

To identify and prioritise research gaps in breast cancer surgery, the ABS has recently supported a James Lind Alliance Priority Setting Partnership exercise. This has allowed us to develop a list of Top 10 research priorities, which have been agreed by breast cancer patients, women at high risk of breast cancer and a broad range of healthcare professionals. Over the coming months we will be seeking to develop research questions to address these priorities and move forward breast cancer care to benefit current and future patients

1 Can complete lymph node removal (axillary clearance) be avoided in patients with spread of cancer to the armpit (axilla); what are the alternatives and the outcomes of this approach?

2 What factors increase the risk of breast cancer returning; Is it possible to predict which patients are at higher risk to help them make a more informed decision about breast cancer surgery?

3 Are minimally invasive, image-guided techniques (e.g. vacuum excision or freezing) to remove or destroy the breast cancer a safe and effective alternative to breast cancer surgery?

4 In patients having breast chemotherapy before surgery, what is the best way of monitoring the cancer and is it possible to tell whether the cancer has completely responded to treatment without performing an operation? How long, if at all, after finishing chemotherapy should an operation be performed?

5 What is the best management of ductal carcinoma in situ (pre-invasive breast cancer) and how is this influenced by tumour and patient characteristics (e.g. patient age, hormone receptor status)?

6 Are there some low-risk breast cancers or lesions detected by breast screening that do not need treatment at all and how is it possible to work out which ones these are?

7 How does a breast cancer diagnosis impact on patients' wellbeing? What information and support do patients want around the time of diagnosis, during and after treatment, and what are the best methods to individualise this?

8 What are the outcomes of mastectomy with and without breast reconstruction; how should these be discussed with patients so that they have realistic expectations of outcomes and can make informed decisions?

9 What is the best method of follow up imaging to detect whether the cancer has returned following breast cancer surgery and how is this influenced by tumour and patient characteristics (e.g. patient age, hormone receptor status)?

10 What is the impact of mastectomy with or without breast reconstruction on quality of life for women at high risk of breast cancer, and when and/or at what age should surgery be performed?

For more information or to discuss any ideas to answer these priorities see the ABS Website (www.associationofbreastsurgery.org.uk) or get in touch by e-mail: lucydavies@absghi.org.uk

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