Methods: Life is mobile and desktop application for patient's empowerment and education. Patients can registry during the active treatment or follow up as fill a short survey regarding their diagnostic and treatment pathway. A dedicated assistant is verifying and updating the medical data. In September and October 2024, assistants additionally interviewed 176 patients by phone (from 388 prospectively registered and active patients from 81 different cities) collecting a real-world data on diagnostic and treatment milestones of BC treatment.
Results: Included patients have been diagnosed between 2010 and 2024 as 84% of them have been diagnosed in the last 4 years. 127 (72%) of patients have found their breast lesion alone. Core-needle biopsy has been performed on 95 (54%) and 60 (34.1%) patients have been diagnosed with excisional biopsy. From the 96 N0 patients 12 (12.5%) have sentinel lymph node dissection. Only 45 (25.6%) patients have been ever consulted with psychologist. 108 women have been age 50 or less at diagnosis and 48 (44.4%) of them have genetic testing for hereditary BC. 41 patients have been diagnosed at the age of 40 or less and 9 (21.9%) of them have been consulted with reproductive specialist before starting the cancer treatment.
Conclusions: PRO could be the reliable source of information for the available and performed treatments and can provide a holistic approach in understanding the patient's pathway. Digital tools may not be of use from all patients and perhaps could distort the public information for the treatment results. Still, they could be a valuable source of real-world data, especially when other sources are lacking.

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P457
Unveiling the Journey: Motivations and Challenges of Oncoplastic Breast Surgeons

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Goals: The study aims to understand the motivations and challenges of oncoplastic breast surgeons in the United Kingdom. It explores what drives surgeons to pursue this subspecialty by identifying what they find most rewarding in their careers. It also explores the challenges faced by oncoplastic breast surgeons and the availability of support systems. These findings will provide valuable insights for medical students and surgical trainees considering this specialty.
Methods: This study employed a cross-sectional design using an anonymous questionnaire distributed to 58 oncoplastic breast surgeons across the UK. The questionnaire covered various topics, including demographic details (age, gender, current position, and years in practice) and professional motivations for pursuing oncoplastic breast surgery, including influences during training. It explored systemic and personal challenges, such as resource availability, workload, and burnout, as well as rewarding aspects of the specialty. Surgeons were also asked about the adequacy of support systems and their overall career satisfaction. The data collected was analysed to get quantitative and qualitative insights into the motivations, challenges, and experiences of oncoplastic breast surgeons.
Results: The study surveyed 58 respondents from various stages of breast oncoplastic surgery careers. 60% of respondents were female and 53% were consultants. Key motivators for choosing surgery were to make a direct impact on patients' lives (75%) and oncoplastics due to its combination of oncology and aesthetics (81%), and lifestyle (60%). Most respondents (60%) decided to specialise in this field during core or higher surgical training, with 90% having early exposure to it. Challenges included balancing oncology with aesthetics (53%), and the emotional toll of cancer care (45%). However, the majority found the specialty rewarding due to its positive patient impact (88%), and focusing on both oncological and aesthetic outcomes (69%). Burnout was reported by 45%, but most reported having enough support systems (74%). Despite challenges, career satisfaction was high, with 85% rating their choice ≥8/10.
Conclusions: Oncoplastic breast surgeons find balancing oncology and aesthetics both rewarding and challenging. The key motivator was to make an impact on patients' lives. Most reported no burnout, adequate support systems, and high career satisfaction. Early exposure and mentorship are key factors influencing career choices in this specialty.

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P458
Enhancing Quality of Life for Early Breast Cancer (EBC) patients in Europe: Early results of a Request for Proposal (RFP)

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Goals: Breast cancer is the prevalent cancer diagnosis for women across the globe. With its often complex multidisciplinary treatment and substantial burden to patients, innovative solutions to help adherence to treatment are imperative. **Sharing Progress in Cancer Care** launched the **"Improving Care of Early Breast Cancer (EBC) Patients in Europe – 2023/2024 RFP Project – Call for Grants"** in May 2023. Aiming to identify and address gaps in EBC care, the initiative solicited proposals from selected European countries. The commitment was to **finance projects that conduct thorough analyses to identify quality and performance gaps in the treatment of EBC**, comprehending the needs of the individuals targeted by the intervention. A total of USD 500,000 was available through support by an educational grant from Eli Lilly.
Methods: The RFP, open May–Nov. 2023, used a 2-stage process. **Stage 1:** Submission of a Letter of Intent (LOI) outlining a project proposal. If an LOI was selected, the applicant was invited to -> **Stage 2:** Submission of a Full Programme Proposal.
SPCC nominated 8 top Expert Reviewers from 6 countries (France, Germany, Ireland, Italy, Portugal, and Spain) to oversee the process, using a formalized review procedure to accept LOIs and subsequently select proposals of the highest scientific merit.
Results: The RFP resulted in **14 LOIs** (from Germany, Italy, Poland, Portugal, Spain, Switzerland), **3 were admitted to Stage 2**, from those the independent Review Panel selected 2 projects. The winning projects, led by IEO European Institute of Oncology IRCCS (Italy) and LMU University Hospital (Germany), focus on patient engagement and care improvement for EBC patients treated with oral tumour therapy. With permission of the grantees details of their projects will be presented.
The projects' performance period commences in Q2 2024 and is scheduled for completion by December 2025.
Conclusions: The call for proposals has presented a unique opportunity to explore practical solutions to benefit not only patients, their caregivers and families but also the intricate political and healthcare system tasked with ensuring swift and convenient access to diagnostics and care for the population. This project is likely to be repeated in other areas of the world.

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