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Aims: The safety of breast conserving surgery (BCS) and radiotherapy compared with mastectomy has been long established but much of the data is based on lower risk tumours. Oncoplastic breast surgery has pushed breast conservation boundaries, enabling larger resections in patients who traditionally would have undergone mastectomy. Long-term follow-up (FU) data for these higher risk groups having BCS are limited. We examined the oncological safety of our patients having extreme oncoplastic BCS (eOPBCS, tumours >50mm) and compared them with patients in 2 major studies (START, EBCTCG).

Methods: A prospectively collected database of all eOPBCS procedures (1993-2016) using LD miniflaps (MF) and therapeutic mammoplasties (TM) was interrogated and cross-checked with hospital records to establish demographics, length of FU and local recurrence (LR).

Results: (See table 1) Eighty-eight eOPBCS procedures (62 MF, 26 TM) were performed for invasive tumours or DCIS (28% multifocal), Average FU was 80 (10-308) months (>5 years in 59% of patients). Eleven patients required surgery for positive margins. The overall rate of LR (8%) was not increased by multifocality, and the predicted 5-year LR rate was 1.1%.

Conclusion: This is the largest study of eOPBCS, with the longest FU reported to date. 5-year LR rates are well below targets in UK and European studies. Improved rate of LR was 1.1% with less multifocality. This is the largest study of eOPBCS, with the longest FU re-

Table 1

| Tumour Size     | eOPBCS | START | EBCTCG |
|-----------------|--------|-------|--------|
| All 50mm, 67 (50-77) | 251 (73-975) | 21.6 (5-30) | 6 (5-50) |
| Node positivity  | 45%    | 29%   | 10%    |
| Grade 3         | 35%    |       |        |

Results: 98 women with straightforward conventional imaging and clinical, radiological correlation had TM without MRI. Their rate of 2nd surgery was 12% and ultimate mastectomy rate was 5% (better than national data for standard WLE). 7 women had neoadjuvant chemotherapy with serial MRIs and then TM. None required a 2nd operation. 22 women with extremely dense breasts, initial occult cancer or possible multifocal disease had a pre-operative MRI. In this group 7 (32%) required 2nd surgery and 4 of these (18%) ultimately had a mastectomy. 6 of the 7 requiring further surgery had extensive DCIS or lobular carcinoma.

Conclusion: TM is an operation with high patient satisfaction. Women with "simple" conventional breast imaging can be reassured that the likelihood of surgical success is high. However, those with complex imaging requiring pre-operative MRI need to know there is a 30% chance of further surgery, which is often a mastectomy. These are largely women with extensive DCIS or lobular carcinomas, which are difficult to assess even with MRI. This knowledge is critical in pre-op discussions and may well affect "informed" consent.

P135. INDICATIONS FOR LOCAL PEDICLED-PERFORATOR FLAPS (PPFS). FEASIBILITY, SAFETY AND NOVEL USE DURING THE COVID-19 PANDEMIC AND RECOVERY PHASE

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Introduction: Oncoplastic breast conserving surgery (OPBCS) has fewer complications than mastectomy +/-immediate breast reconstruction (IBR) and may represent a better option for many women with breast cancer. Studies directly comparing the techniques, however, are lacking. The early phase ANTHEM study aims to determine the feasibility of undertaking in large-scale comparative study. The first phase of ANTHEM, a national practice survey, aimed to explore the current practice of OPBCS to inform the design of the future study.

Methods: An electronic survey was developed by the ANTHEM steering group to explore the current practice of OPBCS. This included the local availability of volume displacement/replacement techniques; numbers of cases performed and local clinical and oncological contraindications to OPBCS.

Results: To date, 48 UK centres have completed the survey including 35 (73%) stand-alone breast and 13 (27%) combined breast/plastics units. Over 40% (n=20) treated more than 500 cancers/year. All units offered volume displacement. Over two-thirds (n=33,71%) of units offered local perforator flaps (LPF) with two-thirds (7/11) of the remainder planning to introduce the technique in the next 12 months. There were limited oncological restrictions to OPBCS with no contraindications for large or multifocal cancers in most centres; three-quarters (32/44) offered OPBCS for multicentric disease. Extensive DCIS was a contraindication in less than 20% of centres.

Conclusions: Volume displacement and replacement techniques are widely available and may improve outcomes for patients traditionally-offered mastectomy. Phase 2, the ANTHEM cohort study will compare the clinical and patient-reported outcomes of OPBCS and mastectomy +/- IBR to allow this to be explored further.

P134. CONSENT FOR THERAPEUTIC MAMMOPLASTY - HOW SHOULD WE ADVISE PATIENTS IN LIGHT OF THE RECENT CUMBERLEGE REPORT

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Background: With increasing numbers of trained oncoplastic breast surgeons, rates of therapeutic mammoplasty (TM) are increasing. Are patients fully informed about the potential need for further surgery? Can we improve this by better pre-op planning.

Method: We reviewed 127 TM operations by 4 surgeons over 5 years (2014-2019), along with the rates of 2nd surgery and mastectomy for involved margins and whether pre-op MRI was helpful in planning surgery.

Results: 98 women with straightforward conventional imaging and clinical, radiological correlation had TM without MRI. Their rate of 2nd surgery was 12% and ultimate mastectomy rate was 5% (better than national data for standard WLE). 7 women had neoadjuvant chemotherapy with serial MRIs and then TM. None required a 2nd operation. 22 women with extremely dense breasts, initial occult cancer or possible multifocal disease had a pre-operative MRI. In this group 7 (32%) required 2nd surgery and 4 of these (18%) ultimately had a mastectomy. 6 of the 7 requiring further surgery had extensive DCIS or lobular carcinoma.

Conclusion: TM is an operation with high patient satisfaction. Women with "simple" conventional breast imaging can be reassured that the likelihood of surgical success is high. However, those with complex imaging requiring pre-operative MRI need to know there is a 30% chance of further surgery, which is often a mastectomy. These are largely women with extensive DCIS or lobular carcinomas, which are difficult to assess even with MRI. This knowledge is critical in pre-op discussions and may well affect "informed" consent.
62mm (range=12-175). One patient had unplanned return to surgery for venous infarction of a small area of the distal flap. Other complications were seroma requiring aspiration (n=1) and post-operative pain requiring medication beyond 2 weeks (n=3). There were no flap failures or infections. No patients acquired COVID-19 peri-operatively. Median follow-up was 149 days (minimum 35). All patients commenced planned adjuvant therapy (radiotherapy n=18, chemotherapy n=6) without delays.

Conclusion: The use of local flaps for volume replacement during BCT and whole breast reconstruction is a safe approach to avoid simple mastectomy with low re-admission rates. We describe a novel use of PPFs for resurfacing of the chest wall for locally advanced breast cancer.

P136. OUTCOMES OF IMMEDIATE BREAST-RECONSTRUCTION POST MASTECTOMY IN AN ONCOPLASTIC BREAST UNIT DURING THE COVID-19 PANDEMIC

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Aim: The SARS-CoV-2 pandemic had a significant impact on breast-cancer surgery in the UK. Most breast units were advised to stop immediate breast reconstructions for mastectomy patients. Our unit introduced a policy to offer immediate, pre-pectoral implant-based reconstructions for patients using "Covid-negative" private hospital facilities. A protocol was introduced and outcomes audited.

Method: A retrospective study was conducted: 22 patients underwent mastectomy and breast reconstruction between 31.03.2020 to 24.11.2020. 4 patients were excluded due to incomplete data sets. Data was collected using patient notes, electronic records and an online survey based on the Breast Q/BR-45 questionnaires.

Results: During this period, 25 operations were undertaken; including 4 revision and 2 symmetrisation procedures. No patients developed COVID-19 during their recovery or follow-up. Patient ASA range was 1-3. 4/18 patients underwent revision surgery for wound refashioning. Risk factors included smoking (2/4), low BMI (1/4) and learning disability (1/4). Average operating time was 124 minutes (including axillary surgery). 10/18 patients had an overnight inpatient stay. 12/18 patients completed the follow-up survey; all patients (12/12) felt safe coming to the breast unit for their treatment, and 10/12 patients stated that a delayed reconstruction would have had a negative psychological impact. 11/12 patients felt they had received sufficient pre-operative information regarding their treatment options and covid risk.

Conclusion: The COVID-19 pandemic has delayed breast reconstruction for large numbers of patients nationwide. We have demonstrated that strict preoperative shielding and covid-negative theatres, allowed the safe continuation of implant-based reconstruction, with a positive impact on our patients.

P137. LONG-TERM BREAST PAIN 24 MONTHS AFTER BREAST CANCER TREATMENT: THE ASSOCIATION WITH PAIN SENSITIVITY AND PAIN CATASTROPHIZING - A PILOT STUDY

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Background: Long-term breast-pain after breast cancer treatment affects survivors' QoL. Less is understood on the trajectory of breast pain over time and the association of pain catastrophizing and pain sensitivity. Understanding this may help clinicians address this important issue.

Methods: Patients who underwent breast-conserving surgery followed by radiotherapy (+/- adjuvant chemotherapy) enrolled within the REQUIRE study (Leicester Cohort) and had completed the EORTC-QLQ-BR23 breast-pain item-20 at 24-month clinical follow-up were included in this study. Patients were contacted at least 36 months after enrolment to complete additional questionnaires on pain sensitivity and pain catastrophizing. Association of patient, treatment, radiation toxicity, psychological and QoL variables with breast pain at 24 months was explored and adjusted for in multivariate and time-trend analysis.

Results: Of 229 patients, 106 patients reported any breast-pain (44.8%), 26 patients reported moderate-severe breast-pain (11.4%). Little agreement was shown between patient reported and clinician recorded moderate-severe breast-pain (k=0.197; p=0.014). Reports of any breast-pain reduced over time from post-surgery/pre-radiotherapy to 24-months (OR: 0.66 (CI:0.56-0.78; p<0.001), moderate-severe breast pain remained higher than pre-radiotherapy (11.4% vs. 6.4%; p<0.05). Completed data for pain catastrophizing and sensitivity was available for 97 patients, no significant association was found for breast pain at 24 months.

Conclusion: Breast-pain after breast cancer treatment remains a significant concern and is potentially underreported to clinicians. While the incidence of breast pain fell over the study period, the proportion of women with moderate-severe breast pain actually increased at 24 months following radiotherapy and surgery. Further work is needed to determine the utility of pain sensitivity tools to identify patients at increased risk of this long-term side effect.

P138. THE POTENTIAL IMPACT OF CHEST WALL PERFORATOR FLAPS IN AVOIDING MASTECTOMY

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Introduction: Partial breast reconstruction using chest wall perforator flaps (CWPF) can potentially reduce the rates of mastectomies, owing to the feasibility of doing large volume replacements. Breast conserving surgery for larger tumour size would leave a defect which may amount to >40-50% of volume loss. A retrospective audit was conducted to assess how many mastectomies were avoided by using CWPF.

Methods: A retrospective audit of Lateral intercostal artery perforator flap (LICAP) flaps performed at our institution from April 2017 to January 2020 was undertaken and parameters including demographics, pathology, tumour size, oncoplastic MDT outcomes and complications were collected and analysed. Larger tumour size group with a median of >4cm were considered as a cut-off for mastectomy. Approval for the study was obtained from the audit department.

Results: LICAP flap was performed in 76 patients. Breast cup sizes in the group ranged from A-C. Twenty one patients had a median tumour size of 40mm (range=30-60) and median weight of 88 gms (range=35-172). Fifteen were symptomatic and 6 were screen detected with a median age of 56 years. Two patients (9.52%) had developed hematoma and one patient (4.76%) had developed wound dehiscence as early complication. Five patients (23.8%) required re-excision of margins. None of them required completion mastectomy.

Conclusion: Our study demonstrates that CWPF can reduce mastectomy rates and improve the rates of breast conservation surgery, which will impact positively on patient experience.

P139. A NOVEL PURSE-STRING TECHNIQUE FOR CREATING AN ACELLULAR DERMAL MATRIX POCKET FOR IMPLANT-BASED PREPECTORAL BREAST RECONSTRUCTION

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Introduction: Pre-pectoral implant-based breast reconstruction is increasingly being used for patients requiring mastectomy. We describe a novel technique using a purse-string suture to create a pocket from a fenestrated rectangular sheet of acellular dermal matrix (ADM) mesh around the implant prior to positioning on the chest wall.

Methods: All procedures were performed by a single consultant oncoplastic breast surgeon. Patients were included from 19/12/2018 to 10/12/2020. Implants were prepared on a sterile back-table intra-operatively by placing them face down in the centre of a fenestrated rectangular 20x10cm Surgimend ADM mesh. The mesh was then gathered around the implant with a 3(0) PDS purse-string suture to achieve full anterior and partial posterior coverage. This was secured to the pectoralis major fascia in the