

Fig.3

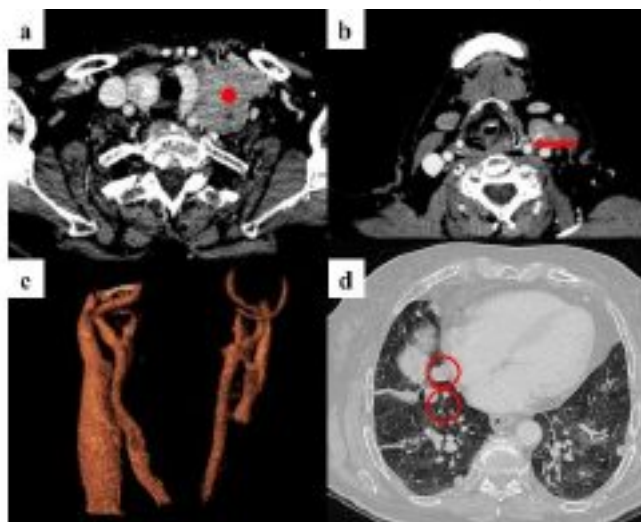


Fig. 5

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BREAST

P074 Managing fears of recurrence in a breast cancer patient population - preliminary findings from an innovative group intervention led by therapeutic radiography and clinical psychology

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Background: Fear of cancer recurrence (FCR) is defined as the fear or worry that cancer will return, progress or metastasise. FCR is one of the most commonly reported problems and one of the most prevalent areas of unmet need for cancer survivors and their families (Simard et al., 2013). Some patients can develop severe, long-term and debilitating levels of anxiety and stress. For this group of patients, FCR can have a significant impact on quality of life (Llewellyn, 2008) and can be implicated in treatment non-adherence, an inability to plan for the future (Hart et al, 2008), hyper - vigilance for symptom recurrence and the over-utilisation of medical and nursing resource. Therapeutic Radiography and Clinical Psychology have been delivering a 6 week group intervention for breast cancer patients to help equip them with practical and psychological techniques for managing fears of recurrence.

Methods: Assessed in terms of its feasibility, acceptability and effectiveness. Pre and post outcome measures are completed with all participants as well as follow up at twelve weeks.

Results: 7 group programmes have been completed since February 2017. Data collected so far suggests that although the fears of cancer recurrence have not significantly decreased at a statistical level, participants are reporting being less anxious about these concerns and being better able to live alongside them.

Conclusions: Overall, group participants have described benefitting from the programme in helping them adjust emotionally after their active cancer treatment finished. The pilot project can inform how we deliver psychological support to breast patients.

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P075 Vacuum assisted biopsy: applications in breast radiology

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Aims: To increase awareness of vacuum assisted breast biopsy, modalities used and diagnostic and therapeutic applications.

Purpose: This is a pictorial review of the indications for radiological breast interventions using vacuum assisted biopsy. This includes an educational commentary briefly outlining the principles and procedure of vacuum assisted breast biopsy using



ultrasound or mammographic (stereo or tomographic) guidance. Use of this procedure for both diagnostic and therapeutic procedures is discussed.

Summary: This review should enable radiology specialist trainees to achieve breast radiology competencies as specified in the Royal College of Radiologists specialty training curriculum in relation to breast interventional procedures while also informing the core trainee of specialist procedures in breast radiology. A selection of cases illustrating the value of this procedure will be depicted.

P076 A comparison of commonly-used SLN localisation protocols and proposed international guidelines: Benefits drawbacks and feasibility

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Background: Accurate staging of breast cancer is extremely important for treatment planning and assessment of the sentinel lymph node (SLN) is an essential part of breast cancer staging. There are a number of ways to localise the SLN for breast cancer and there is much inter-departmental variation of localisation protocols. The European Association of Nuclear Medicine (EANM) and the Society of Nuclear Medicine and Molecular Imaging (SNMMI) have proposed guidelines on SLN localisation recommending the use of pre-operative radiotracer lymphoscintigraphic (LS) mapping after radiotracer injection for every SLN breast cancer case.

Purpose: We discuss potential benefits and drawbacks/feasibility of following the proposed guidelines. Strong arguments in favour of following the proposed guidelines of LS mapping for each case include improved accuracy in identification of the SLN quality control (e.g. injection failure) and detection of alternate or multiple SLN drainage pathways (e.g. along internal mammary pathway). Despite these numerous advantages we also must evaluate feasibility and potential disadvantages to the proposed technique which include time delays associated with delayed LS imaging (which can further off-set theatre timing delays) excess cost/accessibility to the gamma camera and possible increased morbidity with more invasive internal mammary node dissection.

Summary: We review commonly used techniques of SLN localisation auditing our own departmental protocol and comparing these techniques with the proposed guidelines set out by the EANM and the SNMMI. We discuss the methods/resources involved in LS mapping (including pictorial examples) weighing up potential benefits and drawbacks of following proposed guidelines.

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P077 A case study: A rare case of plasmacytoma of the breast

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Introduction: Differentiating plasmacytic lesions in the breast to primary breast carcinoma or metastases of the breast is often difficult due to the similar clinical and radiological presentation. Plasmacytoma of the breast is very rare with very few cases reported within the literature. Since 1928 only 63 cases have been reported (Majadob et al, 2013).

Case Study: A 73 year old woman with a history of multiple myeloma was referred for assessment of the breast by a haematology specialist. This case study outlines secondary extramedullary manifestation of multiple myeloma within bilateral breasts without axillary nodal involvement. An overview of clinical presentation, radiological imaging and pathology is reported and discusses the difficulty in interpretation with clinical recommendations.

Discussion: Clinically breast plasmacytoma often presents as a palpable mass, occasionally with inflammatory changes such as skin thickening which may suggest abscess or inflammatory carcinoma (Gupta et al, 2008). Presence of skin thickening was discordant in this case, however bruising to the soft tissue was a clinical indication and this is likely due to a low level platelet count within the blood known as thrombocytopenia which can lead to increased bruising (ACS, 2017). Definitive diagnosis is fundamental as clinical and radiological appearances are known to mimic benignity.

Conclusion: Differentiating plasmacytic lesions in the breast to primary breast carcinoma or metastases of the breast is often difficult due to the similar clinical and radiological presentation. Overall, treatment options are improving; however it is the early diagnosis is essential to improving the patient quality of life.

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