

of high risk with SLN-micrometastasis. Ongoing randomized trials will provide prospective answers to the question of the optimal treatment for micrometastasis.

522 **Factors Influencing Type of Surgery in Breast Cancer Patients** Poster

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Background: Surgery is the mainstay of treatment in breast cancer. The aim of this study was to evaluate the factors that affecting surgical treatment in breast cancer patients.

Material and Method: Between March 2007 and April 2010, demographic and clinicopathological characteristics including age, type of surgery, tumor size, stage at diagnosis, location of tumor, surgeon experience and type of surgery in 274 breast cancer patients were extracted from cancer registry in Iranian Center for Breast Cancer (ICBC).

Results: The mean age of the patients at the time of diagnosis was 47.6 years. 136 patients (49.6%) underwent modified radical mastectomy (MRM) and breast conserving surgery (BCS) was performed in 138 patients (50.4%). In Chi-Square analysis, there was a statistically significant association between tumor size ($P = 0.002$) and location of tumor ($P = 0.0001$) stage at diagnosis ($P = 0.0001$) and type of surgery (MRM or BCS). In logistic regression analysis, only location of tumor (OR: 0.005, 95% CI 0.039–0.559) and stage (OR: 0.0001, 95% CI 0.197–0.586) were affecting the type of surgery (OR: 3.9, 95% CI: 1.02–15.3) in these patient.

Conclusions: The findings suggest that location of tumor and stage at diagnosis are significant predicting factors that influence type of surgery in breast cancer patients. Other variable like as surgeon experience may not affecting type of surgery. Further validation of these results by large sample size is warranted.

523 **Evaluation of Patients' Knowledge, Need and Psychosocial Background in the Decision Making of Posmastectomy Breast Reconstruction in Hungary – A Questionnaire Study of 500 Cases** Poster

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Background: According to guidelines of the European Society of Mastology, breast cancer patients requiring mastectomy should be informed about the option of immediate or delayed breast reconstruction. There are wide differences in the quality standard of oncoplastic care throughout Europe, with slight improvements in Central-European countries like Hungary.

The aim of the present investigation was to evaluate patients' knowledge and need for postmastectomy breast reconstruction and the psychosocial background in the decision making of the breast cancer population.

Material and Methods: A questionnaire containing fifteen questions was given to 500 breast cancer patients on the day before performing simple or total mastectomy in the National Institute of Oncology between 2010 January and 2011 October. The questions focused on the emotional impact of the malignant disease, the multidisciplinary treatment, the loss of the breast, changes in family life, the importance of environmental conditions like the patients' knowledge on breast reconstruction, the source of information and the demand for the immediate or delayed procedure. All the answers were statistically analysed in the context of patients age, marital status, educational level and settlement type.

Results: Descriptive statistical results of the investigated population, and the answers of all 15 questions as well as correlations of the different aspects of the decision making are presented.

Conclusions: Hungarian breast cancer patients have very limited knowledge on the field of breast reconstruction in spite of the fact that this type of care is covered by national health insurance. Although almost 50% of the patients declared their need for breast reconstruction, the rate of the performed operations was 5%. The results of the study will promote the establishment of a more structured breast cancer surgical care and better patient information service according to the EUSOMA guidelines for breast units.

524 **Atypical Ductal Hyperplasia in Percutaneous Breast Biopsy. Surgery Vs Follow-up** Poster

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Background: The management of patients with diagnosis of atypical ductal hyperplasia (ADH) in percutaneous breast biopsy specimens, has been controversial.

Objective: Analyze our percentage of underestimation of breast cancer in our percutaneous biopsies with diagnosis of ADH, and also to analyze a group of patients who were subject of follow-up.

Patients and Methods: We evaluated 4,848 percutaneous breast biopsies in our institution from March 1996 to August 2010. Percutaneous biopsies were performed according to criteria of the breast imaging department. Core needle N° 14 G and vacuum-assisted N° 14 G, 11 G and 8 G were used. They were all by stereotactic guidance. Criteria for surgery was: ADH >2 foci (regardless of the size), and those patients whose image that prompted the biopsy was not completely removed during the procedure. The follow-up criteria was: ADH ≤2 foci and those patients whose image that prompted the biopsy was completely removed during the procedure. There was a group of patients that had surgery outside our institution, in these patients our algorithm was not applied.

Results: Out of 4,848 percutaneous breast biopsies, 5.52% (268) were ADH. 25.7% (69) were follow in our center. 27 patients had surgery and 42 were subject of follow-up. Of the 27 that had surgery, 4 (14.82%) reported cancer in definitive biopsy (underestimation). 8.69% (6/69) developed breast cancer in the same breast or the other in a median follow-up of 5.93 years.

Conclusions: ADH is a risk marker for the affected breast and for the contralateral breast. The possibility of underestimation for cancer exist. Percutaneous breast biopsy with vacuum-assisted and thicker needle gives a lesser underestimation. When ADH is reported ≤2 foci and the image that prompted the biopsy is eliminated during the procedure, is safe to recommend clinical and imaging follow-up. Patients with ADH whose biopsy reported >2 foci (regardless the size) must have surgery.

525 **Can Axillary Lymph Node Dissection Be Avoided in Women with Breast Cancer with Intraoperative, False-negative Sentinel Lymph Node Biopsies?** Poster

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Background: ALND has been a standard treatment for breast cancer patients with positive sentinel lymph nodes (SLNs). However, over 50% of patients with positive SLNs had only positive SLN and, in theory, did not need axillary lymph node dissection (ALND). In fact, the axillary recurrence rates remained at a low level even in patients who had SLN metastases and who did not undergo ALND. The main objective of the current study was to determine the prognosis of patients with an intraoperative, false-negative SLNB.

Material and Methods: Total 516 women who had unilateral invasive breast cancer with clinically negative nodes or nodes suspicious for metastasis, were intraoperatively diagnosed as having negative SLNs, and did not undergo an immediate ALND. Our intraoperative histological investigation uses H&E staining of a frozen section from a maximum cut surface of each SLN. Of these 516 women, 53 (10.3%) were postoperatively diagnosed as having positive SLNs, which classifies them as having an intraoperative, false-negative SLN biopsy (SLNB). Patient and tumor characteristics, treatment methods, and the prognoses of these patients were investigated and compared with the remaining 463 patients who were negative for SLNB.

Results: Of the 53 patients with intraoperative, false-negative SLNB, none underwent a further ALND. With a median follow-up period of 31.0 months, seven of these patients exhibited recurrence in the locoregional area and 2 death. The hazard ratios (HRs) for recurrence