

392 Magseed-Guided Wide Local Excision During the COVID-19 Pandemic: A Tenable Solution to Barriers in Accessing Elective Breast Cancer Surgery

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Introduction: Magseed-guided localisation has emerged as a suitable alternative to wire-guided localisation (WGL) for impalpable breast cancers, with advantages including advanced insertion and simpler logistical planning. Given the severe disruption to elective surgeries during the Covid-19 pandemic, a local Magseed pathway was developed enabling safe patient flow. Magseed was inserted well in advance of the operation, enabling time to self-isolate and obtain a negative COVID swab prior to admission to a dedicated COVID -free suite. We present the patient-reported outcomes of the new pathway.

Method: A prospective service evaluation was conducted in a University hospital. Patients undergoing Magseed-guided wide local excision (WLE) from 01/07/2020 to present were surveyed to detail their experiences on the Magseed pathway. Qualitative data investigating anxiety and comfort post-insertion were reported using 10-fold Likert scales. Quantitative data was collected on patient demographics and tumour specification.

Results: 41/46 women who underwent Magseed localisation WLE completed the survey, with median age 65 years (IQR 53-72) and median BMI 26.5 kg/m² (IQR 22.4-30.8). 71% had invasive ductal carcinoma with or without ductal carcinoma in-situ. 10% women found the procedure uncomfortable (<5) and 98% women reported low anxiety (<5) over seed displacement. If given the choice, 98% patients would prefer Magseed over WGL.

Conclusions: The new Magseed pathway is regarded positively among patients, despite ongoing disruption in elective breast cancer services. Given the progression of the second wave and likelihood of future outbreaks, Magseed localisation could be adopted widely to ensure continuous provision of safe elective surgeries.