Results: A total of 16 procedures were retrospectively collected. Mean age 46.8 years, BMI 22.7, follow-up 16.4 months. Reconstruction was carried out after a tumor in 80% of the cases, 18% had prophylactic surgery, 2% had revisions. Diabetes, smoke, and immunosuppression had an influence on complications occurrence, as well as implant weigh. Of the 10 patients that underwent this procedure, only two presented complications that resolved in a maximum of three weeks. Capsular contracture was associated with postoperative radiotherapy, but the overall rate was low (3.1%).
Conclusion(s): Pre-pectoral implant positioning offers less pain, less morbidity and faster recovery, while the percentages of capsular contracture and animation deformity are almost zero in all studies. exaSHAPE® represents a good alternative over other biological meshes. The need of a very close collaboration between all the specialists involved is very high, in order to achieve oncological safety and the best aesthetic result. We are at the beginning of a new era in breast reconstruction and our duty is to achieve the best for our patients. Pre-pectoral Breast Reconstruction
Conflict of Interest: No significant relationships.

P150
Role of SPECT/CT in detection of the marked metastatic lymph node and the sentinel node, after neoadjuvant chemotherapy in patients with breast cancer

E. Dilege[1]*, O. Falay[2], O. Agcaoglu[3], N. Kapucuoglu[4]. [1]*Breast Surgery, Koc University Hospital, Istanbul, Turkey;* [2]*Nuclear Medicine, Koc University Hospital, Istanbul, Turkey;* [3]*General Surgery, Koc University Hospital, Istanbul, Turkey;* [4]*Pathology, Koc University Hospital, Istanbul, Turkey*

Goals: Sentinel lymph node biopsy (SLNB) is the standard of care for early stage breast cancers, but its use after neoadjuvant chemptherapy (NAC) for node positive disease still remains controversial. There are some technical points to be improved. The use of two different mapping techniques in combination and placement of a marker in the known metastatic lymph node is highly recommended for the safety of the patients. However the marked lymph node is not as easy to find at all times. In this study we aimed to share our experience with Single-photon emission computed tomography coupled with computed tomography (SPECT/CT) in detection of the sentinel lymph node (SLN), which also guides the surgeon easily to the marked lymph node prior to NAC.
Methods: We evaluated the clinical data of 38 female patients with locally advanced breast cancer, who had undergone NAC followed by breast cancer surgery, retrospectively. All of the patients had SPECT/CT for the localisation of the SLN before surgery. All the SPECT/CT images have been evaluated by the same nuclear medicine specialist, and all the breast surgeries have been done by two surgeons. The patients had undergone their planned breast surgery regardless of the axillary surgery. The marker in the excised lymph node was either confirmed by specimen mammography or by the pathologist.
Results: In 31 patients the marker was tracked in the sentinel node with SPECT/CT, however in 7 of the patients the marked lymph node was not the SLN. There was a 100% overlap of the SPECT/CT results and the axillary surgical findings. SPECT/CT correctly showed whether the marker is in the SLN or not regardless of the tumor biology. The discordant 7 patients included partial response to NAC, complete response or NAC resistant tumors. Response of the primary tumor to chemotherapy was not an indicator to estimate the SLN path change. One patient had complete pathological response but all the lymphatic drainage paths blocked, no SLN identified, where we had to do a complete axillary dissection.
Conclusion(s): The guidence of SPECT/CT helps the surgeon to decide reliably, the correct pathway for removing the marker placed lymph node and the SLN during breast surgery after NAC. With this information in hand before surgery; the surgeon either can choose to do an axillary clearance or place a guidewire before surgery aiming to remove the marked lymph node with the actual SLN, with no excess stress in the operation room. In selected patients SPECT/CT alone can be used for mapping.
Conflict of Interest: No significant relationships.

Survivorship issues

P151
Evaluation of an end of treatment summary in patients with early breast cancer: quality improvement project

K. Nsiah[1]*, J. Finlay[2], D. Betal[2]. [1]*Brighton & Sussex Medical School, Brighton, United Kingdom;* [2]*Western Sussex Breast Care Centre, Worthing, United Kingdom*

Goals: The National Cancer Survivorship Initiative (NCSI) was launched in collaboration with NHS England and Macmillan Cancer Support to improve cancer services. One the main aims was to enable cancer survivors live a healthy and as a good quality of life for as long as possible. Breast cancer treatment is tailored for the individual patient and can be complex.
For many breast cancer survivors, it may be difficult to remember every aspect of cancer diagnosis and treatment. Patients that are aware of their own cancer history in terms of diagnosis and treatment may benefit from greater patient satisfaction and empowerment, effective use of information resources and appropriate medical care if needed in the absence of universal medical records.
Methods: Data was collected retrospectively on 128 patients who underwent surgery by a single surgeon for early breast cancer from 1 January to 31 December 2019. An end of treatment summary and survey questionnaire with prepaid return envelope was sent to each patient. The survey collected quantitative and qualitative data about the details, layout and usefulness of the summary as well as data pertaining to confidence accessing breast care services. Quantitative data was collected using a 5-point Likert scale and qualitative data was obtained using free text questions.
Results:

Questions	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. The layout of the summary was readable	0%	0%	1%	36%	63%
2. The summary made me understand my diagnosis better	2%	6%	18%	37%	38%
3. The details of my surgery and other treatment was concise and understandable	2%	1%	4%	41%	53%
4. Receiving a copy of my treatment summary was useful	0%	2%	8%	37%	53%
5. The care plan summary met my expectations	0%	1%	13%	44%	42%
6. I feel confident dealing with my breast cancer follow-up care	0%	4%	7%	47%	42%
7. I have a good understanding of the side effects of treatment	0%	2%	9%	46%	42%
8. I feel confident identifying and reporting breast cancer related issues/concerns	0%	5%	8%	43%	43%
9. I have a good knowledge about available support	0%	2%	8%	42%	49%
10. I am confident gaining direct access to the breast services if needed	0%	1%	5%	38%	57%

The survey was completed by 106 patients (83% response rate). The majority of respondents (75%) agreed that the end of treatment summary aided their understanding of their diagnosis and was useful (90%). Most felt confident dealing with follow-up care (89%), understanding the side effects of treatment (88%), good knowledge