Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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P118. WHAT THE FRAX? A QUALITY IMPROVEMENT PROJECT: OSTEOPOROSIS VIRTUAL CLINIC FOR PATIENTS COMMENCED ON AROMATASE INHIBITORS DURING COVID-19 PANDEMIC

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Introduction: Breast cancer patients commenced on aromatase inhibitors (AIs) are at increased risk of osteoporosis and fragility fractures. The standard of care has been to refer for DEXA scan. Demand for DEXA scans from multiple specialties is increasing; this has been compounded by the COVID-19 pandemic. DEXA scans are now only being performed for high-risk patients; breast cancer patients on AIs are not included. Advice from the bone health team was to use the FRAX tool as an alternative risk assessment.

Methods: A quality improvement (QI) framework was used to establish a virtual clinic (VC) for FRAX assessments, set-up and run entirely by trainee doctors. Patients commenced on AIs, not currently under the care of the regional oncology centre, were identified by reviewing MDT outcomes. A proforma and online calculator was used for each patient to establish fracture risk and identify those requiring bone support.

Results: 85 patients were assessed in 10 VCs during the QI project. 63 patients required FRAX assessment; 45 required bone support.

| FRAX CATEGORY          | N   | MEDIAN AGE |
|------------------------|-----|------------|
| Red - For Treatment    | 28  | 84         |
| Amber - For Treatment  | 17  | 75         |
| Amber - No Treatment   | 16  | 67         |
| Green - No Treatment   | 2   | 66         |

Conclusions: The majority of patients commenced on AIs require bone support. A trainee-led VC was a feasible alternative assessment of osteoporosis risk patients; breast cancer patients on AIs are not included. Advice from the bone health team was to use the FRAX tool as an alternative risk assessment.

P119. IS IT SAFE TO GIVE OLDER BREAST CANCER PATIENTS CHEMOTHERAPY?

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Introduction: The management of breast cancer in patients aged over 70 varies widely, which likely reflects the lack of quality research in this age group. Rates of chemotherapy in this patient group were recently assessed by the National Audit of Breast Cancer in Older Patients (NABCOP), but there is little information regarding patient characteristics or their experience of chemotherapy. We therefore retrospectively assessed all patients who received chemotherapy over the age of 70.

Method: Data was collected on all women aged 70 years and over who received chemotherapy for breast cancer in a single unit between July 2015 and July 2020.

Results: 97 patients aged over 70 received chemotherapy during the study period, 16.5% (n=16) were aged over 75. The median age was 72 (range 70-83 years). 37.5% (n=6) of the over 75 group completed the full prescribed course of chemotherapy with no dose reduction, compared to 51.5% (n=42) of the 70-74 group. 18.8% (n=3) of the >75-year-old group, and 16.0% (n=13) of the 70-74-year-old group died during the study follow up. None of these deaths were directly related to chemotherapy.

Conclusion: Chemotherapy can be safely tolerated in breast cancer patients aged over 70, and even aged over 75, but further research is required, potentially focussing on adjustments to chemotherapy regimens, to ensure a balance is maintained between survival and quality of life. As life expectancies increase nationally, there will be more older patients requiring chemotherapy, and therefore further evidence to facilitate appropriate chemotherapy discussions in this group is needed.

P120. COMBINED EXPERIENCE OF UTILITY OF GENOMIC PROFILING IN LYMPH NODE-POSITIVE BREAST CANCER: REDUCED PRESCRIPTION OF CHEMOTHERAPY AND FOLLOW-UP

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Introduction: NICE does not currently recommend the use of genomic profiling to determine chemotherapy benefit in node-positive breast cancer. We report the combined experience of 2 teaching-hospital MDTs with over 5 years’ experience of use of the Oncotype DX Recurrence Score (RS®) in node-positive patients.

Methods: Prospectively collected databases (held in Swansea and Oxford) of women with ER-positive/HER2-negative breast cancer with 1-3 positive lymph nodes (including micro-metastasis) using Oncotype between 1/1/2013 and 31/12/19 were combined and reviewed for; MDT recommendation before and after test, the association of NPI and NHS Predict scores to RS® (using Spearman’s correlation test) and recurrences with time.

Results: All women (n=173) with node-positive cancer would’ve been recommended adjuvant chemotherapy. After receipt of the RS®, the MDTs recommended ‘hormonal therapy only’ for 74.5% (129/173) patients. There was no significant correlation found between Predict (p=0.085)/NPI (p=0.34) and RS®. Of the 160 women with at least 12-months follow-up (median:37-months); 5 women moved out of area so were lost to follow-up, 4 had local recurrences, 3 had distal recurrences (2 of whom died) and 1 had a non-breast cancer-related death.

Discussion: A significant reduction in chemotherapy recommendation was observed in node-positive patients in both centres demonstrating the benefit of genomic profiling in this group of women. No negative impact has been observed so far by the omission of chemotherapy. Experience over the last 8 years has resulted in increased confidence in using genomic profiling in selected node-positive cases. Our results are in keeping with the recent findings of the RxPONDER study.

P121. ONCOTYPE DX USE IN N1 DISEASE: A CONSTRUCTIVE CONSEQUENCE OF COVID-19?

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Introduction: The COVID-19 pandemic prompted new ABS guidance regarding the use of genomic profiling in patients with 1-3 positive lymph nodes (N1) to aid prioritisation of limited theatre capacity and minimise patients placed at risk of chemotherapy associated immuno-compromise. NICE have approved Oncotype DX use in lymph node negative (N0) patients only. We assessed our utilisation of Oncotype DX in patients with N1 disease and the impact on their management.

Methods: Retrospective case series of consecutive Oncotype DX requests from 1st March – 31st October 2020 in a single NHS Trust.

Results: Oncotype DX was ordered for 92 patients with ER positive, HER2 negative cancers, twenty-six (28.3%) were performed on core biopsy. Twenty-nine (31.5%) patients had N1 disease. Cancer and patient characteristics were comparable between N0 and N1 patients.
Methodology: The Mastectomy and Breast Reconstruction Audit (NMBRA), 2011. To use data at Ysbyty Glan Clwyd (YGC) met the standards published in the National patient autonomy in pre-operative consultation and information provision.

To assess whether patient satisfaction with breast care teams,

Objectives: Breast reconstruction presents women with life-changing decisions at a time of immense pressure due to concurrent cancer diagnosis.

Breast reconstruction rates in our South United Kingdom.

We examined breast reconstruction rates in our South Asian patients, free from financial or communication barriers, and identify reasons for any variation.

Conclusions: Recent data from the RxPONDER trial demonstrates no benefit in chemotherapy in postmenopausal women with N1 disease with a recurrence score <25. In our N1 cohort 24.1% (7/29) fit these criteria for omission of chemotherapy. Our data suggests a small proportion of patients have a high oncotype DX score and benefit from chemotherapy and the use of genomic profiling alters the management of N1 patients in clinical practice.

P122. WHICH BREAST IS BEST?

Eleanor Badhams, Royal Glamorgan Hospital, Llantrisant, United Kingdom

Background: Breast reconstruction presents women with life-changing decisions at a time of immense pressure due to concurrent cancer diagnosis.

Objectives: To assess whether patient satisfaction with breast care teams, patient autonomy in pre-operative consultation and information provision at Ysbyty Glan Clwyd (YGC) met the standards published in the National Mastectomy and Breast Reconstruction Audit (NMBRA), 2011.

To use data to generate a novel decision-making aid.

Methodology: A patient satisfaction questionnaire, 'Betsi-Q', was created and sent to 100 mastectomy patients from YGC. Statistical significance was tested using Chi-squared test, T-test (Yates correction) and Z-score.

Results: Completed questionnaires were returned by 44 respondents (44%). Shy of the 90% NMBRA recommendation, patient satisfaction with the team was reported high in 35/41 respondents (85%). The audit identified 36 respondents (86%) felt they made an informed decision regarding breast reconstruction, exceeding the 80% NMBRA recommendation.

Information regarding the emotional and sexual benefits of breast reconstruction over mastectomy alone, were discussed with 10 respondents (26%), despite recommendations to discuss with all patients. Exploration of more than one option for breast reconstruction was only reported in 29/42 respondents (70%), below the 90% NMBRA recommendation.

Conclusion: Patient satisfaction with the team at YGC is high but efforts to ensure all patients are making an informed decision should be made. Early identification and correction of misinformation, along increasing the variety of resources for patient education will manage expectations and enhance patient experience. The decision-making tool designed alongside this audit aims to address this.

P123. REDUCED UPTAKE OF BREAST RECONSTRUCTION PERSISTS AMONG SOUTH ASIAN WOMEN IN A LARGE INNER CITY HOSPITAL FOLLOWING REMOVAL OF KNOWN BARRIERS TO TREATMENT

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Uptake of breast reconstruction following mastectomy for breast cancer in South Asian patients is low worldwide compared to other ethnic groups. Our large inner-city teaching hospital has the largest South Asian population in the UK. We examined breast reconstruction rates in our South Asian patients, free from financial or communication barriers, and identify reasons for any variation.

Materials and Methods: This retrospective cohort study was undertaken at the Bradford Royal Infirmary. Patients undergoing mastectomy for breast cancer between 9/11/2010 and 18/4/2016 were eligible for inclusion. Data was extracted from clinic letters and analysed using Stata.

Results: During the study period, 405 women were included for analysis. Sixteen percent were from South Asian backgrounds. Only 21% patients from the South Asian group underwent reconstruction compared to 42% from Non-Asian backgrounds (p < 0.001). South Asian patients were on average 5.7 years younger (95% CI 1.8-9.6) compared to Non-Asian patients but had higher rates of diabetes mellitus (24% v 6%, p < 0.000). The groups were comparable for hypertension, respiratory disease and cardiac disease. Following multivariable analysis, the adjusted odds ratio for South Asian patients undergoing breast reconstruction following mastectomy was 0.15 (0.07-0.35, p < 0.001).

Conclusions: South Asian women are significantly less likely to undergo breast reconstruction in our unit, independent of age, smoking status, diabetes and radiotherapy. This is despite having a dedicated service to support decision making and no financial barriers to access. Further qualitative work examining attitudes towards reconstruction is warranted to support South Asian women undergo treatment for breast cancer.

P124. SHOULD I USE A DRAIN IN THE DIEP FLAP DONOR SITE? A TRADITIONAL PRACTICE AND OUR SENIOR SURGEON EXPERIENCE WITH DRAIN-FREE DONOR SITE

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Introduction: Deep Inferior Epigastric Perforator (DIEP) has increased in popularity and is considered gold standard for breast reconstruction after mastectomy. Traditionally drains are used in the DIEP donor sites. Published studies have looked at drain-free donor site. When comparing the use of progressive tension sutures or quilting stitches to reduce the dead space. Our senior authors no longer uses drains in the donor or suture techniques for reduction of dead space. We present the outcome of the patients and compare it with the literature.

Methods: A prospective study was undertaken on the DIEP cases performed by the senior author between 2016 and 2020 after approval by the audit department. Data collected included patients’ demographics, smoking history, BMI, PMH, and length of hospital stay. We also explored donor site complications specifically looking at donor site complications.

Results: 147 patients underwent DIEP reconstruction and 138 cases were included. 26 cases were included. 138 cases were included. 36 cases were bilateral. Patients were followed up regularly for at least 12 months. The mean age was 50.7 and mean BMI of 29.9. Nine (6.5%) patients developed abdominal wound dehiscence, 1 (0.7%) presented with superficial wound infection and 3 patients (2%) had seroma that required aspiration. Our total complication rate was 10.2%.

Conclusion: Our complication rate following drain-free closure of abdominal wounds after DIEP are comparable to the results published in the literature. Our results shows that abdominal wounds can be safely closed without drains or dead space reducing sutures.

P125. SETTING UP A NEW MICROSURGICAL BREAST SERVICE IN A NON-TERTIARY HOSPITAL. IS IT SAFE, AND DO OUTCOMES COMPARE TO CENTRES OF EXCELLENCE?

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Aims: Access to autologous reconstruction continues to be limited in some areas of the United Kingdom. This is, in part, due to the perceived difficulty