = malignant).

**Results:** The study included bilateral mammograms of 526 women (age range 47–73 years) with 119 (22.6%) histologically proven primary breast cancers assessed by 5 readers.

Using receiver operating characteristic (ROC) test, the analysis yielded statistically significant difference ( $p = 0.0001$ ) between FFDM and DBT. The area under the ROC curve (AUC) was  $0.968 \pm 0.007$  for DBT compared to AUC of  $0.913 \pm 0.015$  for FFDM, demonstrating DBT interpretation was superior.

**Conclusion:** Patients recalled after routine screening mammography will benefit from DBT as an additional technique for diagnostic workup.

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#### O-85 WHAT DO CLINICIANS IN THE UK DO ONCE A PATIENT HAS RECEIVED 5 YEARS OF ADJUVANT HORMONAL AROMATASE INHIBITOR (AI) CONTAINING TREATMENT?

Claire Gaunt, Daniel Rea. *CRUK Clinical Trials Unit, University of Birmingham, Birmingham, UK*

**Background:** NICE guidelines advocate use of AIs within licence for all but low risk patients. Early discharge at three years is also recommended. To gauge interest in extended adjuvant endocrine therapy research treatment practice and follow up practice needs to be understood.

**Methods:** A survey designed to capture current practice for ER positive, post-menopausal women who have completed 5 years of treatment with an AI was distributed to 774 oncologists and surgeons from 285 centres across the UK. The survey also captured opinion on a proposed trial of further treatment in this patient group.

**Results:** A total of 159 clinicians (65 clinical oncologists; 28 medical oncologists; 63 surgeons and 3 others) responded to the survey, representing 102 hospitals. The most common time for routine discharge was 5 years regardless of nodal involvement 58% vs 12% before and 23% after 5 years. Patients with more than 4 nodes positive were discharged later than 5 years by 36% respondents. The majority of respondents discontinue AIs at 5 years for node negative but continue AI use beyond 5 years in node positive cases.

92% of responders expressed interest in participating in a clinical trial of extended endocrine therapy most frequently selecting node positive cases as the target population.

**Conclusions:** There is substantial variation in follow-up practice and treatment for ER positive, post-menopausal women following 5 years of AI containing endocrine therapy within the UK. Many clinicians would support a clinical trial of extended hormone therapy in node positive patients.

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#### O-86 MASTECTOMY AND RECONSTRUCTION IN STAGE IV BREAST CANCER: A SURVEY OF UK BREAST AND PLASTIC SURGEONS

C.A.T. Durrant<sup>a</sup>, M. Khatib<sup>a</sup>, F.A. MacNeill<sup>b</sup>, S.E. James<sup>a</sup>, P.A. Harris<sup>a</sup>. <sup>a</sup>Department of Plastic Surgery, Royal Marsden Hospital, London, UK. <sup>b</sup>Department of Breast Surgery, Royal Marsden Hospital, London, UK

**Introduction:** The number of women with stage IV disease who have primary or delayed breast reconstruction is small. The primary aim of this study was to establish current UK practice and opinions with regards to the appropriateness of breast reconstruction in stage IV disease.

**Methods:** All 485 full members of the Association of Breast Surgeons (ABS) and all 378 full members of the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) were invited by email to take part in an online survey.

**Results:** Of the breast surgeons, 101 responded (26.9%). Of the plastic surgeons 59 responded (16%). 78.9% would operate on the primary tumour, mainly for local control. Plastic surgeons showed a propensity for immediate reconstruction compared to their breast surgery colleagues, and 26.6% of breast surgeons would not offer reconstruction at all. Immediate latissimus dorsi (LD) flap and implant was the favoured method in early stage disease (100%), with delayed LD and implant the most popular option for stage IV disease (77.0%).

In patients who have already had a mastectomy, the majority (54.4%) would offer reconstruction if stability of disease progression has been demonstrated.

**Conclusion:** There is considerable variability of opinion, not only between specialties, but also within specialties. As survival figures continue to improve, the number of patients requesting reconstruction is likely to increase. This will have an impact on healthcare allocation and further debate will be necessary in anticipation of future service development.

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#### O-87 RESEARCH OUTPUT OF CONSULTANT BREAST SURGEONS IN THE UK AND IRELAND – A BIBLIOGRAPHIC ANALYSIS

R.W. Glynn, N.A. Healy, K.J. Sweeney, M.J. Kerin. *Dept. of Surgery, National University of Ireland, Galway, Ireland*

The Research Assessment Exercise means that increasing emphasis is placed on the evaluation of research output for funding and resource allocation. While the impact factor is widely recognised as the key measure of journal quality, the h-index has gained recognition as the most appropriate measure of an individual's productivity. The aim of this work is to describe the bibliographic characteristics of consultant breast surgeons.

Breast-related output for 122 members of ABS at BASO was identified using the Web of Science. A citation report for each surgeon was then created, providing the h-index, mean citations per publication, and years of publication. A researcher has a h-index of h if h of his/her publications have at least h citations each, and the other publications (Np-h) have, at most, h citations each.

Articles (1176) were returned. The median articles published per surgeon was 3 (IQR1-8); 26 returned 0 breast-related publications. Seventeen (14%) surgeons were responsible for 70% (n = 825) of the output; 37 (30%) surgeons had published nothing in the past decade. The range of h-index values for the cohort was 0–50 with a median of 3 (IQR1–6). There was a positive correlation between time since first publication and h-index ( $r = 0.599$ ,  $p = 0.000$ ). The median number of citations per article, per surgeon, was 12 (IQR5–26).

A small minority are responsible for the majority of output, with a large proportion contributing nothing, raising significant questions for the future of scientific research.

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#### O-88 BREAST CANCER AMONG NIGERIAN WOMEN: CLINICAL AND BIOLOGICAL DIFFERENCES COMPARED WITH AGE-MATCHED UK WOMEN

L. Agboola<sup>a,b</sup>, A.A. Banjo<sup>b</sup>, N. Wanangwa<sup>a</sup>, S. El-Sheikh<sup>a</sup>, E.A. Rakha<sup>a</sup>, E.C. Paish<sup>a</sup>, S. Watts<sup>a</sup>, D.G. Powe<sup>a</sup>, I.O. Ellis<sup>a</sup>, A.R. Green<sup>a</sup>. <sup>a</sup>Division of Pathology, Nottingham University Hospitals and University of Nottingham, UK. <sup>b</sup>Department of Morbid Anatomy and Histopathology, Olabisi Onabanjo University and Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria

**Background:** Although, breast cancer incidence is lower in African and African-American compared with Caucasian women

including White-Americans. However, Black women have a high mortality rate compared with their Caucasian counterparts. Nigerian women have a higher risk for early-onset, high-grade, node-positive disease with a high mortality rate from breast cancer. Similar features have characterized hereditary and basal-like breast cancer, prompting speculation that risk factors could be genetically transmitted and the molecular portrait of these tumours are different to those of Western women.

**Methods:** In this study, we assessed the clinico-pathological and immunoprofile of breast cancer from Nigerian women compared with age-matched UK control group using 9 biomarkers of known relevance in breast cancer by immunohistochemistry.

**Results:** We confirm that Nigerian women presenting with breast cancer are more frequently premenopausal and their tumours are more of invasive ductal histological type and usually larger size, higher grade, lymph node and vascular invasion positive compared with a UK age-match cohort. Nigerian breast cancer showed association with triple-negative and basal-like breast cancer and are less frequently of luminal-like classes of tumours. Univariate analysis showed association between breast cancer in Nigerian women and ER, PgR, CK7/8 and E-cadherin negativity, while having positive association with p53 and CK5/6 and 14, but no association was found with HER2 expression. Nigerian women showed poorer outcome after development of breast cancer compared with UK women.

**Conclusion:** This study demonstrates that there are genetic and molecular differences between African and western women with breast cancer which cannot be explained only by age. Breast cancer in Nigerian patients tends to be aggressive with a dismal outcome. This might have implication for development of a screening program and management of African breast cancer patients.

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#### O-89 THE INFLUENCE OF CHILDHOOD ABUSE ON CLINICAL RELATIONSHIPS IN BREAST CANCER: PERCEIVED PROFESSIONAL SUPPORT, CLINICIAN-RATED 'DIFFICULTY' AND INSECURE ATTACHMENT

Louise Clark<sup>a</sup>, Chris Holcombe<sup>b</sup>, Helen Beesley<sup>b</sup>, Peter Salmon<sup>a</sup>. <sup>a</sup>Division of Clinical Psychology, University of Liverpool, UK. <sup>b</sup>Royal Liverpool University Hospital, UK

**Background:** Childhood abuse is a marker for insecure attachment style which in turn is associated with an impaired ability to seek and accept support. In healthcare, a history of childhood abuse impaired breast cancer patients' ability to obtain support from clinical staff. The general aim of the current study was to extend these findings and test whether breast cancer patients recalling childhood abuse were experienced by consultant surgeons as more 'difficult' to help. The preliminary aim was to confirm that childhood abuse was associated with less perceived professional support. The main study hypotheses were then (1) childhood abuse would be associated with higher clinician-rated 'difficulty', and (2) insecure attachment would account for this relationship.