

margins were found in 67 patients (6.5%) and close margins (<2 mm) in 48 of them (4.7%). In 79 patients (7.7%) a second operation was carried out at an average time of 38.5 days from the first one (range 26–45). Forty-five patients (4.7%) experienced local relapse, fifty-two of them (5%) developed distant metastasis.

Conclusion: The use of oncoplastic techniques allows extensive resections for conservative treatment of breast cancer with good oncological and cosmetic outcomes. This approach might be useful in extending the indications for conservative therapy. Thanks to an oncoplastic approach we were able to treat with conservative surgery even those patients who due to tumor volume or multifocality lesions would in the past have had to undergo a mastectomy.

Table 1. Prognostic factors for development of local recurrence, metastases

	Local recurrence (49)	Metastases (52)
G	2.161 (1.418–3.291) P = 0.001	1.402 (0.907–2.165) Ns
Vascular invasion	7.219 (3.794–13.7) P = 0.000	2.842 (1.560–5.180) P = 0.001
ER/PgR	0.343 (0.022–5.36) Ns	3.528 (1.833–6.792) P = 0.000

*Regression coefficient (Exp (B)), 95% confidence intervals (CI) and p-value obtained from multivariate Cox proportional hazards regression model. No association was found with dimension's lesions, plurifocality, age.

543 **Initial Experience with the Use of Porcine Acellular Dermal Matrix for Breast Reconstruction**

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Background: This study identifies criteria and assesses outcomes for pts undergoing immediate implant reconstruction with Stratattice® (Acellular Dermal Matrix) after mastectomy.

Methods: We identified 3 groups of pts (n = 10).

1. Patients with small/moderate size breasts undergoing skin/nipple sparing mastectomy and one stage subpectoral implant reconstruction. Porcine acellular dermal matrix was used as inferior sling. (n = 5).
2. Patients with large/ptotic breasts who had skin reducing mastectomy with expander/expander-implant placement. Acellular dermal matrix was used alongside dermoglandular flap during first stage (n = 4).
3. Patients with poor soft tissue implant coverage requiring revisional surgery due to capsular contracture/suboptimal expansion (n = 1).

Patients were assessed during clinical review, pre and post operative photographs.

Results: Mean follow up was 4 months. There were no cases of implant loss or skin flap necrosis. One patient had implant rippling due to thin skin cover. One patient had seroma which was drained percutaneously. One other patient had transient skin flap redness which subsided spontaneously.

Patient satisfaction was very high (90%). All patients rated highly in objective assessment at pre and postoperative photographs.

Conclusion: 50% of our patients successfully underwent single stage breast reconstruction which is cost effective. This is a small series with a short follow up, however early results seem to be encouraging. Long term follow up is needed to establish application of acellular dermal matrix in breast reconstructive surgery.

544 **Improved Syringe Stopper for Fat Harvesting in Breast Lipofilling for Defects in Breast Conserving Surgery**

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Introduction: Fat harvesting is a safe and well established procedure. Several methods of harvesting are described, varying from hand-held syringes to central vacuum apparatus. It is imperative, during harvesting, that adipocytes are not damaged, as they are considered to act as stem cells. Results on survival of adipocytes, after harvesting with syringe and suction machines, vary. Whichever method is used, a pressure below -700 mmHg is considered unacceptable as this leads to destruction of >10% cells aspirated.

Aim: To present a new and simple technique aiding fat harvest.

Methods: An improvised syringe device was used to replace the suction unit for fat harvesting in a breast lipofilling procedure. The device consists of a metal cannula attached to a 60 ml Luer-lock syringe. The plunger is fully retracted and a pressure of -695 mmHg is achieved. The plunger is

held in place using a smaller plunger from a 10 ml syringe, maintaining a constantly negative pressure.

Results: The fat harvesting syringe can be held comfortably and the process repeated until a sufficient amount is harvested (>200 cc).

In vitro tests demonstrate an acceptable negative pressure (down to -700 mmHg) using this technique.

Conclusion: This method provides a simple and cheap alternative for fat harvesting.

545 **Re-Excision of Margins – is it Necessary in all Patients? Outcomes of a Two-year Study**

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Background: Close margins are considered a risk factor for local recurrence of breast cancer. Histology of re-excised margins usually reveals no residual disease. Literature review suggests that the assessment of microscopic margins may be misleading.

Surgical management of close margins varies widely with no standardised methods. Re-excisions may have adverse effect on aesthetic outcomes.

Aim: To ascertain the residual disease in specimens of re-excised margins.

Materials and Methods: A retrospective study of patients who underwent re-excision of margins in a screening breast unit was undertaken over two-year period. Patient demographics, operations and histological results were analysed.

Results: Forty patients had re-excision surgery, with a median age of 61 (28–84).

Table 1

Number of Re-Excision Operations	Number of Patients	Percentage
1	30	75%
2	7	17.5%
3	3	7.5%

Table 2

Residual Pathology	Number of Patients	Percentage
Invasive Cancer	8	20%
High Grade DCIS	6	15%
Other – requiring no re-excision	7	17.5%
Nil	19	47.5%

A third of patients 14 (35%) benefitted from re-excision, the majority 26 (65%) gained no benefit from further surgery. Aesthetic assessment was not undertaken.

Conclusion: Although close margins in invasive disease and high-grade DCIS require re-excision, patients with no residual disease may avoid further surgery. Currently, no standardisation method exists and further studies are essential to manage these patients appropriately.

546 **A Randomized Trial Comparing Sentinel Lymph Node Biopsy Vs. No Axillary Surgical Staging in Patients with Small Breast Cancer and a Negative Preoperative Axillary Assessment**

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Background: Data from a prospective randomized trial which compared axillary dissection vs. no further axillary surgery in presence of positive