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after SSM than simple mastectomy and there may be a role in for post-reconstruction mammography.

P055

REASONS FOR CHOOSING DELAYED RATHER THAN IMMEDIATE CONTRALATERAL PROPHYLACTIC MASTECTOMY (CPM) IN PATIENTS WITH UNILATERAL BREAST CANCER

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Introduction: Reasons for requesting CPM include prevention of recurrence, peace of mind and moving on after breast cancer. Some women seek CPM as a delayed procedure but factors influencing this are poorly understood.

Methods: A retrospective analysis examined patients undergoing CPM as either an immediate or delayed procedure with or without breast reconstruction (BR) between January 2009 and December 2019. A cross-sectional survey based on validated questionnaires (5-point Likert scale) explored patients' decision-making process in terms of timing of CPM and any BR.

Results: A total of 123 patients with unilateral breast cancer underwent CPM with 39 (32.5%) delayed procedures with or without BR. The response rate amongst patients receiving questionnaires (n=33) was 22/33 (66%). Within this delayed CPM cohort were three reconstructive scenarios 1) unilateral immediate BR with CPM (n=12); 2) delayed CPM with concomitant bilateral BR (n=22); 3) delayed bilateral BR after delayed CPM (n=3). Two patients had delayed CPM without BR. The most common reason for delayed CPM was to complete all cancer treatments (including radiotherapy) before surgery on the unaffected breast (score 2.91). The second reason was unavailability of genetic test results at the time of therapeutic mastectomy (score 2.64) whilst the third most cited reason was a subsequent change in family cancer history.

Conclusion: Factors for delayed CPM are patient-driven with few women spontaneously changing their mind having initially decided against immediate CPM for reasons also including surgical duration. CPM should be offered as a potentially delayed option with informed discussion of risks and benefits.

P056

SURGICAL OUTCOMES FOR RECONSTRUCTION AFTER DELAYED CONTRALATERAL PROPHYLACTIC MASTECTOMY (CPM)

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Introduction: There are challenges for breast reconstruction (BR) after delayed CPM relating to any ipsilateral reconstructive procedure, adjuvant therapies such as radiotherapy and co-morbidities. Types of reconstruction and complications were evaluated in the context of BR and delayed CPM.

Methods: A retrospective analysis examined breast cancer patients undergoing CPM with or without BR at a single tertiary referral centre between January 2009 and December 2019. Clinical information was extracted from a prospectively maintained database. Data was collected on demographics, timing and type of surgery, non-surgical treatments and complications (major = venous congestion flap, haematoma, wound dehiscence, fat necrosis; minor = seroma, cellulitis).

Results: A total of 39 delayed CPM patients were included amongst whom 12 (31%) had immediate BR at the time of each mastectomy, 22(56%) had bilateral immediate BR simultaneously with delayed CPM, 3 (8%) had bilateral delayed BR following CPM whilst 2 (5%) had no reconstruction. Mean patient age was 52 years (range 24 – 73) and the average interval between initial and delayed mastectomy was 2.67 years (range 0 - 22). The majority of patients underwent implant-based (n= 28) rather than exclusively autologous reconstruction (n=9). Complications (major) occurred in 3 (25%) patients with unilateral BR compared with 5 (23%) of

patients with bilateral immediate BR and 2 (67%) of patients undergoing bilateral delayed BR.

Conclusion: Potential complications and limitations of breast reconstruction in the context of delayed CPM should be discussed with patients and used to inform decision-making processes for timing of CPM and any cognate reconstruction.

P057

AWARENESS OF BREAST CANCER GENETIC RISK AND ROLE OF GENETIC TESTING AMONG WOMEN IN EGYPT: AN ONLINE SURVEY

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Introduction: Emerging evidence suggests that cancer genetic services are less likely to be delivered in Low-to-Middle Income Countries (LMIC). Anecdotal evidence from clinical practice suggests that women decline genetic testing mainly due to high self-funded cost and low uptake of risk-reduction measures. Here, we aim to assess awareness of breast cancer inherited risk and willingness to accept genetic testing in low-resource settings.

Methods: A survey was distributed amongst women with no personal cancer history through social media platforms (March-November 2020). Demographic data were collected followed by 10 questions with complex questions such as those on testing or risk-reduction preceded by information on different approaches.

Results: A total of 641 responses were analysed after exclusion of 29 responses (such as duplicate responses). Median age was 30 years, 39% had family history of breast/ovarian cancer and 98% had university-level education. Risk-reduction was the main motive to accept testing (77%), while high cost was the commonest reason behind inability to accept (56%). Surveillance was the preferred preventive approach (48.6%) followed by chemoprophylaxis (35.3%) and mastectomy (15.6%). Overall, 98% believed the physician should discuss these aspects and 84% said they would inform relatives about results. See table 1.

Table 1

	Yes	No
Did you know that breast cancer can occur due to inherited genetic mutation?	85.6%	14.4%
Did you know that a test can be done to identify this genetic mutation?	51.6%	48.4%
Did you know about any preventive measures to reduce this inherited risk?	39.2%	60.8%
If the test is recommended by the physician, would you do the test at your own expense?	63.2%	36.8%

Conclusion: Raising awareness about breast cancer genetic risk is needed in LMIC. Despite the relatively highly-educated sample, the belief that women in low-resource settings are less likely to benefit from counselling or accept testing needs to be re-visited.

P058

ALTERED BREAST CANCER MANAGEMENT DUE TO COVID-19 DURING FIRST LOCKDOWN AND THE FOLLOW UP RESULTS

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Introduction: The COVID-19 pandemic has significantly impacted healthcare delivery and has led to alterations in cancer care. From 16th March to 8th May 2020 lockdown was imposed with alert level-4. The

objective of our study was to determine the alteration in breast cancer management and the final outcome of those alterations in our hospital.

Methods: All patients who were discussed in MDT for surgical treatment during the 1st lockdown were included in the study and were followed prospectively till November 2021. Patient demographics, standard and altered surgical management of these patients and final treatment outcomes were recorded.

Results: A total of 91 patients were treated during this period of which 20 were diagnosed by screening and 71 were symptomatic. The median age was 62 years (range 28–98). Forty-six patients (50.55%) had altered management due to COVID. Among them, neoadjuvant chemotherapy was omitted in 4 patients where it was standard, 32 had bridging neoadjuvant endocrine treatment (NET), 1 had mastectomy when she was eligible for breast conserving surgery and 9 patients couldn't have immediate reconstruction after mastectomy. Twenty-eight patients (87.5%) had surgery after NET and remaining 4 patients were converted to primary endocrine treatment. Of the 9 patients who couldn't have immediate reconstruction two patients are waiting for delayed DIEP, 2 patients decided not to have any reconstruction, 1 patient is still undergoing adjuvant treatment, one patient was not suitable for any reconstruction due to smoking and increased BMI and 3 patients are yet to be seen in the clinic.

Conclusion: COVID-19 has significantly impacted the breast cancer services and is having repercussions on follow-up treatment as well.

P059

IMPACT OF CHEST WALL PERFORATOR FLAP RECONSTRUCTION ON MASTECTOMY IN BREAST CANCER

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Introduction: Breast conserving surgery (BCS) has comparable or superior oncological safety when compared to mastectomy and is associated with improved cosmetic and psychological outcome. Previously patients with larger tumour to breast ratios were not suitable for BCS due to poor aesthetic outcomes and hence underwent total mastectomy with or without reconstruction. With the introduction of chest wall perforator flaps (CWPF), a significant proportion of these women who would have otherwise undergone mastectomy, can now qualify for BCS along with volume replacement. The objective of our study was to find out the impact of CWPFs on mastectomy and reconstruction.

Methods: All patients who underwent surgery for breast cancer from January 2016 to December 2019 were included in the study to know the impact of CWPF on rates of mastectomy and other procedures. We excluded 2020–21 due to alterations in breast cancer treatment due to COVID-19 pandemic. The study was registered and approved by the local Clinical Governance department at the University Hospitals of North Midlands NHS Trust (CA12119).

Results: Following the introduction of CWPF reconstruction, the mastectomy rate (including reconstruction) dropped by 10.69% (from 215 mastectomies in 2016 to 192 in 2019) and the mastectomy with reconstruction rate dropped by 23.29% (from 73 in 2016 to 56 in 2019). This change can be attributed to the use of CWPFs (from 1 in 2016 to 51 in 2019).

Conclusion: CWPF reconstruction has reduced the rates of mastectomy +/- reconstruction and can potentially improve overall patient outcome.

P060

SURGICAL OUTCOMES OF CHEST WALL PERFORATOR FLAP RECONSTRUCTION IN BREAST CANCER

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Introduction: Chest wall perforator flaps (CWPF) have become popular over the years for reconstruction of breast conserving surgery (BCS) defects in breast cancer patients. We audited the surgical outcomes of CWPF done at our hospital.

Methods: Patients who underwent BCS and partial breast reconstruction with a CWPF from July 2016 to June 2021 were included in the study. Specific outcomes recorded were rates of margin re-excision and post-operative complications. Complications occurring up to 90 days after the procedure were labelled as early and those after 90 days as delayed complications. The median follow-up for this cohort was 23 months (4–61 months). The study was registered and approved by the local Clinical Governance department (CA12119).

Results: A total of 153 CWPF-reconstructions were done between July 2016 to June 2021. The median age of patients in the cohort was 56 years (range 31–81 years). One hundred and twelve patients underwent LICAP flap reconstruction of which one had a bilateral procedure and 40 patients underwent AICAP or MICAP flap reconstruction. The median tumour size in the whole cohort was 20mm (range=0–80). Majority of patients stayed overnight after surgery (61.18% vs 36.84% day-surgery). Seventeen patients (11.11%) had a re-operation for margin positivity. Sixteen patients (10.46%) developed early complications and 19 patients (12.42%) developed delayed complications. Most common early complications were hematoma and wound dehiscence. Lymphedema of breast was the most common delayed complication. There were no recorded flap losses.

Conclusion: CWPF is a safe procedure with acceptable morbidity compared to BCS morbidity reported in literature.

P061

MALE BREAST CANCER EXPERIENCE AT MILTON KEYNES UNIVERSITY HOSPITAL OVER 9 YEARS

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Introduction: Male breast cancer (MBC) is rare accounting for around 1% of all BC. Familial cases are usually associated with BRCA2 mutation. Ductal carcinoma most common whilst lobular cancer rare. Most hormone receptor positive with 15% showing HER2 overexpression; 4% triple negative.

Methods: Retrospective analysis of data from electronic patient records and pathology databases between January 2012 to November 2021. Variables include demographics, presentation, histopathology including receptor status, genetic testing, management, and follow up.

Results: 1168 male patients presented to the Breast Clinic over this period; 17 (1.5%) were diagnosed with MBC. Mean age of MBC patients 62.7 years (34 to 86 years). Most common symptom was a breast lump. 16 were histologically invasive ductal carcinomas. All were ER positive. 3 cases HER2 positive. 9 patients offered genetic testing; 1 patient with BRCA2 mutation and 1 with Tp53 mutation. 15 patients treated with surgery; 13 undergoing mastectomy plus either SLNB or ANC, and 2 undergoing WLE. 2 patients received adjuvant endocrine therapy alone, 8 received adjuvant endocrine and radiotherapy, and 4 received adjuvant endocrine, radiotherapy, and chemotherapy (all 3 HER2 positive cases received Herceptin). 7 cases were offered yearly follow-up mammograms. 1 patient developed histologically confirmed distal recurrence. 6 patients died within 3 years of diagnosis (4 unrelated to breast malignancy).

Conclusions: MBC care and follow-up have remained inconsistent and are generally regulated by guidelines for female breast malignancies. In order to ensure effective patient care, local protocols/recommendations are needed which should be based on multicentre prospective research.

P062

MAMMOGRAPHIC SURVEILLANCE FOR CONTRALATERAL BREAST CANCER: A SINGLE CENTRE RETROSPECTIVE STUDY

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Introduction: After mastectomy, breast cancer patients undergo mammographic surveillance to detect contralateral breast cancer (CBC). There are no