CoBrCa

7th World Congress
on Controversies in Breast Cancer

Dubai, UAE
September 7-9, 2023

Congress Program

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Timetable

Thursday, 7 September, 2023

	Hall A
18:00-19:00	**Satellite Symposium:** **Hot topics in breast cancer** *Supported by Baylor St. Luke's Medical Center*
19:00	**Networking Reception**

Friday, 8 September, 2023

	Hall A
09:00-09:15	**Congress opening**
09:15-10:15	**Session 1: Neoadjuvant therapy**
10:15-10:55	*Coffee break, poster viewing and exhibition visit*
10:55-12:00	**Session 2: HR+ breast cancer**
12:00-13:00	*Lunch break, poster viewing and exhibition visit*
13:00-14:15	**Session 3: Therapy - management of low risk invasive breast cancer**
14:15-15:10	**Session 4: Advanced triple negative disease**
15:10-15:30	**Tumour Board 1**
15:30-15:45	*Coffee break, poster viewing and exhibition visit*
15:45-17:15	**Session 5: Imaging**

Saturday, 9 September, 2023

	Hall A
09:00-10:00	**Session 6: HER2 low breast cancer**
10:00-10:20	**Tumour Board 2**
10:20-11:35	**Session 7: Breast reconstruction**
11:35-11:50	*Coffee break, poster viewing and exhibition visit*
11:50-12:50	**Industry Symposium** **Disruptive Innovation: Harness the Power of RADAR** *Supported by Merit Medical*
12:50-13:10	**Free Papers**
13:10-13:40	*Lunch break, poster viewing and exhibition visit*
13:40-14:20	**Session 8: When is less better?**
14:20-14:35	**Congress closing and award presentation**

General Information

Congress Venue
Conrad Dubai Hotel
Sheikh Zayed Road
Dubai, U.A.E

Language
The official language of the Congress is English.

Registration Desk
The registration desk will be open on the 4th Floor of the Conrad Hotel during the following hours:

Thursday, September 7, 2023	**16:00-19:00**
Friday, September 8, 2023	**08:00-17:30**
Saturday, September 9, 2023	**08:30-15:00**

Name badge
All participants are kindly requested to wear their name badges throughout the Congress in order to be admitted to the lecture halls and scheduled activities.

Certificate of attendance (non CME/CPD)
Certificates of attendance will be sent electronically to all registered participants after the congress.

Exhibition
The exhibition will be open from 19:00 on Thursday, September 7, 2023 and will be open during session hours. Lunch and coffee breaks will be held in the exhibition area on Friday, September 8 and Saturday, September 9, 2023.

Clothing
Business casual for all occasions

Smoking policy
This is a non-smoking event

Networking Reception
A Networking Reception will be held on Thursday, September 7, 2023 at 19:00.

Speakers' Presentation Centre
Invited speakers and oral presenters should bring their presentation stored on a USB data stick to the AV technician in the session hall at least one hour before their presentation.

Posters
Posters are presented digitally and are situated in the foyer on Friday, September 8 and Saturday, September 9, 2023.

Safety and Security
Please do not leave any bags or suitcases unattended at any time, whether inside or outside session halls.

Liability
The Congress Secretariat and Organizers cannot accept liability for personal accidents or loss or damage to private property of participants either during or directly arising from the 7th World Congress on Controversies in Breast Cancer (CoBrCa). Participants should make their own arrangements with respect to health and travel insurance.

Congress Organizer

CongressMed

www.congressmed.com

Scientific Program

Thursday, September 7, 2023

18:00-19:00 **Satellite Symposium:**
Hot topics in breast cancer
Supported by Baylor St. Luke's Medical Center   **Hall A**

Chairpersons: **Shaheenah Dawood,** *Dubai, UAE*
Stephen Grobmyer, *Abu Dhabi, UAE*

18:00-18:20 How to sequence the new strategies in metastatic TNBC
Javier Cortes, *Barcelona, Spain*

18:20-19:00 **DEBATE:** That TAD is appropriate for those with cN2 disease at presentation
18:20 **Yes: Bruce Mann,** *Melbourne, Australia*
18:35 **No: Alastair Thompson,** *Houston, TX, USA*
18:50 Discussion

19:00-19:30 *Networking Reception*

Friday, September 8, 2023

09:00-09:15 **Congress Opening**   **Hall A**

Chairpersons: **Shaheenah Dawood,** *Dubai, UAE*
Bruce Mann, *Melbourne, Australia*

Welcome from Congress chairpersons

09:15-10:15 **Session 1:**
Neoadjuvant therapy   **Hall A**

Chairpersons: **Shaheenah Dawood,** *Dubai, UAE*
Bruce Mann, *Melbourne, Australia*

09:15-09:30 Defining role of neoadjuvant therapy in small HER2 positive node negative tumours
Meteb Al-Foheidi, *Jeddah, Saudi Arabia*

09:30-09:45 Management of the initially positive axilla
Stephen Grobmyer, *Abu Dhabi, UAE*

09:45-10:00 Which patients with luminal cancer should be considered for neoadjuvant endocrine
therapy?
Fathi Azribi, *Dubai, UAE*

10:00-10:15 Discussion

10:15-10:55 *Coffee break, poster viewing and exhibition visit*

10:55-12:00	**Session 2:** **HR+ breast cancer**	**Hall A**

Chairpersons: **Hassan Shahryar,** *Abu Dhabi, UAE*
Sonia Otsmane, *Abu Dhabi, UAE*

10:55-11:10 ER testing in breast cancer
Asif Quadri, *Abu Dhabi, UAE*

11:10-11:20 Which patients with HR positive/HER2 negative should be offered CDKi's?
Sonia Otsmane, *Abu Dhabi, UAE*

11:20-11:50 Update on CDK4/6 inhibitors in metastatic breast cancer
Javier Cortes, *Barcelona, Spain*

11:50-12:00 What is the best option when a patient progresses on a CDK4/6 inhibitor?
Hassan Shahryar, *Abu Dhabi, UAE*

12:00-13:00 *Lunch break, poster viewing and exhibition visit*

13:00-14:15	**Session 3:** **Therapy - management of low risk invasive breast cancer**	**Hall A**

Chairpersons: **Rana Irfan Mahmood,** *Dubai, UAE*
Stephen Grobmyer, *Abu Dhabi, UAE*

13:00-13:15 Use of assays
Alastair Thompson, *Houston, TX, USA*

13:15-13:30 Small trial
Stuart MacIntosh, *Belfast, UK*

13:30-13:45 PROSPECT
Bruce Mann, *Melbourne, Australia*

13:45-14:15 Discussion
Moderator: Stephen Grobmyer, *Abu Dhabi, UAE*
Panelists: Alastair Thompson, *Houston, TX, USA;* **Stuart MacIntosh,** *Belfast, UK;*
Bruce Mann, *Melbourne, Australia*

14:15-15:10	**Session 4:** **Advanced triple negative disease**	**Hall A**

Chairpersons: **Bassim Al Bahrani,** *Muscat, Oman*
Kaltar Das, *Dubai, UAE*

14:15-14:30 Novel emerging therapeutic modalities for advanced triple negative breast cancer
Shaheenah Dawood, *Dubai, UAE*

14:30-15:00 **DEBATE:** Post immunotherapy: Is ENHERTU® the treatment of choice?
14:30 **Yes: Hassan Shahryar,** *Abu Dhabi, UAE*
14:40 **No: Fathi Azribi,** *Dubai, UAE*
14:50 Discussion

15:00-15:10   **Free Paper:**
The value of early increases in cardiac troponin and natriuretic peptides for asymptomatic chemotherapy-linked cardiotoxicity detection in breast cancer patients
Saule Balmagambetova, *Aktobe, Kazakhstan*

15:10-15:30   **Tumour Board**   **Hall A**

Moderator: **Javier Cortes,** *Barcelona, Spain*

Panelists:
Rana Irfan Mahmood, *Dubai, UAE;* **Sonia Otsmane,** *Abu Dhabi, UAE;* **Bassim Al Bahrani,** *Muscat, Oman*

15:30-15:45   *Coffee break, poster viewing and exhibition visit*

15:45-17:15   **Session 5:**
Imaging   **Hall A**

Chairpersons: **Aly Abdel Razek,** *Abu Dhabi, UAE*
Khalid Saeed Balaraj, *Abu Dhabi, UAE*

15:45-16:15   The role of MRI in breast cancer
Karla Sepulveda, *Houston, TX, USA*

16:15-16:25   **Free Paper:**
Cancer diagnosis by clinical breast exam in BRCA carrier vs. intermediate to average risk women
Tehillah Menes, *Ramat Gan, Israel*

16:25-16:35   **Free Paper:**
Shearwave elastography of the breast to characterise breast lesions
Natalie Clements, *Bunbury, Australia*

16:35-17:05	**DEBATE:** That all patients with early breast cancer should have preoperative contrast based imaging
16:35	**Yes: Bruce Mann,** *Melbourne, Australia*
16:45	**No: Stuart McIntosh,** *Belfast, UK*
16:55	Discussion

Saturday, September 9, 2023

09:00-10:00   **Session 6:**
HER2 low breast cancer   **Hall A**

Chairperson: **Abdul Rahman El Kinge,** *Dubai, UAE*

09:00-09:15   Antibody-drug conjugates (ADCs)
Javier Cortes, *Barcelona, Spain*

09:15-09:30   Challenges in reporting HER2-low breast cancer: A pathologist's prospective
Basel Altrabulsi, *Abu Dhabi, UAE*

09:30-10:00	**DEBATE:** In HER2 low, hormone negative metastatic breast cancer, TDXd should be preferred over sacituzumab govitecan
09:30	**Yes: Mohsen Mokhtar,** *Cairo, Egypt*
09:40	**No: Abdul Rahman El Kinge,** *Dubai, UAE*
09:50	Discussion

| 10:00-10:20 | **Tumour Board** | **Hall A** |

Moderator: **Kaltar Das,** *Dubai, UAE*

Panelists: Annett Al-Hamadi, *Dubai, UAE;* **Mohsen Mokhtar,** *Cairo, Egypt;*
Meteb Al- Foheidi, *Jeddah, Saudi Arabia*

| 10:20-11:35 | **Session 7:**
Breast reconstruction | **Hall A** |

Chairpersons: **Archana Shetty,** *Dubai, UAE*
Raffi Gurunian, *Abu Dhabi, UAE*

10:20-10:45 Breast surgical reconstruction
Sebastian Winocour, *Houston, TX, USA*

10:45-11:00 **Free Paper:**
Long-term patient-reported outcomes in women undergoing mastectomy with and without delayed breast reconstruction in a population-based cohort
Shelley Potter, *Bristol, UK*

11:00-11:10 **Free Paper:**
Clinical and patient-reported outcomes following delayed-immediate autologous breast reconstruction after post-mastectomy radiotherapy: Are sacrificial implants good practice?
Saud Hamza, *Perth, Australia*

11:10-11:35 **Case discussion:**
Approaches to breast reconstruction in a patient who requires PMRT

Moderator: **Archana Shetty,** *Dubai, UAE*

Panelists: Raffi Gurunian, *Abu Dhabi, UAE;* **Shelley Potter,** *Bristol, UK;*
Saud Hamza, *Perth, Australia***;** **Fady Geara,** *Abu Dhabi, UAE*

11:35-11:50 *Coffee break, poster viewing and exhibition visit*

| 11:50-12:50 | **Satellite Symposium:**
Disruptive innovation: Harness the power of RADAR
Supported by Merit Medical | **Hall A** |

Chairperson: **Kefah Mokbel,** *London, UK*

11:50-12:20 Shining light on precision: Navigating non-palpable breast lesions with SCOUT® Radar Localization
Kefah Mokbel, *London, UK*

12:20-12:50 Advanced applications with SCOUT® Radar Localization
Kayla Griffith, *Denver, CO, USA*

12:50-13:00 **Free Paper:**
Indocyanine green as a practical and viable alternative to blue dye or lymphoscintigraphy in sentinel node mapping
Michael Law, *Melbourne, Australia*

13:00-13:10 **Free Paper:**
Diagnostic accuracy of sentinel lymph node biopsy using indocyanine green compared to technetium-99 radioisotope with methylene blue dye in N0 early breast cancer: A systematic review
Naresh Kumar, *Mangalagiri, India*

13:10-13:40 *Lunch break, poster viewing and exhibition visit*

13:40-14:20	**Session 8:**	**Hall A**
	When is less better?	

Chairperson: **Abdul Rahman El Kinge,** *Dubai, UAE*

13:40-13:50   Optimising function outcomes
Alastair Thompson, *Houston, TX, USA*

13:50-14:00   Optimizing radiation therapy following breast conserving surgery
Fady Geara, *Abu Dhabi, UAE*

14:00-14:10   De-escalation of oncoplastic surgery
Tibor Kovacs, *Abu Dhabi, UAE*

14:10-14:20   Molecular test to reduce chemotherapy
Fathi Azribi, *Dubai, UAE*

14:20-14:35	**Congress closing and Award presentation**	**Hall A**

Chairpersons: **Shaheenah Dawood,** *Dubai, UAE*
Bruce Mann, *Melbourne, Australia*

Poster Presentations

Posters will be screened digitally

P01   THE RISK OF CARDIOVASCULAR DISEASE FOLLOWING AROMATASE INHIBITOR THERAPY FOR BREAST CANCER IN POSTMENOPAUSAL WOMEN: A SYSTEMATIC REVIEW AND META-ANALYSIS
Arsalan Anees, *Australia*

P02   RADIAL SCARS AND COMPLEX SCLEROSING LESIONS OF THE BREAST ON CORE NEEDLE BIOPSY: A SINGLE-CENTRE RETROSPECTIVE REVIEW
Jeffrey Chen, *Australia*

P03   PRIMARY SIGNET RING CELL CARCINOMA OF THE BREAST: A CASE REPORT OF THE RARE CYTOLOGICAL DIAGNOSIS
Natalie Clements, *Australia*

P04   ARTIFICIAL INTELLIGENCE BREAST ULTRASOUND AND HANDHELD ULTRASOUND IN THE BI-RADS CATEGORIZATION OF BREAST LESIONS: A PILOT HEAD TO HEAD COMPARISON STUDY IN SCREENING PROGRAM
Xiaoxi Huang, *China*

P05   BENIGN AND MALIGNANT MALE BREAST PATHOLOGIES: RADIOLOGICAL AND PATHOLOGICAL REVIEW
Monica Kumari, *India*

P06   DOSIMETRY COMPARISON OF SINGLE VS DOUBLE-ISO CENTER VMAT PHOTON THERAPY TECHNIQUE FOR SYNCHRONOUS BILATERAL BREAST CANCER: ONE SOLUTION FOR BILATERAL BREAST CANCER
Adriana Martins, *Portugal*

P07   EXPRESSIVE WRITING THERAPY AND PATIENT OUTCOMES FOR WOMEN WITH BREAST CANCER: A REVIEW OF THE LITERATURE
Talhah Mohammed, *UK*

P08   PRELIMINARY FINDINGS OBTAINED DURING THE IMPLEMENTATION OF THE PROGRAM ON EARLY DIAGNOSIS OF CANCER THERAPY-RELATED CARDIAC DYSFUNCTION IN BREAST CANCER PATIENTS
Zhenisgul Tlegenova, *Kazakhstan*

P09   SURVEILLANCE IMAGING IN BREAST CANCER PATIENTS UNDERGOING BREAST CONSERVING SURGERY WITH CHEST WALL PERFORATOR FLAP RECONSTRUCTION
Zarif Yahya, *Australia*

ABSTRACTS

ORAL PRESENTATIONS

THE VALUE OF EARLY INCREASES IN CARDIAC TROPONIN AND NATRIURETIC PEPTIDES FOR ASYMPTOMATIC CHEMOTHERAPY-LINKED CARDIOTOXICITY DETECTION IN BREAST CANCER PATIENTS

Saule Balmagambetova[1], Zhenisgul Tlegenova[2], Bekbolat Zholdin[2], Gulnara Kurmanalina[2], Iliada Talipova[2], Arip Koyshybaev[1], Gulmira Sultanbekova[2], Mira Baspayeva[3], Saule Madinova[3], Kulparshan Kubenova[4]

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[4]*Clinical Laboratory, West Kazakhstan Marat Ospanov Medical University, Aktobe, Kazakhstan*

The degree of myocardial cell damage assessment using global longitudinal strain (GLS) technology and cardiac biomarkers panel currently appears to be the most reliable for asymptomatic cardiotoxicity diagnosis in cancer patients. The research aimed to assess the efficiency of monitoring the selected biomarkers panel against GLS values in predicting left ventricular dysfunction in breast cancer patients started on anthracyclines (doxorubicin) and/or trastuzumab.

Methods: Eligible patients aged 18+, newly diagnosed with breast cancer and treated with doxorubicin and/or trastuzumab, were recruited for a prospective, single-center study. Exclusion criteria were coronary heart disease progression, congestive heart failure, recurrent comorbid pathology decompensation, and left ventricular ejection fraction (LVEF) ≤40%. The following biomarkers were included in the panel: cardiac troponin (cTnI), B-type natriuretic peptide (BNP), C-reactive protein (CRP), D-dimer, myeloperoxidase (MPO), and galectin-3 (Gal-3). In five visits, the biomarkers values detection and Echocardiography with GLS assessment were performed at baseline and every three months. The average age of participants (n=128) was 54.3±11. Patients were stratified by baseline cardiovascular risk and treatment groups. Overall, in the anthracycline group, 103 patients were assigned (80.5%); in the trastuzumab group, 13 (10.1%) and 12 (9.4%) were in the combined treatment group. Very-high and high-risk patients, in total 7.8%, were provided with cardioprotective treatment before starting chemotherapy. LVEF and GLS baseline levels were 59 (57;62)% and -18.2 (-19.5;-16.8)%, respectively. The mean dose of doxorubicin was 442±192 mg/m2. Cardiotoxicity criteria were assessed according to the 2022 European Society of Cardiology (ESC) Guidelines on Cardio-Oncology.

Results: LVEF and GLS levels decreased consecutively from baseline toward visits 1, 2, 3, and 4 (p0,001). Criteria for cardiotoxicity by changing the GLS levels were recorded in 28.1% and 7.3% of patients for LVEF. Left ventricular dysfunction by GLS was associated with BNP levels incrementing with visits. At visit 4, the relative risk (RR) was 1.07 (95% CI: 1.04;1.11). RR for cTnI level at visit 1 reached 3.09 (95% CI:1.05;9.04).

Conclusion: Early elevation of BNP and cTnI levels may play a significant role in diagnosing early (asymptomatic) cardiotoxicity, thus evidencing the probable development of cardiotoxic conditions in breast cancer patients treated with anthracyclines and/or trastuzumab.

SHEAR-WAVE ELASTOGRAPHY OF THE BREAST TO CHARACTERISE BREAST LESIONS

Natalie Clements
Ultrasound, SKG Radiology, Bunbury, Australia

Problem Statement: Breast elastography improves the diagnostic performance of B-mode ultrasound to characterise lesions. The aim was to assess elastography of the breast to characterise breast lesions.

Method: As a prospective study, the patients were self-selected into the study. If the routine ultrasound showed any lesions they were assessed with measurements, colour doppler, vocal fremitus, and elastography. If the lesion required a biopsy and the patients was in agreeance they were consented into the study. The elastography value was taken in the radial scan plane of the lesion and the surrounding fatty tissue.

Results: The elastography values mean, maximum and elastography ratio of lesion to fat showed a statistically significant result. Malignant lesions had higher quantitative values then benign breast lesions (P 0.00001). The results of tumour grading in Invasive Ductal Carcinoma (IDC) and Infiltrating Lobular Carcinoma (ILC) showed an increase in the maximum elastography and the ratio as the grading increased (P 0.006 IDC 0.03 ratio, P 0.02 ILC).

Conclusion: The results show that elastography is a complementary technique to conventional sonography. Breast elastography improves the diagnostic performance of B-mode ultrasound to characterise lesions of the breast.

Disclosure: I have no actual or potential conflict of interest in relation to this presentation.
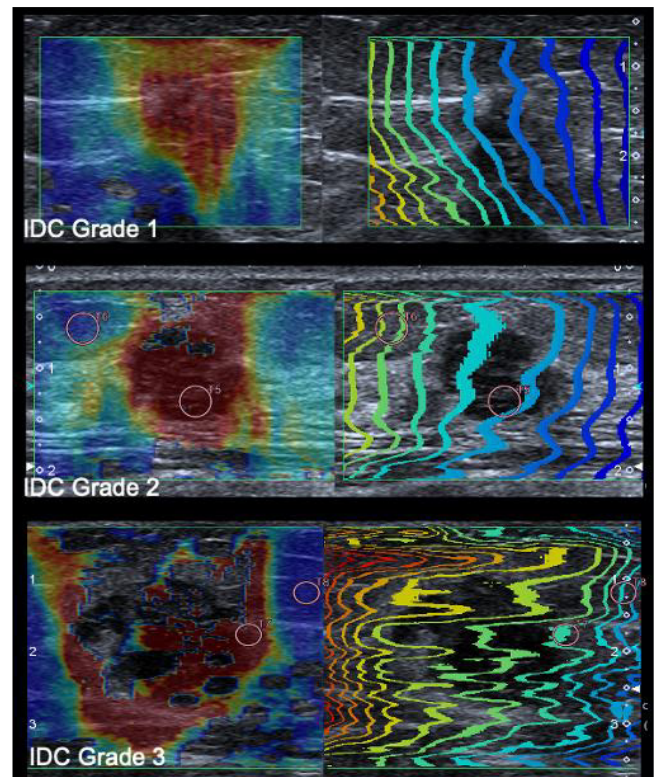

Image 1 Invasive Ductal Carcinoma Elastography increasing Grades 1,2 and 3.

CLINICAL AND PATIENT-REPORTED OUTCOMES FOLLOWING DELAYED-IMMEDIATE AUTOLOGOUS BREAST RECONSTRUCTION AFTER POST-MASTECTOMY RADIOTHERAPY: ARE SACRIFICIAL IMPLANTS GOOD PRACTICE?

Alexander Armanios[1], Nisha Jayachitra[2], **Saud Hamza**[1]
[1]*Breast Department, Fiona Stanley Hospital, Perth, Australia*
[2]*School of Medicine, University of Western Australia, Perth, Australia*

Problem statement: Breast reconstruction following mastectomy is considered standard of care due to its well-documented psychological benefits when compared with mastectomy alone. However, patients with node-positive disease will also benefit from post-mastectomy radiotherapy, which can interfere with reconstruction by increasing rates of capsular contracture and autologous flap failure. The integration of post-mastectomy radiotherapy (PMRT) and breast reconstruction is therefore challenging and has become a topic of much debate in the literature. Delayed-immediate autologous reconstruction (DIAR), whereby 'sacrificial' implants or tissue expanders are placed during the index mastectomy and replaced with autologous tissue after adjuvant treatment, is an effective reconstructive approach in the setting of PMRT, though its efficacy in relation to conventional delayed autologous reconstruction remains unknown. Consequently, reconstructive decisions in these instances are often still driven by historical tradition and institutional culture.

Methods: A retrospective cohort study is being conducted on all patients who underwent either DIAR or delayed autologous reconstruction at Fiona Stanley Hospital, a tertiary hospital in Western Australia, from January 2016 to December 2022. The primary outcomes of this study are overall complication rate, re-admission rate, and BREAST-Q score. Patients who underwent neoadjuvant radiotherapy (i.e. were 'reverse sequenced') will be excluded.

Results: Preliminary data will be gathered from our prospectively maintained breast centre database and variables will be compared between groups using χ2 or Fisher's exact tests. Difference in number of overall complications, re-admissions, and patient-reported outcomes between the two study groups will be presented alongside the characteristics of the sample. Conclusion: We anticipate that the results will provide valuable insights into the novel technique of DIAR

and contribute to the discussion surrounding reconstruction in the setting of PMRT. Our findings will also allow breast cancer patients undergoing PMRT to make better informed decisions about their reconstruction.

DIAGNOSTIC ACCURACY OF SENTINEL LYMPH NODE BIOPSY USING INDO CYANINE GREEN COMPARED TO TECHNETIUM 99RADIOISOTOPE WITH METHYLENE BLUE DYE IN N0 EARLY BREAST CANCER: A SYSTEMATIC REVIEW

Naresh Kumar[1], Yamini Marimuthu[2], Bharathnag Nagappa[3]
[1]Department of General Surgery, All India Institute of Medical Sciences, Mangalagiri, Guntur, India
[2]Department of Community and Family Medicine, All India Institute of Medical Sciences, Mangalagiri, Guntur, India
[3]Department of Community and Family Medicine, Sri Siddhartha Medical College, Tumkur, India

Problem statement: The dual dye technique using Technetium 99Radioisotope (99mTc-RI) and Methylene Blue (MB) dye is currently the gold standard technique for axillary Sentinel Lymph Node Biopsy (SLNB) but it is currently fraught with complications such as radiation exposure, allergic reactions, skin tattooing and limitations on infrastructure and cost especially in resource constraint nations. Hence, there is a need to identify novel non-radioactive tracers of comparable accuracy. Currently, indocyanine green (ICG) fluorescence method (ICG-SLNB) is increasingly used as an alternative to the conventional mapping methods in many centres around the world. This Systematic Review and Meta-analysis aim to compare the gold standard dual dye MB and 99mTc-RI technique with fluorescence-guided SLNB using indocyanine green (ICG).

Methods: The present study was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement. A systematic literature search was performed using PubMed (https://pubmed.ncbi.nlm.nih.gov), ScienceDirect (www.sciencedirect.com) and the Cochrane Library (https://www.cochranelibrary.com) simultaneously. All relevant studies published between January 1st, 2000 and March 31st, 2023 were included. The Medial Subject Heading (MESH) terms, including "indocyanine green", "sentinel lymph node", and "breast" were used as keywords and similar terms were cross-searched using the following search algorithms: breast cancer OR breast neoplasms OR breast carcinoma AND (SLNB OR sentinel lymph node biopsy)) AND (indocyanine green OR ICG OR radioisotope OR RI OR blue dye OR BD

In this study, Naresh Kumar P and Yamini Marimuthu assessed and screened the literature independently. Titles and abstracts were first inspected, then full texts of potentially relevant publications were obtained and screened. Any discrepancy was resolved by discussion between the reviewers. Disagreements were solved by full discussion and further referred to a third independent reviewer, Bharathnag Nagappa until consensus was reached. Data extraction and risk of bias will be assessed as per the protocol and meta-analysis will be done. The results along with PRISMA flow chart, forest plot, funnel plot and conclusion will be presented as per PRISMA reporting guidelines.

INDOCYANINE GREEN AS A PRACTICAL AND VIABLE ALTERNATIVE TO BLUE DYE OR LYMPHOSCINTIGRAPHY IN SENTINEL NODE MAPPING

Kate Rapson[1], **Michael Law**[1,2], Galaxy Wong[2]
[1]Department of Breast and Endocrine Surgery, Eastern Health, Melbourne, Australia
[2]Breast and Endocrine Surgery, Melbourne Breast and Endocrine Surgeons, Melbourne, Australia

Problem: Dual tracer sentinel node biopsy (SNB) with lymphoscintigraphy and blue dye is considered the gold standard but logistical requirements, radioactivity and blue staining can be troublesome. Indocyanine green (ICG) has been described as an alternative in breast and melanoma sentinel node identification with benefits over current dyes. This study is a prospective review hypothesising that ICG is as safe and effective at locating sentinel nodes in breast cancer as patent blue or lymphoscintigraphy.

Method: 35 breast cancer patients were consented for SNB using blue dye and ICG (Verdye) by a single surgeon with data collected over 15 months. ICG and patent blue were injected in the anaesthetised patient, after usual pre-operative checklists and preparation. SNB was performed first to avoid contamination of the axilla with dye from breast resections. ICG was detected using the Stryker SPYPHI camera, sentinel nodes were defined as those being blue, ICG positive or enlarged.

Results: Of the 35 patients localised with ICG and patent blue, 33 had nodes identified, with 100% concordance. 2 patients did not have blue, ICG positive or enlarged nodes, one of these was re-do axillary

surgery. The mean number of nodes retrieved was 2.3. 3 patients had positive nodes on histopathology.

Number of total patients	35
Mean age	65 years
Post neoadjuvant chemotherapy	3 (8.6%)
Multifocal cancer	3 (8.6%)
Re-do breast surgery	4 (11.4%)
Cases where at least one node identified	33 (94.2%)
Cases where no nodes were identified	3 (8.6%)
Nodes identified by both dyes	33 (100%)
Nodes identified by only 1 dye	0
Cases dye injected together (mean time to surgery 13 minutes)	28
Cases dye injected separately (mean time to surgery 18.9 minutes)	7
Mean massage time	2.9 minutes

Conclusion: This prospective audit has shown that ICG is non-inferior to blue dye and lymphoscintigraphy in identifying sentinel nodes including in re-do surgery, multifocal and neoadjuvant settings. ICG is superior in the ease of bookings, improved flow through pre-operative settings while having no impact on theatre utilisation time over injection of blue dye alone. ICG is more comfortable for the patient compared to lymphoscintigraphy as it is injected post-induction. It does not cause skin staining or have associated radiation for either patient or staff and it is cost effective. The main limitation of ICG is that it contains iodine and shouldn't be used in patients with iodine or shellfish allergies but this information is generally available on history unlike blue dye allergy which can be severe and is completely unpredictable.

Overall ICG is a practical, safe and cost-effective alternative to lymphoscintigraphy or blue dye in sentinel node mapping.

CANCER DIAGNOSIS BY CLINICAL BREAST EXAM IN BRCA CARRIERS VS. INTERMEDIATE TO AVERAGE RISK WOMEN

Tehillah Menes[1], Dov Zippel[1], Miri Sklair-Levy[2], Eitan Friedman[2], Rinat Bernstein-Molho[2,3], Renata Faermann-Weidenfeld[2], Dana Madorsky Feldman[1]
[1]Surgery, Sheba Medical Center, Ramat Gan, Israel
[2]Radiology, Sheba Medical Center, Ramat Gan, Israel
[3]Oncology, Sheba Medical Center, Ramat Gan, Israel

Problem Statement: The contribution of clinical breast exam (CBE) in average-risk women participating in regular breast cancer screening programs is negligible. Data on the role of CBE in high risk women is limited; resulting in conflicting recommendations by different societies. We examined the cancer yield by CBE in BRCA carriers and in women with average to intermediate risk.

Methods: A retrospective computer chart review of all consecutive visits of women to the high-risk clinic (January 2012 through October 2022) and to the health screening clinic (November 2016 through December 2022). Women with a diagnosis of breast cancer after a visit to one of the clinics were included in the final cohort. Data included demographics, family history of breast cancer, clinical and imaging findings, cancer and treatment characteristics. We compared the additional cancer yield of CBE (defined as the percentage of all cancer cases detected by CBE only) in BRCA carriers and in average to intermediate risk women (control group).

Results: During the study years 134 cancers were diagnosed in BRCA carriers examined at the high-risk clinic. Eighty-seven cancers were diagnosed in average to intermediate risk women. Of these cancers, 6 (5%) in the BRCA carriers and 6 (7%) in the control group were interval cancers. Mean time from previous imaging was 0.54 and 1.56 years respectively. CBE contributed to cancer diagnosis in 3 (2%) of the BRCA carriers and 4 (5%) of the control cases (mean age 35 and 65 respectively). In 2 BRCA carriers the cancer was palpated during the mammography round. The third case was identified in a woman who was post bilateral mastectomy with reconstruction. In the control group, 3 of the 4 cancers diagnosed secondary to CBE findings, were incidental to the palpable finding (i.e., at a different location).

Conclusion: In average to intermediate risk women the contribution of CBE to breast cancer diagnosis is negligible; in BRCA carriers, CBE has a very low yield, but still may have a role in women under 40, during the mammography or ultrasound round and whenever women cannot undergo MRI (i.e., pregnancy).

LONG-TERM PATIENT-REPORTED OUTCOMES IN WOMEN UNDERGOING MASTECTOMY WITH AND WITHOUT DELAYED BREAST RECONSTRUCTION IN A POPULATION-BASED COHORT

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PROBLEM STATEMENT: Delayed breast reconstruction (DBR) is a good option for many women who may not want reconstruction at the time of their mastectomy, but there is a lack of high-quality information about how the long-term patient-reported outcomes (PROs) of DBR compare to those after mastectomy only to help women decide whether further surgery is right for them. The Brighter population-based cohort study aimed to compare PROs in women undergoing mastectomy +/- DBR at a median of 12 years following the index procedure to support informed decision-making.

METHODS: Women who underwent unilateral mastectomy for preinvasive/invasive breast cancer without immediate breast reconstruction between 1 April 2008 and 31 March 2009 were identified using NHS Hospital Episode Statistics (HES). Surviving patients were invited to complete validated patient-reported outcome questionnaires including the BREAST-Q, either by post or online according to their preference. Questionnaires were scored according to developers' instructions and scores compared in women who elected to undergo DBR and those who did not and adjusted for confounders.

RESULTS: 1,775 women returned the questionnaires of whom 556 (31.3%) had a DBR at a mean of 23.5 months (standard deviation [SD] 19.5 months) following their initial mastectomy. The DBR cohort included 114 (20.5%) expander/implant reconstructions; 265 (47.7%) latissimus dorsi flaps +/- implants; 92 (16.5%) abdominal flaps and 85 (15.3%) other breast reconstruction procedures. In the unadjusted analysis, there were no differences in BREAST-Q 'Satisfaction with Breasts' scores across the groups. Women having mastectomy only reported better 'Physical well-being' (mastectomy 84.2, 95% confidence interval [CI] 83.0-85.4 vs DBR 80.2, 95% CI 78.4-82.0, p0.001) and 'Psychosocial well-being' scores (mastectomy 74.3, 95% CI 74.3, DBR 71.0, 95%CI 69.1-72.9, p=0.003) but there were no differences between the groups after adjusting for confounders. Experiencing a post-operative complication was the factor most strongly associated with statistically significant and clinically meaningful decreases in scores across all BREAST-Q domains in the multivariable analysis.

CONCLUSION: The decision to undergo DBR is highly personal and it is a good option for many women. Overall, however, it is reassuring that women report very similar long-term outcomes despite having made very different treatment choices.

THE ROLE OF MRI IN BREAST CANCER
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Breast MRI is the most sensitive diagnostic imaging test for the detection of breast cancer. Indications for the use of standard breast MRI protocol will be reviewed. Although MRI is highly sensitive in detecting malignancy, it is associated with limitations that decrease accessibility and use in breast cancer care. Given the limitations of the standard MRI protocol, alternative vascular imaging techniques (including abbreviated MRI protocols and contrast enhanced mammography) will be discussed and compared. The presentation will conclude with an exploration of potential future uses of breast MRI to enhance patient care and minimize overtreatment.

POSTER PRESENTATIONS

P01
THE RISK OF CARDIOVASCULAR DISEASE FOLLOWING AROMATASE INHIBITOR THERAPY FOR BREAST CANCER IN POSTMENOPAUSAL WOMEN: A SYSTEMATIC REVIEW AND META-ANALYSIS

Arsalan Anees[1], Elijah Georgio Berbari[1], Rajneesh Kaur[1], Femi Ayeni[1], Senarath Edirimanne[1]
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Problem Statement: Aromatase inhibitors (AI) are one form of endocrine therapy for breast cancer that may in theory have an impact on the risk of developing cardiovascular disease because of their depletion of estrogen, which has cardioprotective effects. The objective of this paper is to explore whether aromatase inhibitor therapy for breast cancer in postmenopausal women increases the risk of developing cardiovascular disease in comparison with tamoxifen therapy or no hormonal therapy.

Methods: The databases of Medline, Embase and the Cochrane Central Register of Controlled Trials (CENTRAL) were searched for studies including postmenopausal women who have undergone AI therapy for breast cancer looking for specific cardiovascular outcomes: myocardial infarction, stroke, ischaemic heart disease, heart failure, arrhythmia and cardiovascular death. The comparisons included tamoxifen therapy and no hormonal therapy. Risk ratios were calculated using a random effect model in RevMan 5.4.1.

Results: Thirty studies were included involving 462 398 participants over a follow-up of 1.5 to 10 years. There was a statistically significant increase in the risk of ischaemic heart disease (RR 1.59, 95% CI: 1.25-2.02, p0.05), myocardial infarction (RR 1.50, 95% CI: 1.13-1.99, p0.05), heart failure (RR 1.63, 95% CI: 1.14-2.32, p0.05) and other cardiovascular events (RR 1.26, 95% CI: 1.12-1.40, p0.05) in the AI group when compared to tamoxifen. However, there was a statistically significant decrease in the risk of myocardial infarction (RR 0.77, 95% CI: 0.65-0.90, p0.05) in the AI group when compared to no hormonal treatment.

Conclusion: There is an increased risk of cardiovascular disease for AI therapy in comparison to tamoxifen therapy, but the risk is not elevated when compared to those receiving no hormonal treatment.

Disclosure of Interest: All authors of this study declare no source of funding for this project and declare that no competing financial interests exist.

P02
RADIAL SCARS AND COMPLEX SCLEROSING LESIONS OF THE BREAST ON CORE NEEDLE BIOPSY: A SINGLE-CENTRE RETROSPECTIVE REVIEW

Jeffrey Chen[1], Chaturica Athukorala
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Problem statement: Radial scars (RS) and complex sclerosing lesions (CSL) are proliferative breast lesions which can co-exist within situ and invasive malignancy. The aim of this study was to determine factors associated with upgrade of RS and CSL detected at core needle biopsy to in situ and invasive carcinoma on subsequent open biopsy/excision.

Methods: This study is a retrospective review of a breast screening database. All patients with RS and CSL detected at either core biopsy or surgical excision between January 2016 to January 2021 were identified. Imaging and pathological reports for core and excision biopsy were evaluated.

Results: Of eighteen patients with diagnosis of RS/CSL on core biopsy, fifteen patients underwent surgical excision. Twelve had no atypia on core biopsy, with four (33.3%) upgraded to a high-risk lesion, and two (16.7%) upgraded to malignancy on surgical excision. No patients with atypia on core biopsy were upgraded on final excision. No cases of upgrade to malignancy was seen in patients with RS/CSL diagnosed on vacuum-assisted biopsy.

Conclusion: Our study confirms the potential risk of RS/CSL upgrade to a high-risk lesion or malignancy on subsequent open biopsy or excision. Given the low upgrade rate in cases where isolated RS/CSL was identified on vacuum-assisted biopsy, conservative management may be sufficient in this sub-group.

P03
PRIMARY SIGNET RING CELL CARCINOMA OF THE BREAST: A CASE REPORT OF THE RARE CYTOLOGICAL DIAGNOSIS

Natalie Clements[1]
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Problem Statement - A case report of signet ring cell carcinoma (SRCC) of the breast is presented with discussion of the importantt

immunohistochemical information defining the differential diagnosis and prognosis of the SRCC of the breast. A 77 year old patient was found to have two SRCC lesions in her right breast on ultrasound. The lesions were biopsied and both found to contain signet ring cells with slight variations. This case is being presented in view of its characteristic cytological features and its rarity.

Method - A 77 year old female presented to the departent with a lump in her breast that was quickly increasing in size. She had no family history of any cancers and didn`t have any significant history of gastrointestinal or ovarian tumours. Initially in the department she had contrast enhanced mammography which showed two lesions in her right breast. Both of the lesions enhanced on the contrast enhanced mammography images. An ultrasound examination of bilateral breasts was performed and the lesions on the right breast were identified. Core biopsies of both lesions was undertaken.

Results - Mammography showed two ill-defined spiculated masses with intense contrast enhancement. Breast ultrasound defines these two areas as hypoechoic masses with some punctate calcifications, with an irregular outline and poorly defined.

The histological findings of grade 2 infiltrating lobular carcinoma and the second lesion grade 2 invasive lobular carcinoma both with extensive signet ring cell differentiation and the second with a even rarer prominent extracellular mucin production. Both lesions positive for GATA binding protein which is a protein gene sequence G-A-T-A (GATA3) and Oestrogen receptor (ER) supporting a primary breast carcinoma.

Conclusion - SRCC of the breast is a rare but aggressive tumour with a poor prognosis due to its high incidence of lymph node involvement. Immunohistochemical features are important to define if it is a primary lesion or metastatic, usually of gastrointestinal tract or ovarian origin.

Discosure - I have no actual or potential conflict of interest in relation to this presentation.
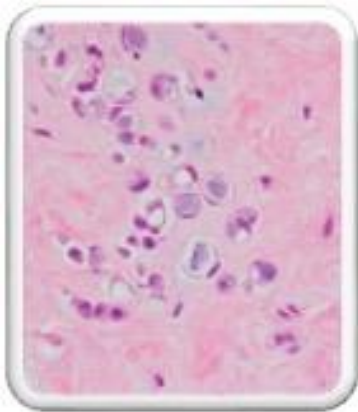
P04
ARTIFICIAL INTELLIGENCE BREAST ULTRASOUND AND HANDHELD ULTRASOUND IN THE BI-RADS CATEGORIZATION OF BREAST LESIONS: A PILOT HEAD TO HEAD COMPARISON STUDY IN SCREENING PROGRAM

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Background: Artificial intelligence breast ultrasound diagnostic system (AIBUS) has been introduced as an alternative approach for handheld ultrasound (HHUS), while their results in BI-RADS categorization has not been compared.

Methods: This pilot study was based on a screening program conducted from May 2020 to October 2020 in southeast China. All the participants who received both HHUS and AIBUS were included in the study (N = 344). The ultrasound videos after AIBUS scanning were independently watched by a senior radiologist and a junior radiologist. Agreement rate and weighted Kappa value were used to compare their results in BI-RADS categorization with HHUS.

Results: The detection rate of breast nodules by HHUS was 14.83%, while the detection rates were 34.01% for AIBUS videos watched by a senior radiologist and 35.76% when watched by a junior radiologist. After AIBUS scanning, the weighted Kappa value for BI-RADS categorization between videos watched by senior radiologists and HHUS was 0.497 (p 0.001) with an agreement rate of 78.8%, indicating its potential use in breast cancer screening. However, the Kappa value of AIBUS videos watched by junior radiologist was 0.39, when comparing to HHUS.

Conclusion: AIBUS breast scan can obtain relatively clear images and detect more breast nodules. The results of AIBUS scanning watched by senior radiologists are moderately consistent with HHUS and might be used in screening practice, especially in primary health care with limited numbers of radiologists.

Conflict of interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

P05
BENIGN AND MALIGNANT MALE BREAST PATHOLOGIES: RADIOLOGICAL AND PATHOLOGICAL REVIEW

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Problem statement: The male breast pathologies include a number of benign and malignant conditions which present as palpable lump, pain and enlargement of breast. Most commonly detected abnormality is gynecomastia and it is very important for radiologist to distinguish it from malignancy. The male breast cancer (MBC) is very rare, it represents less than 1% of all malignancies in men. Due to lack of awareness male breast cancers are usually diagnosed 5-10years later than women. This paper will review radiological characteristic of male breast pathologies including gynecomastia and other benign entities & emphasize on imaging and histopathological features of male breast cancer.

Methods: A retrospective analysis of one hundred sixty male patients who reported at breast imaging unit of AIIMS Rishikesh, Uttarakhand from the year 2020 to 2023 was done. The history, imaging findings, biopsy report and follow up data of these patients were reviewed.

Results: The most common clinical complaint was retro-areolar swelling. Most of the patients were diagnosed as gynaecomastia. Most of the patients with carcinoma breast presented in advanced stage of disease. The average age of presentation of male breast cancer was 58years. Five percent of patients with breast cancer presented with metastatic disease. The histology of ninety-five percent of tumor was invasive ductal carcinoma.

Conclusion: Breast cancer is one of the most common malignant tumor worldwide and leading cause of cancer related death in women. The male breast cancer is very similar to that of breast cancers in female. There are certain imaging features that distinguish male breast cancer from other benign abnormalities and need to be considered for better management of disease. An increased awareness is important among referring clinicians and radiologist regarding male breast imaging recommendations so that appropriate study can be performed. Future research for better understanding of the disease is required for early diagnosis and better treatment.

P06
DOSIMETRY COMPARISON OF SINGLE VS DOUBLE-ISO CENTER VMAT PHOTON THERAPY TECHNIQUE FOR SYNCHRONOUS BILATERAL BREAST CANCER: ONE SOLUTION FOR BILATERAL BREAST CANCER

Adriana Martins[1], Ana Vasconcelos[1,2], L Mexia[1], A Soares[1], M Cardoso[1], S Vieira[1], C Duarte[1,2], J Morales[1,2], M Queiroz[1], R Curto[1], A Francisco[1], Cardoso F[2], C Greco[1]
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Problem statement: Incidence of bilateral breast cancer (BC) is 2-11%: the synchronous tumours represent approximately 0.6%. Incidence is increasing as a result of advances in BC imaging, genetic predisposition or exposure to environmental risk factors. Adjuvant radiation therapy (RT) for synchronous bilateral breast cancer (sBBC) often represents a complex planning challenge. This review compares dosimetrically parameters and treatment specificities in

hypofractionated simultaneous integrated boost plans with single or double isocenter technique.

Methods: 24 patients (pts) with 60 year-old median age (range 41-82) treated with sBBC in our institute between 2017 and 2023 were reviewed. All pts were planned with PhilipsBigBoreCT 3mm slices, in C-Qual TMBreastBoard (CIVCO) immobilization angled (7.5-10º). Contoured target volumes on CT planning were CTV (5mm expansion to PTV) and OAR (heart, lungs, left anterior descending artery (LAD)). Prescription treatment doses as RTOG1005 protocol. Dosimetry plans were calculated in TPS Eclipse®, using volumetric arc therapy (VMAT) and 6-FFF photon-beams. Four-to-6 partial arcs were delivered. Planning involved a single isocenter in 50% cases and double-isocenter in 50%, with X-dimension shift positional only. Additionally in the in single-isocenter 9pts underwent whole-breast (WBRT) and 3pts also received regional nodal irradiation (RNI). In double-isocenter group 6pts WBRT exclusively and 6pts with RNI. PTV coverage, OAR doses, treatment time and number of diary imaging verification with cone-beam imaging (CBCT) were analysed. Plans were optimized to ICRU83. All pts were treated in Varian® True-Beam /Edge platform with daily CBCT validation. Acute toxicities CTCEAv5 were also reported.

Results: Comparisons between single vs double – isocenter plan showed similar PTV coverage higher than the 95% dose prescription (table.1). Value of OAR sparing (graph.1) results for the single-isocentric plans improved slightly, with reduced heart and lung mean doses and LAD maximum. Median number of CBCT acquisitions was 2 single- isocenter and 3 double - isocenter (table.2). Acute toxicities differences were minor, being between skin G1-2 dermatitis and G1 hyperpigmentation (table.3).

Conclusions: Dosimetry planning can be an anatomic challenge for sBBC with photon therapy. Single-isocenter plan showed slightly improved OAR dose sparing, with less imaging CBCT and reduced daily treatment time. Acute toxicities were minor in both techniques.

P07
EXPRESSIVE WRITING THERAPY AND PATIENT OUTCOMES FOR WOMEN WITH BREAST CANCER: A REVIEW OF THE LITERATURE

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Background: Expressive writing therapy encourages individuals to write about their thoughts and feelings of stressful life experiences. Despite evidence of potential effectiveness across many health conditions, a consensus is lacking on its value to women with breast cancer or an understanding on how it may work for these patients. This review aims to systematically examine the literature on expressive writing for these women and to determine the current strength of evidence for this intervention.

Problem Statement: The literature on expressive writing for women with breast cancer is scattered and complicated, and to this day, it's efficacy is unknown.

Methods: Pubmed was searched from 2010 using the terms 'Breast Cancer' and 'Expressive Writing'. Information on design, sample, approach, and findings were extracted from studies of women with breast cancer at any stage of treatment, a writing intervention, and a follow-up assessment.

Results: Most of the 23 studies found had used quantitative questionnaire methods with seven including some qualitative self-report component. Most also adopted the Pennebaker and Beall model, asking women to write in three or four sessions of thirty minutes over several days to seven months. Study samples and outcome measures differed, with 16 showing positive effects on mental and physical health and seven showing neutral or negative effects.

Conclusions: Expressive writing therapy can lead to improved mental and physical health in women with breast cancer but the evidence is mixed. The lack of standard study design and measures used make it difficult to generalise about these interventions or to fully understand how they work. Mixed qualitative and quantitative study designs including women with a range of ages, disease stage and cultural and ethnic backgrounds are needed.

Key words: Breast Cancer, Expressive writing
Disclosure of interest: none.

P08
PRELIMINARY FINDINGS OBTAINED DURING THE IMPLEMENTATION OF THE PROGRAM ON EARLY DIAGNOSIS OF CANCER THERAPY-RELATED CARDIAC DYSFUNCTION IN BREAST CANCER PATIENTS

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Cancer therapy-related cardiac dysfunction (CTRCD) accompanies cancer patients and negatively impacts their survivorship. The overall effectiveness of the first Kazakhstani program on early diagnosis of CTRCD in breast cancer patients is presented.

Methods: 128 breast cancer patients started on doxorubicin and/or trastuzumab were recruited. Echocardiography with global longitudinal strain (GLS) assessment, the selected biomarkers panel, and other tests were performed at baseline and every three months. Patients were stratified by the cardiovascular risks according to the European Society of Cardiology (ESC) recommendations during their pre-treatment visit. Of them, 10 (7.8%) patients were assigned to the high-risk group, 48 (37.5%) to the medium-risk group, and 70 (54.7%) to the low-risk group, respectively. High-risk patients have been receiving their cardioprotective treatment from the outset. Patients were also divided by treatment: in the anthracycline-based 103 (80.5%); in the trastuzumab- only 13 (10.1%); and in the mixed anthracycline/trastuzumab group, 12 individuals (9.4%), respectively.

Results: By the end of May 2023, 7 of 128 participants dropped out for different reasons, and 94 out of 121 (77.7%) were observed for 12 months. Mild symptomatic CTRCD was revealed and treated in 2 (1.6%) participants. In 59 out of 94 (62.8%), a mild asymptomatic variant was detected using GLS. By the risk groups: 4 out of 59 were from the high-risk group, 17 from the medium-risk group, and 38 from the low-risk. Furthermore, in 11 out of 59, decreased levels of GLS were accompanied by brain natriuretic peptides (BNP) incrementing, and in 6, by rising in cardiac troponin (cTnI). One case of chemotherapy discontinuation due to cardiotoxic complications has been recorded. When assessing the temporal changes in the studied parameters for all treatment groups, there were statistically significant changes from visit to visit for LVEF (p 0.003); GLS (p 0.0001); BNP (p<0.00001); and cTnI (p 0.0001).

Conclusion: The risk stratification recommended by the ESC Guidelines of 2022 and performed at baseline allows for a significant reduction of cardiotoxic complications in breast cancer patients. Though GLS assessment is highly effective, it should be replaced by biomarkers monitoring as much as possible to improve the cost-effectiveness of CTRCD early diagnosis.

P09
SURVEILLANCE IMAGING IN BREAST CANCER PATIENTS UNDERGOING BREAST CONSERVING SURGERY WITH CHEST WALL PERFORATOR FLAP RECONSTRUCTION

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Problem Statement: Breast conserving surgery (BCS) using chest wall perforator flaps (CWPFs) have increased in popularity over the past few decades. There is little evidence regarding CWPF and its implication on breast cancer surveillance imaging. This study aims to answer that question.

Method: This is a retrospective analysis of consecutive patients who underwent either BCS with CWPF or BCS only between August 2020 and April 2023 by breast oncoplastic surgeons in a tertiary referral centre. Qualitative analysis of postoperative mammogram and ultrasound performed.

Results: Twenty patients undergoing CWPF were compared to 20 patients undergoing BCS only. The median follow up of 1.4 years. The CWPF group was younger and had larger tumour size. Tumour pathological characteristics were similar in both groups. Both groups had similar incidence of benign reported features on imaging such as calcifications, fat necrosis, volume loss, and radiotherapy changes. A total of 96 surveillance mammograms were performed. There was no significant difference in the number of diagnostic biopsies between the two groups. Only two patients in the CWPF group were recalled and underwent biopsies which showed post-surgical changes and a benign cyst respectively.

Conclusion: Patients who had BCS with CWPF did not have greater rates of imaging abnormality comparted to patient who had BCS only. We conclude that CWPF did not lead to greater rates of diagnostic procedures and dilemmas during the surveillance period. As our surveillance period is relatively short, further studies with longer follow-up will be required.

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Jiankai Zhou: czou2022@jcloud.com

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