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intended management prior to Oncotype DX Recurrence Score® testing and actual management with knowledge of the RS® in patients treated for ER positive HER2 negative breast cancer between 1/1/2013 and 31/12/19. Patients with micrometastases were reviewed as lymph node negative.

**Results:**
ET denotes endocrine therapy.

### Table: Total Population

| Management Impacted          | Planned ET alone | Actual ET alone | Node-Negative | Planned ET alone | Actual ET alone | Node-Positive |
|-----------------------------|------------------|-----------------|---------------|------------------|-----------------|---------------|
| Management Impacted          | 251 (57%)        | 126 (29%)       | 176 (52%)     | 250 (51%)        | 125 (37%)       | 245 (72%)     |
| Planned ET alone             | 126 (29%)        | 176 (52%)       | 250 (51%)     | 125 (37%)        | 245 (72%)       |               |
| Actual ET alone              | 176 (52%)        | 250 (51%)       | 125 (37%)     | 245 (72%)        |                 |               |
| Node-Negative               | 250 (51%)        | 125 (37%)       | 245 (72%)     |                  |                 |               |
| Planned ET escalated to ET + Adjuvant Chemotherapy | 8 (1.7%) |                 |               |                  |                 |               |
| Actual ET alone              | 1 (0.2%)         |                 |               |                  |                 |               |

An NPI > 3.4 and < 5.4 correlates to intermediate recurrence risk.

### Table: Node-Negative, NPI<3.4

| Management Impacted | Planned ET alone | Actual ET alone | Planned ET escalated to ET + Adjuvant Chemotherapy | Actual ET alone |
|---------------------|------------------|-----------------|----------------------------------------------------|-----------------|
| 20 (34%)            | 46 (79%)         | 50 (86%)        | 8 (17%)                                            |                 |

**Conclusions:** A significant management impact was observed, reducing use of adjuvant chemotherapy within both node-negative and node-positive patients. Additionally, several patients deemed ineligible for assay use under current guidelines due to low NPI scores had their treatment escalated as a result of concerning tumour genomics. Further analysis regarding the suitability of NPI as a gatekeeper of genomic assay use is required.

**P046. RADIOFREQUENCY SEEDS COMPARED WITH WIRE-GUIDED LOCALISATION FOR OCCULT BREAST LESIONS: INITIAL EXPERIENCE**

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**Introduction:** Wire guided localisation (WGL) has been the mainstay for localisation for clinically occult breast lesions, though scheduling issues remain, particularly during Covid-19. Hologic LOCALizer uses radiofrequency seeds (RFS) which can be inserted into the breast any time before surgery. We aim to demonstrate the feasibility of RFS localisation in our unit.

**Methods:** Retrospective study of all breast lesions operated with RFS or WGL between March 2020 and November 2020. Demographics, clinical characteristics and outcomes were measured. Positive radial margin was defined as tumour ≤1mm from ink. Surgeons and radiologists did not change. Statistical comparisons were made using X2-squared analysis or unpaired two-sample t-test. Significance was determined to be at p < 0.05.

**Results:** There were 19 RFS and 38 WGL procedures performed. No significant differences were noted in baseline demographics. Mean total histological tumour size was 15mm in the RFS group and 18mm in the WGL group (p 0.139), while mean total specimen excision weight was 52.3 grams vs. 51.4 grams, respectively (p 0.988). No significant differences were noted in tumour grade or receptor subtype. Close margins were present in 15.8% of RFS group and 18.4% of WGL group (p 0.805). No significant difference was noted in the operative time between the two techniques (RFS 59.2 mins vs. WGL 59.9 mins, p 0.911).

**Conclusion:** Our initial experience demonstrates RFS to be safe and accurate with comparable surgical endpoints to WGL. Operative scheduling was simplified, while rates of close margins were similar to those seen after many years of experience with WGL.

**P047. DRAIN USAGE AND ASSOCIATED COMPLICATIONS IN MASTECTOMIES AND AXILLARY CLEARANCE DURING THE 2020 COVID-19 PANDEMIC**

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**Introduction:** During the COVID-19 pandemic, NHS hospitals were advised to suspend all non-urgent elective surgery from April 15th. Urgent cancer treatment continued unaffected, with extra capacity provided within private sector hospitals. Research has shown drain usage is controversial in breast surgery. Consequently, drain usage was discouraged, aiming to reduce face-to-face contact. We examined seroma and haematoma rates in postoperative patients undergoing procedures where drains would normally be placed, alongside the prevalence of ongoing drain utilisation during this period.

**Method:** All operations performed during the COVID-19 pandemic between the 15/4/2020 and the 3/7/2020 were identified. Patients undergoing mastectomy and/or axillary clearance were identified, with operation notes and follow up letters reviewed until 6 weeks post procedure. Rates of seroma and haematoma requiring intervention in patients who had and hadn’t had drains inserted were compared using a chi-squared test.

**Results:** 22 patients had mastectomies during this time (with 3 additionally having an axillary clearance). Drains were used in 15 patients. Of those with a drain, 1 required intervention for seroma/haematoma (6.7%), compared to 3 without drains (42.8%, p = 0.04).

**Discussion:** In a small sample size, a seroma/haematoma rate of 45% (10 patients), was found amongst patients having mastectomies. However, of these only 4 required intervention. Evaluation of the results showed there is a statistically significant difference between the need for intervention for those with and without drains. As a result, since the pandemic first wave, most surgeons within our unit have reverted to the use of drains in higher risk procedures.

**P048. IS MAGSEED AN ALTERNATIVE TECHNIQUE OF LOCALISATION OF IMPALPABLE BREAST LESIONS? A SINGLE CENTRE EXPERIENCE**

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**Introduction:** In breast conserving surgery, precise localisation of impalpable lesions is crucial and using traditional guidewires has many limitations, which Magseed localisations may overcome. This study aims to evaluate precision of Magseed placement, conversion to wire localisation, intra-operative Magseed detection with excision of index lesion and recurrence rates at University Hospitals of Morecambe Bay.

**Methods:** A retrospective study of 136 women who underwent Magseed localisation of impalpable lesions from November 2018 to February 2020 was undertaken. Approval from Trust audit department was sought prior to accessing electronic patient records and PACS. Grossly inaccurate Magseed, which precluded safe excision, were excluded. Simple descriptive summary statistics and correlation analysis was used for each outcome.

**Results:** A total of 149 Magseeds were inserted 1-29 days preoperatively (median 8 days) in 136 women. Seven patients underwent bilateral seed placement and six patients required bracketing with Magseeds for multicentric disease. The accuracy of Magseed placement was 85.9% (n = 128). Ultrasound guided localisations (n = 65/68, 95.5%) were more accurate than stereotactic localisations (n = 66/81, 81.4%). Twenty-one were converted to wires due to inaccurate deployment (n = 17, 11.4%) and preoperative percutaneous detection failure (n = 4, 2.6%).