

(type I=81, type II=401, $p<0.0001$), mean specimen volume was 300 cc (type I=231, type II=375, $p<0.0001$), mean tumor size was 22.3 mm (type I=20.5, type II=23.9, $p=0.032$). Median post operative stay was 1 day. We had to re-operate 5 patients for close or involved margins (2 mastectomies with immediate reconstruction and 3 therapeutic mammoplasty). Of the 147 patients with carcinoma, successful breast conservative surgery was achieved in 98.6%. There were no major nipple-areolar necrosis. Only 2 patients had complications that required re-intervention (one case with hematoma and suture dehiscence and one case with nipple retraction).

Conclusions: Oncoplastic breast-conserving surgery allowed us to perform successful breast-conserving surgery in high percentage of patients with low percentage of complications. Type 1 mammoplasty are faster and simpler than type 2 to perform but limited to smaller volume excisions.

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Poster

Breast-conserving surgery in older patients with invasive breast cancer: an underused treatment

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Background: Breast-conserving surgery is as effective as mastectomy for treatment of early invasive breast cancer. Earlier studies suggest low BCS use in Iran. The aim of this study was to evaluate the surgical treatment of elderly patients in a cancer center in Iran.

Materials and Methods: A cross-sectional retrospective study of elderly breast cancer patients treated in the Cancer Institute, Tehran University of Medical Sciences, was performed. The information of the elderly patients diagnosed with breast cancer in a four year period was retrieved from their files. The type and characteristics of the tumor, the stage of the disease, the type of the operation and the use of sentinel lymph node biopsy were recorded.

Results: The information of 98 breast cancer patients older than 70 were reviewed. The mean age of the patients was 74.2 ± 3.6 . The in situ carcinoma was diagnosed in 2 patients. T1 and T2 tumors comprised 20.4% and 51% of patients respectively. Stage I and II disease were found in 16.3 and 46.9% of the study population respectively. Modified radical mastectomy was performed in 69.6% of patients and 22.4% of the study population underwent breast conserving surgery. Simple mastectomy was offered to 8.3% of the patients. The pathologic examination of the lymph nodes revealed that 40.8% of patients had no lymph node involvement but sentinel lymph node biopsy was performed in only 4 patients.

Conclusions: The finding of this study confirms that elderly patients do not receive breast conserving surgery despite being eligible for the treatment. The reasons for the inappropriate management of this group of patients should be investigated.

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Poster

The follow-up results of treatment of male breast carcinoma

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Cancer of the male breast is an uncommon oncological disease in Lithuania. The incidence rate in Lithuania is 3.6–4.9 cases per million of men. In 2008 years were registered newly 16 males with breast carcinoma. During the last decade there was no evident change in the frequency rate of disease – usually 10–15 cases were registered each year. Nationally, 1% of breast cancer appears in men. Our purpose of this investigation to evaluate the situation of treatment of male breast cancer in Lithuania.

Material and Methods: The results of the investigation were analysed in 100 male patients treated during the period of 1988–2006 years in two Clinics: Institute of Oncology at Vilnius University and Hospital of Oncology at Kaunas University of Medicine. The average age of the patients was 67.5 years (ranging 31–90 years). The staging of the disease was as follows: in stage I included 13 (13%) pts, in stage IIA – 24 (24%) pts, in IIB – 17 (17%) pts, in IIIA 15 pts (15%), in IIIB – 16 (16%) pts. 15 (15%) patients were treated in stage IV of the disease. Invasive ductal carcinoma was the most frequent type (68 patients), 9 patients had lobular carcinoma and adenocarcinoma was detected in 6 cases. The most common method of the treatment was modified mastectomy by Madden (75 cases). 53 patients received the combined treatment: 23 patients were treated with radiotherapy, 9 patients with chemotherapy, 14 patients received radiotherapy and chemotherapy, 14 patients were treated with tamoxifen.

Results: 5-year overall survival of all male patients with breast carcinoma was estimated at 42.7%. 5-year survival of the patients at stages I and IIA were 71.9% and 79.5%, and at stage IIB it was 53.5%. Low survival rates 15.8% and 11.2% were observed at stage IIIA and stage IIIB of the disease

respectively. None of the patients with stage IV of the disease survived 5 years and more. 2-year survival (6.7%) was the best estimate in this group.

Conclusions:

1. The majority of male breast cancer patients are diagnosed at advanced stage of the disease.
2. The overall 5 year survival rate was estimated at 42.7%. The stage of the disease was the major determinant of the patients' survival.

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Poster

Seroma following axillary lymphadenectomy for breast cancer

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Introduction: Many factors have been evaluated for the cause of seroma following axillary lymphadenectomy. We report the results of a randomized, prospective trial that compared the rate of formation of postmastectomy wound seroma in two groups of patients undergoing axillary lymphadenectomy: one undergoing axillary lymphadenectomy level I–II, and the other undergoing axillary lymphadenectomy level I–III.

Methods: Retrospective review of records of two sequential groups of patients treated in surgical clinic Nis between 2004 and 2006. Both groups had minimum of 2 years follow-up.

Results: Two hundred and twelve patients were included in Group 1 and 104 in Group 2. The two groups did not differ with respect to seroma formation and wound infection.

	Level I–II	Level I–III
Seroma incidence	53 (25%)	51 (36.43%)
Seroma volume (mean±SD, ml)	157±87	234±135
Clinical infection	5 (2.35%)	4 (2.85%)
Positive drain culture	15 (7.07%)	12 (8.57%)

Conclusions: Seroma formation is more of a nuisance than a complication, but may delay patient recovery and cause unpleasant symptoms. The dissection range did not influence the seroma formation, volume and microbiological culture results.

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Poster

Breast cancer risk-reducing surgery in Helsinki

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Background: Approximately 5–10% of all breast cancers are assumed to be related to BRCA1 or BRCA2 gene mutations. The cumulative lifetime risk of having breast cancer in BRCA1 carriers is 65% (44–78%) and in BRCA2 carriers is 45% (31–56%). And for ovarian cancer the risks are 39% (18–54%) and 11% (2.4–19%). In Helsinki they are offered surveillance according to current guidelines and also possibility for risk-reducing mastectomy and risk-reducing salphingo-oophorectomy.

Material: BRCA1 and BRCA2 genetic testing started in HUCH in 1997. Approximately 690 persons have been tested, 150 BRCA1/2-mutation carrier women have been found and 117 of them have had follow-up in HUCH.

Methods: We studied the patient files of 117 BRCA1/2-mutation carriers for risk-reducing operations.

Results: Of all BRCA1/2-mutation carriers 75 patients have had breast or ovarian cancer or both. Of these 32 had cancer before genetic testing, 42 had genetic testing initiation at cancer diagnosis, and one patient had cancer diagnosis after being tested positive. There were 72 breast cancers, 15 of these were bilateral. Mean age at diagnosis was 43 (range 24–64 years).

Altogether 50 of 117 have had risk-reducing mastectomy. A majority (37 of 50) was with skin-sparing technique, 17 were bilateral and 33 unilateral mastectomies. Altogether 67 breasts were operated. Mean age of surgery was 42 years (range 27–60 years). Risk-reducing salphingo-oophorectomy had been performed on 60 of 117 patients. Only seven mastectomies were performed without breast reconstruction. The reconstruction methods are presented in the table.

Conclusions: In this series, 43% of the BRCA1/2-mutation carriers had risk-reducing mastectomy and 50% had risk-reducing salphingo-oophorectomy.

The majority of the patients undergoing risk-reducing mastectomy had had unilateral breast cancer. Therefore most of the risk-reducing mastectomies were unilateral.