

versus low HER2-FISH ratio was not significantly associated with disease recurrence (CR: $p=0.279$ (95% CI [0.562-7.391])).

Conclusions: High ERB2-gene copy number, not FISH ratio, seems to influence clinical outcome. More attention should be paid to these patients regarding treatment.

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HOW RARE IS RARE? FOUR "RARE" CANCERS PRESENT TO A DISTRICT GENERAL HOSPITAL OVER A 6 MONTH PERIOD

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Introduction: Whilst invasive ductal carcinomas account for the majority of breast cancers, this poster was produced to highlight four cases considered to be histopathologically "rare". Case management with histological images will be presented as follows. Case 1: A screen detected neuroendocrine tumour of the breast in a 54 year old woman. These cancers account for <5% of breast cancers per annum. 1 Staging CT confirmed this was a breast primary. The case was observed at both the breast and CUP (Cancer of Unknown Primary) MDTs. Case 2: A small cell carcinoma of the breast in a 76-year-old woman. These account for less than 1% of primary breast cancers. Diagnosis relies on excluding other potential primary sites. Case 3: A solitary fibrous tumour (SFT) in a 71 year old woman. This tumour was discovered as an incidental finding of an infraclavicular lump by a GP. Described as being exceedingly rare in the breast and more often seen in the pleura. Recurrence is common with incomplete excision. Case 4: A metaplastic carcinoma in a 79 year old woman. These account for 0.2-5% of breast cancers officially recognised in 2000. Surgery remains first line treatment as they are less responsive to chemotherapy.

Conclusions: Although described as "rare" these tumours may present more frequently than we appreciate. Cross MDT working can support timely investigation and management of these cases.

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DEVELOPING THE MOBILE APP 'ABCS OF BREAST HEALTH' - USING DIGITAL INNOVATION TO IMPROVE BREAST HEALTH IN INDIA

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Introduction: Breast cancer is the most common cancer affecting women, both in India and the world. With 87,000 deaths per annum, tragically, a woman loses her life to breast cancer every ten minutes in India. Due to a lack of awareness and the absence of an organised population-based screening programme in India, more than 60% of breast cancers present in the advanced stages, with most succumbing to the illness within a year of being diagnosed. This mobile app aims to empower people about various aspects of breast cancer & benign breast disease explained in simple, easy-to-understand format.

Methods: To help address these striking realities, I worked with a Breast Cancer Charity based out of India, to help create the Mobile App - 'ABCs of Breast Health' - available in English and 11 regional Indian Languages. The app has an interactive 'Myths & Facts' section which is aimed at debunking many of the common myths surrounding breast cancer and ensuring that users are well informed with accurate information, thus filling a huge void in the delivery of Breast Health Care in India where counselling is not given much importance.

Results: This App is South Asia's First Breast Health App and is also the World's first breast health app available in so many languages. Within the first month of its launch, it recorded 9000+ downloads.

Conclusion: The content of the app in 11 commonly spoken regional languages has ensured that accurate information relating to breast health is accessed by women in rural India, where 70% of the population resides.

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TRAINEE ENGAGEMENT WITH THE NEW HIGHER SURGICAL TRAINING CURRICULUM

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Introduction: In August 2021, the new curriculum for higher surgical training was implemented. Trainees are now assessed against outcomes based on the fundamental capabilities required of consultants. Feedback from trainers has become the measurement of level of competency against the nine domains set out in the GMC Framework. A new assessment, the Multiple Consultant Report (MCR), encompasses the concepts of Generic Professional Capabilities (GPCs) and Capabilities in Practice (CiPs) (Table 1). It enables Clinical Supervisors to discuss their experiences of trainees and share their professional opinions about trainee performance to form a collective judgement.

Table 1

Capabilities in Practice (CiPs)
Manages an out-patient clinic
Manages the unselected emergency take
Manages ward rounds and the on-going care of in-patients
Manages an operating list
Manages multi-disciplinary working
Generic Professional Capabilities (GPCs)
Professional values and behaviours professional skills
Professional knowledge
Capabilities in health promotion and illness prevention
Capabilities in leadership and team working
Capabilities in patient safety and quality improvement
Capabilities in safeguarding vulnerable groups
Capabilities in education and training
Capabilities in research and scholarship

Methods: We assessed the current state of trainee engagement with the new curriculum using data from 1605 Intercollegiate Surgical Curriculum Programme trainee portfolios.

Results: Of the 1605 trainees visible on ISCP with current placements, 1286 have declared a current ST training level; 198 (15%) are at ST8 level. There are 14 trainees in ST8 that have chosen the new curriculum (184 who have not) of the following specialties: breast (7), benign upper GI surgery (2), and colorectal surgery (5). Of ST7 trainees, 44 have elected to remain on the old curriculum.

Conclusions: The vast majority of higher surgical trainees in their final year do not wish to change to the new curriculum. They have prepared portfolios to match the old curriculum. However, 80% of those in ST7 and below have changed. As trainers, are we ready for this significant change in surgical training?

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DOES DIABETES MELLITUS AND INSULIN RESISTANCE LEAD TO LACTATION FAILURE?

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Introduction: Non-lactation leads to high incidence of lactational mastitis, abscess (short term) and breast, ovarian cancer (long term) in mothers. In children there is higher incidence of malnutrition, ARI, and under 5 mortality. Faulty feeding techniques and nipple abnormalities are common but correctable factors. Diabetes and insulin resistance is considered as a factor for non-lactation.