

Introduction: Perioperative Endocrine Therapy - Individualising Care (POETIC) is a currently on-going national randomised trial that is looking at the effect of endocrine therapy 2 weeks before and 2 weeks after surgery in hormone-sensitive breast cancer. We reviewed patients recruited for the trial to see whether short-term therapy with letrozole influenced surgical outcomes.

Methods: Seventy patients enrolled on POETIC were identified from a prospectively entered trial database. The main outcome measures studied were sentinel lymph node (SLN) detection rates, cancer reoperation rates, hospital stay, complications and unplanned readmission following surgery.

Results: See Table 1.

Table 1

	Control Group (n=24)	Endocrine Therapy Group (Letrozole 2.5 mg once daily) (n=46)
Median age (range)	68 (55-83)	65 (52-83)
Percentage having mastectomy: WLE: Localisation WLE	25%: 50%: 25%	28%: 44%: 28%
Percentage requiring axillary clearance	33%	30%
SLN Identification rate	95% (19/20)	100% (46/46)
Percentage of patients receiving 1, 2 or 3 operations for cancer	71%:21%:8% (17:5:2)	78%:20%:2% (36:9:1)
Percentage of patients returned to theatre for complications	4% (1)	4% (2)
Percentage of patients requiring re-admission for complications	8% (2)	2% (1)
Median inpatient nights per patient (range)	1 (0-10)	1 (0-6)

Conclusions: Pre-and post-operative short term letrozole therapy does not seem to have an impact on early surgical outcomes.

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P070. Patients treated with oncoplastic breast conservation require more postoperative radiological imaging, consequent biopsy and outpatient clinic visit than patients who had simple wide local excision – A controlled study

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Background: Oncoplastic breast conservation surgery (OBCS) is a more complex, technically demanding surgical technique than simple wide local excision (WLE). Further, after OBCS it is more challenging to interpret postoperative surveillance imaging. Hence we compared number of postoperative imaging, biopsies and outpatient visits in patients treated with OBCS and simple WLE.

Methods: Consecutive patients treated with level II OBCS (n=84) were compared to patients who underwent simple WLE (n=319) in the same unit during similar period of time. Number of imaging, biopsies and outpatient visits were compared using student's t-test within the initial 24 months postoperative period. Difference was considered statistically significant when p value was less than 0.05.

Results: OBCS patients required significantly more postoperative ultrasound (OBCS:0.595[0-6] per patient vs. WLE:0.091[0-3];p<0.0001), MRI (OBCS:0.095[0-3] per patient vs. WLE:0.015[0-1];p=0.004), and breast biopsy (OBCS:0.44[0-3] per patient vs. WLE:0.019 [0-1];p<0.0001). Abnormal findings on postoperative imaging were also much more frequent after OBCS (0.143[0-2] per patient vs. WLE:0.012[0-1];p<0.0001). This required more clinic visits from patients who were treated with OBCS (4.583[0-13] per patient vs. WLE:1.99[0-7];p<0.0001). The total number of postoperative imaging was also higher after OBCS (mean 2.25[0-8] vs. WLE:2.01[7-1];p=0.0842).

Conclusion: More frequent postoperative breast ultrasound, MRI, and more common abnormal radiological findings, and consequent breast biopsies reflect the relative complexity as well as novelty of OBCS. Informed consent for OBCS should include the above facts and patients should be discussed that they are more likely to come often to the outpatient clinic and have radiological tests and biopsies after OBCS compared to simple WLE.

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P071. Intra-operative imprint cytology of sentinel lymph node: How many second operations are avoided?

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Introduction: Intra-operative testing of sentinel lymph node (SLN) is performed so that in patients with a positive SLN, axillary surgery can be completed in one sitting. However, a second operation may then become necessary to clear margins of the primary tumour. Our aim is to study how many second operations are avoided by intra-operative imprint cytology (IOIC).

Methods: We identified all patients who underwent IOIC over a 4-year period at our institution from a prospectively entered database and reviewed their details to see how many second operations were avoided.

Results: 307 patients were identified. Most had preoperative ultrasound +/- FNAC of axilla which was negative. IOIC was negative in 253, indeterminate in 8 and positive in 46 patients. All positive patients had axillary clearance in the same sitting but 8 patients needed further surgery later for close margins. 13 patients required a delayed axillary clearance for false negative/indeterminate imprint with positive SLN on histology.

Imprint cytology	Returned to theatre	
	Excision of margins/mastectomy	Axillary clearance
Negative (n=253)	31	11
Positive (n=46)	8	0
Indeterminate (n=8)	6	2
Total (n=307)	45	13

Conclusions: Intra-operative testing on 307 patients prevented 38 re-operations. A delayed axillary clearance was only required in 13 out of 307 patients. Recall for further surgery can be distressing to patients and axillary clearance after previous SLNB can be technically challenging.