

**O-94. CHANGING PATTERNS OF SURGERY: THE TRENT BREAST SCREENING PROGRAM 1997–2000**

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There remains marked inter- and intra-regional variation in the surgical management of breast cancer. This observational study is based on Quality Assurance data collected by the Trent Breast Screening Program between April 1997 and April 2000. During this period 385,620 women were screened in the region's 11 units, detecting 2256 (1765 invasive) surgically managed primary breast cancers. The mastectomy (Mx) rates for all cancers were as shown:

Year	1997/98	1998/99	1999/00
Trent screen detected			
Mx Rate (%)	45	36	33
[Unit Median (range)]	(24–64)	(18–48)	(21–46)
National screen detected			
Mx Rate (%)	28.5	28	30
[Regional median (range)]	(20–44)	(20–38)	(21–45)

Distribution of tumour size and nodal involvement was unchanged during the period of study. Data reveals the excess Mx rate is largely in the management of smaller invasive tumours in Trent, rather than due to the use of conservation in large tumours nationally. Comparison of Trent and national average (%) Mx rates by size for invasive tumours:

Size (mm)	1997/98 Trent:National	1998/99 Trent:National	1999/00 Trent:National
<15	34:19	26:18	25:19
15–<20	43:29	36:26	28:27
20–50	58:45	53:45	61:47
>50	100:85	78:80	82:87

The Trent mastectomy rate has fallen considerably in the last three years. The overall rate still exceeds the national average and there is marked intra-regional variation in practice. Research is needed to investigate whether professional characteristics are a potential causative factor.

**O-95. MRI ENABLES ACCURATE DIAGNOSIS AND SINGLE STAGE SURGICAL RESECTION OF INVASIVE LOBULAR BREAST CANCERS**

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**Background:** Conventional imaging with mammography and ultrasound (US) has several limitations for the diagnosis and determination of extent of invasive lobular breast cancers (ILC). Our aim was to determine whether MRI provided additional information.

**Methods:** 20 patients found to have ILC had undergone imaging with dynamic contrast enhanced MRI. MRI was performed to aid detection of malignancy in 6 patients with clinically suspicious presentations but normal/indeterminate imaging on mammography and US. In the remaining 14 patients with ILC MRI was performed to determine tumour extent.

**Results:** MRI accurately identified malignancy in 5 of the 6 patients with normal/indeterminate imaging on both mammography and US. In 8 (57.1%) of the 14 patients, where MRI was performed to determine tumour extent, it provided significant additional information compared to conventional imaging. These included 5 patients in whom conventional imaging grossly underestimated the extent of the tumour, 2 patients in whom MRI correctly identified an unsuspected tumour in the contralateral breast and one patient in whom MRI accurately predicted invasion of the pectoral muscle with malignancy. When compared with the final histology, there was excellent correlation between the size of the tumour on MRI ( $r = 0.967$ ) as compared to mammography ( $r = 0.663$ ) and US ( $r = 0.673$ ), thus enabling a single stage surgical resection in all cases. There were no false positive lesions identified on MRI in any of these patients.

**Conclusions:** MRI can provide considerable additional information when allied with conventional imaging in the detection and characterisation of ILC. By accurately assessing tumour extent it provides important information for pre-operative planning and single-stage resection of ILC, which will often be diagnosed with core biopsy.

**O-96. ROUTINE HOSPITAL FOLLOW UP OF BREAST CANCER – TIME FOR A NEW APPROACH?**

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**Purpose:** To determine how recurrent breast cancer presents to our hospital, with the aim of revising our follow-up strategy. The study was prompted by the increased pressure on breast clinics from increased new patient referrals and the 2 week wait.

**Patients and Methods:** All patients who underwent surgery as primary treatment for breast cancer between 1992 and 1998 were reviewed. Details about recurrent disease were obtained from our breast cancer database.

**Results:** Of 643 patients, 108 developed recurrence. We retrieved information on 104 of these, of whom 67 had metastatic, 19 local and 14 regional recurrence. Four 2<sup>nd</sup> primary tumours in the contralateral breast were seen.

When patients symptoms developed, 77 (74%) were seen at an early (interval) clinic appointment. 55 were referred by their GP, 16 from another hospital department and 6 self-referred. 18 (17.3%) brought attention to their symptoms at a routine appointment. Unsuspected disease, locoregional in all cases, was elicited on routine examination by the clinic doctor in 7 (6.7%) patients, who thus represented 1.1% of the 643 from this period, attending for follow-up. Surveillance imaging detected 2 cases. The median time to histological confirmation of recurrence was 9 days (range 1 to 208 days) and confirmation by imaging 4 days (1 to 68