

four or more previous screens; 28.9% of women reported a family history; 55.4% were clinically palpable and of these 49% had themselves noticed a change in the breast.

Conclusions This study indicates that women continue to attend regularly after invitation ceases. Clinical concerns and family history awareness may be motivators but as cancers detected have good prognostic indices, screening this group may be beneficial.

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Are there features on imaging or core biopsy that can predict tumour-positive margins after breast-conserving surgery?

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Introduction Twenty-two per cent of women required further surgery following breast-conserving surgery (BCS) in the UK in 2008 because of involved margins. This study was carried out to see whether it was possible to predict the likelihood of this from preoperative information and thus reduce the re-excision rate.

Methods Women having BCS following a preoperative diagnosis of invasive cancer were identified from prospectively collected data at Breast Test Wales for South East Wales, over a 3-year screening round (2006 to 2009). In cases where DCIS was found at or within 2 mm of a margin, preoperative imaging was reviewed to look for peripheral calcification.

Results One hundred and twelve out of 844 women with an invasive tumour had involved margins after BCS. Fifty-nine women had DCIS at the margin, of which 60% had calcification within 10 mm of the periphery of the tumour on mammographic review and 30% had DCIS as well as invasive cancer on core biopsy. The postsurgical pathological size was greater than the mammographic size in 79% and greater than the ultrasound size in over 90% of cases. This was not significantly changed on further review of the films. On mammographic review, 12% had dense breasts, 88% being fatty or fatty/glandular.

Conclusions Imaging is underestimating the true size despite background breast tissue being fatty. The presence of calcification on the mammogram in such a high number of cases where DCIS is at the margin may be a useful predictor, but requires further correlation with the presence of histological calcification on the pathological specimen, which is ongoing.

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Educational abstract

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Ultrasound of the axilla: analysing nodal cortical thickness

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Introduction Prognosis in breast cancer is dependent upon axillary lymph node status. For breast-conserving surgery, lymph node status can

be assessed via sentinel lymph node procedures (SLNP) [1]. This can be time consuming, however, and it would be useful to identify a subset of quantitative nodal features on ultrasound in order to predict metastatic involvement and avoid the SLNP. Peer review states that cortical thickness is one of the best predictive characteristics [1,2]. We wanted to interrogate our own data with a specific focus on this feature.

Methods A retrospective study of 454 patients audited between August 2007 and October 2009. One hundred and thirty-seven had proven breast cancer and underwent axillary node sampling.

Results In 75 cases the cortical thickness was recorded. Comparing with sentinel node biopsy or postoperative pathology, the results are as shown in Figure 1.

Conclusions The study confirms that the nodal cortical thickness correlates well with the presence of disease. It is easy to measure and appears to be a reliable indicator. Further, the minimum cortical thickness for positivity (27 mm) will help us to grade our degree of suspicion in future.

References

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Breast cancer in 35 to 39 year olds and imaging: is changing to ultrasound without mammography going to be safe? What are the workload implications?

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Introduction New guidelines suggest that ultrasound should replace mammography as the primary imaging test for 35 to 39 year olds in symptomatic outpatient clinics. We currently use clinical examination, clinically guided fine needle aspiration and mammograms for women aged 35+ as initial triple assessment. We wanted to understand the implications of introducing the guidelines, based on our current practice.

Methods We reviewed our workload and cancer detection in symptomatic 35 to 39 year olds attending breast outpatients in our district general hospital over the past 18 months.

Results Mammograms were taken on all symptomatic patients unless pregnant or breastfeeding. Seven hundred and fourteen patients had mammograms and 442 patients had ultrasound. This was performed on most patients found to have clinically palpable lumps, and on anyone with a clinical examination graded as uncertain suspicious or malignant, or with abnormal mammograms, or with abnormal results on clinically guided needle cytology. Fourteen patients were found to have breast cancer. All 14 had ultrasounds graded as uncertain, suspicious or malignant, an indication for diagnostic core biopsy. Thirteen cancer patients had mammograms. Two were graded as benign and 11 as uncertain or worse. Five cancer patients had clinically normal or benign breast examinations, including one with a benign mammogram report.

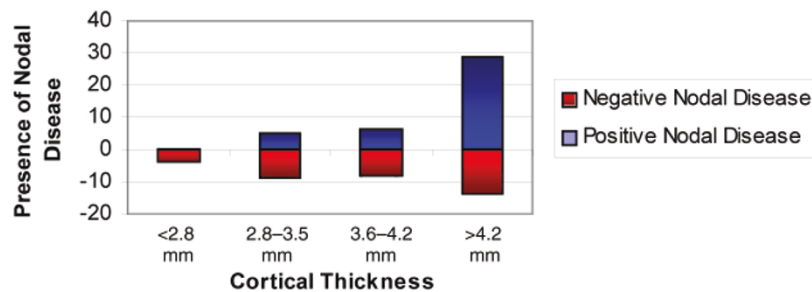


Figure 1 (abstract P63). Cortical thickness in nodal disease.