

Results: In 53 cases (38%) we found at least one metastatic Non-SLN. All the selected nomograms showed values greater than the 0.70 threshold, and our model reports a value equal to 0.77 (CI = 0.69–0.86 and ER = 0.28), and equal to 0.72 (CI 0.63–0.81, ER = 0.28) after the validation. With a 5% cutoff value, sensitivity was 98% and specificity 9%, for a cutoff of 10%, 96% and 2%, respectively.

Conclusions: All the nomograms were good discriminator; however the alternative developed model shows the best predictive accuracy in this Italian BC sample. We still confirm that these models, very accurate in the institution of origin, require a new validation if used on other populations of patients.

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Factors in Decision Making of Breast Conservation in Early Breast Cancer: a Study in Northern India

A. Mishra¹, R. Agarwal², S. Tewari¹, V. Jain¹, D. Singh¹, S. Misra¹, A.A. Sonkar¹. ¹CSM medical university, Department of Surgery, Lucknow, India; ²Hind institute of Medical Sciences, Department of Surgery, Lucknow, India

Background: Breast cancer is the commonest cancer in urban Indian female and second commonest in rural Indian female. Breast conservation surgery (BCS) followed by radiotherapy (RT) to breast has not been widely adopted in our country. Aim of present study is to evaluate factors responsible in decision making regarding type of surgery in early breast cancer (clinical stage I, II).

Material and Method: Patients with stage I, II breast cancer who had definitive surgical procedure (BCS or Mastectomy) and were either on RT or follow up were eligible treated at department of Surgery CSM medical university hospital from July 2007 to July 2011. A questionnaire was prepared to assess various factors responsible for decision making regarding surgery:

1. Patients related: age (< or >60 yrs), literacy status, anxiety of recurrence of tumor.
2. Adjuvant RT related: non availability of RT facility in city of patients, waiting period of RT in the hospital (6–10 weeks), anxiety of RT as painful treatment, duration of RT (6 weeks).
3. Interaction between surgeon and patients related: decision making of surgery (made by surgeon alone, surgeon and husband together, patients alone), time spent in communication between surgeon and patients (<15 minute, 15–30 minute, 30–60 minute).
4. Patient satisfaction related: Satisfaction with cosmetic body images, overall satisfaction with outcome of treatment.

Result: Sixty patients of stage 1 and 2 out of 182 patients were eligible and answered the questionnaire (BCS n = 10, Mastectomy n = 50).

Mean age was 38 years. 100% were literate in BCS group while 60% were literate in mastectomy group. Anxiety of tumor recurrence after BCS was 100% in mastectomy group while 20% in BCS group. 80% in Mastectomy group not opted BCS because of facilities of radiotherapy was not available in their city. Significant waiting period of RT after surgery and duration of RT (6 weeks) were found to be a factor in decision for mastectomy in 66%, 50% respectively. 100% in mastectomy group had anxiety of RT as a painful treatment while 80% in BCS group. Anxiety regarding duration of RT was 80% in BCS group while 40% specifically preferred mastectomy as they may be spared of RT. 100% in BCS group told that surgeon had spent more time while 20% in mastectomy group told surgeon spent less time. In all patients of BCS group decision was taken by both doctor, husband, 40% decision in mastectomy group were taken by doctors alone and rest 60% were taken by both surgeon and husband. Patients were satisfied in both groups with overall treatment. But 40% patients were not satisfied with body image in mastectomy group.

Conclusion: Significant factors which influenced the decision regarding BCS were anxiety regarding recurrence, non availability, waiting period of RT facility in their city. Significantly two factors duration of RT treatment leading to work loss hours and after mastectomy they may be spared of RT were observed not described earlier.

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Feasibility of 3D Intraoperative Freehand SPECT Probe Imaging for Radioguided Tumour Excision and Sentinel Node Biopsy in Breast Cancer

O.R. Brouwer¹, J. van der Hage², F.W.B. van Leeuwen³, R.A. Valdés Olmos¹. ¹Netherlands Cancer Institute – Antoni van Leeuwenhoek Hospital, Nuclear Medicine, Amsterdam, The Netherlands; ²Netherlands Cancer Institute – Antoni van Leeuwenhoek Hospital, Surgery, Amsterdam, The Netherlands; ³Leiden University Medical Center, Radiology, Leiden, The Netherlands

Background: The purpose of this study is to evaluate the feasibility of 3D intraoperative imaging with a freehand single photon emission computed

tomography (SPECT) probe to guide tumor excision and sentinel node biopsy in patients with impalpable breast cancer.

Methods: The study was designed to evaluate 20 patients with impalpable breast cancer scheduled for radioguided occult lesion localization (ROLL) using an intratumoural radiocolloid deposit or radioactive iodine 125 seed (radioactive seed localization, RSL) with or without sentinel node biopsy. In case of ROLL, the radiocolloid (99mTc-nanocolloid) was intratumourally injected (40MBq) guided by ultrasound. When a sentinel node biopsy was also performed, a dose 120MBq was injected, followed by lymphoscintigraphy at 15 minutes and 3 hours post injection for sentinel node identification. In case of RSL, a 125I-seed (8.5MBq) was implanted in the tumour prior to neoadjuvant chemotherapy (2–4 months before operation) guided by ultrasound. Intraoperatively, a device combining a spatial localization system and two tracking targets fixed respectively on the gamma probe and on the patient was used. 3D images were generated and displayed in real time following a protocol based on freehand SPECT probe movements.

Results: To date, 11 patients with an average age of 63 years (range 51–73) have been included (6 ROLL, 2 ROLL+SNB and 3 RSL). Freehand SPECT enabled visualization of the preoperatively marked primary lesions in all 11 patients. During surgery, freehand SPECT also provided distance estimations to the lesions, facilitating their retrieval. Freehand SPECT image acquisition took 131.5s for ROLL, 155.5s for ROLL+SNB and 69.2s for RSL on average. *Ex-vivo* real time display of the radioactivity in the excised tissue specimen in relation to the margins of the specimen was performed in all patients. Histopathologic margins were tumour negative in all 11 cases, in accordance with the *ex-vivo* images.

Conclusion: 3D intraoperative imaging using freehand SPECT may add valuable information to perform minimally invasive radioguided surgery in breast cancer. This technique may also be of value in other radioguided surgical applications involving tumour excision and sentinel node biopsy.

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Transparent Plastic Device; a New Tool for Near Infrared Guided Indocyanine Green Sentinel Node Biopsy in Breast Cancer

K. Polom¹, D. Murawa¹, Y.S. Rho¹. ¹Greater Poland Cancer Centre, 1st Surgical Oncology and General Surgery, Poznan, Poland

Background: A novel method of using near infrared (NIR) guided indocyanine green (ICG) for sentinel lymph node biopsy (SLNB) in breast cancer has shown true potential. However, one of the major limitations of using this method has been the inability to transcutaneously visualize the sentinel lymph nodes (SLNs). A new compression technique using a transparent plastic device (TPD) has emerged as a possible solution in resolving this aforementioned problem. The aim of this study was to compare the usefulness of the TPD in SLNB of patients with breast cancer using NIR guided ICG and radiocolloid (RC) method.

Materials and Methods: A group of 28 consecutive breast cancer patients underwent SLNB using RC. From this group, the next 15 patients underwent NIR guided ICG without the TPD, while the next 13 patients underwent NIR guided ICG with the TPD. The number of patients with visible fluorescent path and nodes was recorded. Furthermore, the number of transcutaneous SLNs detected by the fluorophore and the total number of SLNs detected by fluorophores and/or RC were noted.

Results: In the first group without the TPD, RC method and NIR guided ICG method detected a total number of (mean = 1.6; range = 1–4) and (mean = 2.16; range = 1–4) SLNs respectively. In this group, NIR guided ICG allowed visualization of SLNs transcutaneously in 2/15 patients (13.3%). In the second group with the TPD, RC method and NIR guided ICG method detected a total number of (mean = 1.69; range = 1–3) and (mean = 2.15; range = 1–5) respectively. With the utilization of the TPD, NIR guided ICG allowed transcutaneous visualization of the SLNs in 12/13 patients (92.3%).

Conclusions: The simple employment of the TPD allowed for much higher transcutaneous visualization of the SLNs. However, it did not affect the total number of nodes harvested. Although further research is required, use of TPD seems to be a crucial component in optimizing the NIR guided ICG SLNB in breast cancer patients.

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Oncological Safety of the Peri-areolar Incision for Wire Guided Excisions of Breast Lesions

R.L. O'Connell¹, N. Din¹, S. Shrotria¹. ¹Ashford and St Peter's NHS Foundation Trust, Breast Surgery, Surrey, United Kingdom

Background: In breast conserving surgery the challenge to combine safe excision and excellent cosmesis for benign and malignant lesions continues. Oncological safety is paramount; however a highly visible scar on the breast can cause psychological distress to the patient. The aim of this study was to investigate the oncological safety of using the peri-areolar