The iBRA-2 Study

A national prospective multicentre audit to evaluate the *i*mpact of immediate *B*reast *R*econstruction on the delivery of *A*djuvant therapy

Background: Immediate breast reconstruction (IBR) is routinely offered to improve psychosocial outcomes for women following mastectomy. Whilst this is important, oncological safety remains paramount and long-standing concerns remain that breast reconstruction, performed at the time of mastectomy, may prevent or delay the administration of important adjuvant treatments.

Aim: To evaluate the impact of immediate breast reconstruction on the time to delivery of adjuvant therapy compared with mastectomy alone.

Methods: Prospective multicentre audit using breast reconstruction research network developed during the initial iBRA study.

Primary and secondary outcomes: The primary outcome will be time from last definitive cancer surgery to delivery of first adjuvant treatment. Secondary outcomes will include rates of post-operative complications, readmission and reoperation; rates of adjuvant therapy following mastectomy and modification or omission of adjuvant therapy due to post-operative complications.

Inclusion criteria: All women undergoing mastectomy for breast cancer or DCIS with or without immediate reconstruction using any technique are eligible for inclusion in the study.

Timelines: Recruitment to the iBRA-2 study is planned for 6 months between **1st July to 31st December 2016**

Register your Unit's interest now!

Register your unit's interest in the study by e-mailing ibrastudy@gmail.com.
All collaborators – trainees, consultants, speciality and staff grade doctors and clinical nurse specialists from breast, plastic surgery and oncology are very welcome.

Any collaborator who contributes 10 patients' data sets to the study will become a PUBMED citable author on all resultant publications

The iBRA-2 Study Steering Group: C Holcombe, S Potter (Co-PIs), N Barnes (Consultant Oncoplastic Breast Surgeon), J Blazeby (Methodologist), B Conroy (Statistician/Methodologist), R Dave (Surgical Trainee), A Harnett (Consultant Oncologist), R O'Connell (Doctoral Fellow), T Rattay (NIHR Doctoral Fellow), Z Tolkein (Research Associate) P Williamson (Statistician/Methodologist).

THE MAMMARY FOLD ACADEMIC & RESEARCH COLLABORATIVE

The Royal Liverpool and Broadgreen University Hospitals NHS Trust

CTRC Clinical Trials Research Centre

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