

### Provisional Programme and Registration Form

#### Session 1: Genetic testing: Who and for what genes?

Chairs: Prof Ramsey Cutress and Mr Ashu Gandhi

09:45 to 09:50	<b>Welcome</b>	<i>Mr Mark Sibbering</i>
09:50 to 10:10	<b>Outcome of genetic procurement exercise and the National Test Directory</b>	<i>Dr Angela George</i>
10:10 to 10:30	<b>BRCA prevalence, lifetime risks and implications of genetic testing</b>	<i>Prof Gareth Evans</i>
10:30 to 10:45	<b>Panel testing in hereditary breast cancer</b>	<i>Dr Marc Tischkowitz</i>
10:45 to 11:00	<b>Questions and panel discussion</b>	
11:00 to 11:20	<b>Non mutation high risk patients / PROCAS programme</b>	<i>Prof Gareth Evans</i>
11:20 to 11:40	<b>Screening high risk patients and risk adaptive screening</b>	<i>Prof Fiona Gilbert</i>
11:40 to 11:55	<b>Questions and panel discussion</b>	
11:55 to 12:55	<b>Lunch</b>	

#### Session 2: Management of high risk patients

Chairs: Miss Julie Doughty and Prof Gareth Evans

12:55 to 13:15	<b>Indications and pathways for risk reducing surgery</b>	<i>Mr Ashu Gandhi</i>
13:15 to 13:30	<b>Chemoprevention</b>	<i>Dr Sacha Howell</i>
13:30 to 13:45	<b>ENGAGE study</b>	<i>Dr Samuel Smith</i>
13:45 to 14:00	<b>Questions and panel discussion</b>	
14:00 to 14:15	<b>Pre-implantation diagnosis</b>	<i>Ms Eshika Haque</i>
14:15 to 14:30	<b>Supra-diaphragmatic radiotherapy</b>	<i>Dr Sacha Howell</i>
14:30 to 14:55	<b>Tea and coffee break</b>	

#### Session 3: Testing by whom and when?

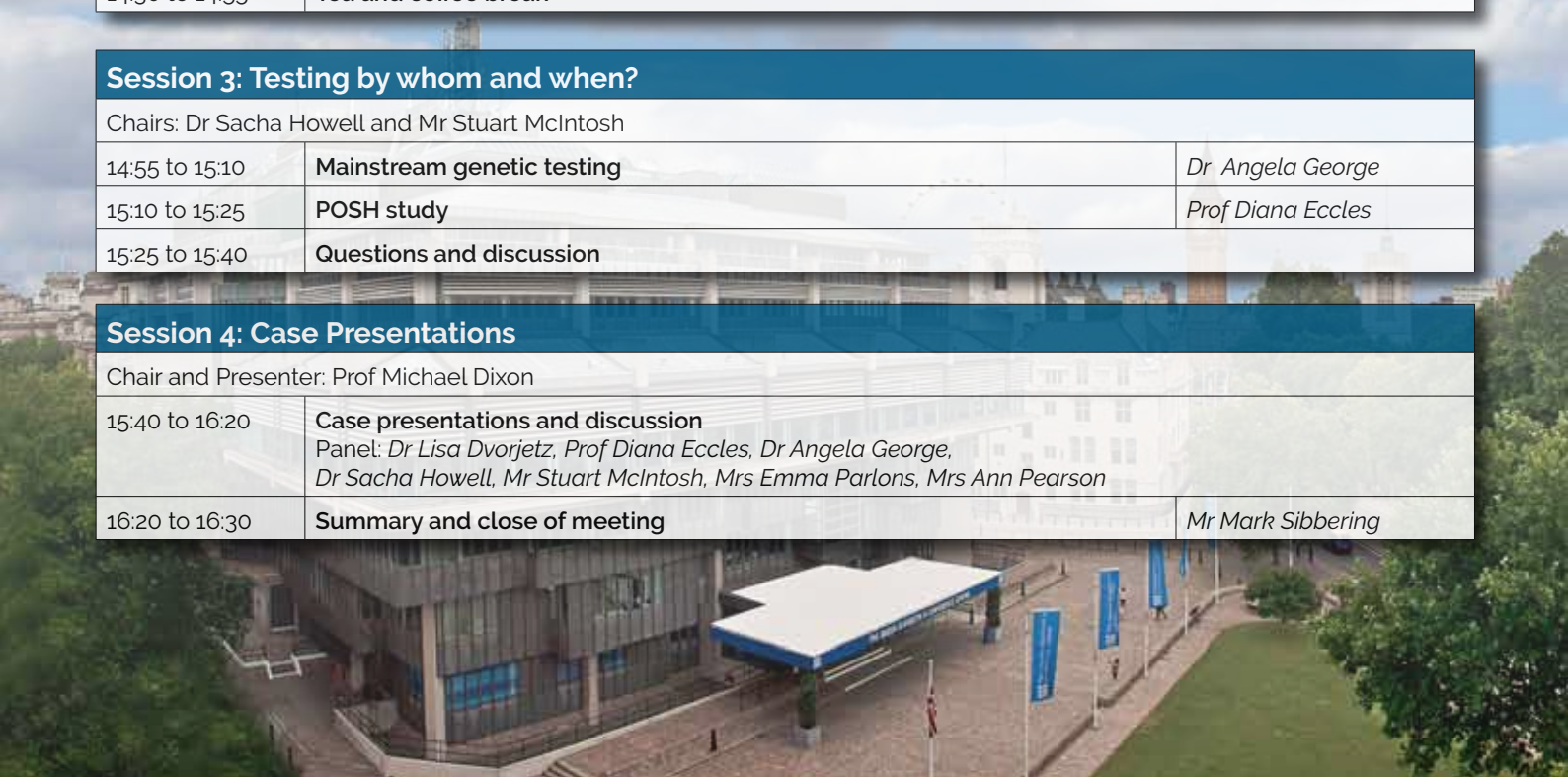
Chairs: Dr Sacha Howell and Mr Stuart McIntosh

14:55 to 15:10	<b>Mainstream genetic testing</b>	<i>Dr Angela George</i>
15:10 to 15:25	<b>POSH study</b>	<i>Prof Diana Eccles</i>
15:25 to 15:40	<b>Questions and discussion</b>	

#### Session 4: Case Presentations

Chair and Presenter: Prof Michael Dixon

15:40 to 16:20	<b>Case presentations and discussion</b> Panel: <i>Dr Lisa Dvorjetz, Prof Diana Eccles, Dr Angela George, Dr Sacha Howell, Mr Stuart McIntosh, Mrs Emma Parlons, Mrs Ann Pearson</i>	
16:20 to 16:30	<b>Summary and close of meeting</b>	<i>Mr Mark Sibbering</i>



## Faculty:

<i>Prof Ramsey Cutress</i>	University of Southampton and University Hospital Southampton
<i>Prof Michael Dixon</i>	Western General Infirmary, Edinburgh
<i>Miss Julie Doughty</i>	Gartnavel General Hospital, Glasgow
<i>Dr Lisa Dvorjetz</i>	Royal Marsden Hospital, London
<i>Prof Diana Eccles</i>	University of Southampton
<i>Prof Gareth Evans</i>	Manchester University NHS Foundation Trust
<i>Mr Ashu Gandhi</i>	Manchester University NHS Foundation Trust
<i>Dr Angela George</i>	Royal Marsden Hospital, London
<i>Prof Fiona Gilbert</i>	University of Cambridge
<i>Ms Eshika Haque</i>	Guys & St Thomas' NHS Foundation Trust
<i>Dr Sacha Howell</i>	University of Manchester and Manchester University NHS Foundation Trust
<i>Mr Stuart McIntosh</i>	Queen's University Belfast & Belfast City Hospital
<i>Mrs Emma Parlons</i>	Lifestyle Writer and Patient Representative
<i>Mrs Ann Pearson</i>	Gartnavel General Hospital, Glasgow
<i>Dr Samuel Smith</i>	University of Leeds
<i>Mr Mark Sibbering</i>	Royal Derby Hospital
<i>Dr Marc Tischkowitz</i>	Department of Medical Genetics, University of Cambridge

## Venue Information

The meeting is being held at the QEII Centre, Broad Sanctuary, Westminster, London SW1P 3EE. The nearest underground stations are Westminster, St James Park and Victoria. For further details of how to reach the venue please see their website: [www.qeiiicentre.london/getting-here](http://www.qeiiicentre.london/getting-here)

The registration desk at the venue will be open from 8.30am for pre-registered delegates to collect their name badges and delegate bags.

## Terms and conditions

### Cancellations and substitutions

Cancellations must be received in writing by the 4th January 2019 when a refund of the fee, less a 10% administrative charge, will be made. After this date no refunds can be made. Substitutions, however, may be made at any time but the conference organiser must be notified in writing at least four days prior to the conference.

### Programme and speaker changes

The conference organisers reserve the right to change the conference sessions or speakers in case of illness or other circumstances beyond their control.

### Insurance

The conference organisers do not accept responsibility for loss or damage to delegates' own property and/or personal effects whilst at the conference. The organisers do not accept responsibility for loss or damage to personal effects caused by events beyond their control, including (but without limitation) fire, flood, strikes, civil disturbances, or for consequential loss or damage of any kind whatsoever.

### Data Protection

The Association of Breast Surgery is GDPR compliant and will not release members' or delegates' addresses to any organisation, person or external body. The ABS will only contact non members with details of future events if they consent to receive this information when registering.

## Registration Form

(Deadline: Friday 4<sup>th</sup> January 2019)

Please note that if the venue capacity is reached ahead of the deadline the ABS reserves the right to close registration to new applicants

*(Please tick box as applicable)*

<b>Individual rate for Consultants, Associate Specialists, Staff Grades &amp; Breast Physicians</b>	<input type="checkbox"/> £190
<b>Individual rate for Trainees &amp; Breast Care Nurses</b>	<input type="checkbox"/> £95
<b>Team rate*</b>	<input type="checkbox"/> £570

\*Team rate is for 4 members of the same MDT and must include: One Consultant Surgeon, one Consultant Oncologist/ Radiologist/ Pathologist, one Breast Care Nurse or Trainee and one other team member (can include any of the above)

### Delegate Information

**Delegate 1** (Please complete if you are registering for one of the individual delegate rates or as the first and contact delegate for team rate applications, who will be posted the receipt)

Title: Prof  Dr  Mr  Mrs  Miss  Other *(please specify)*.....

Surname: ..... First Name: .....

Professional position held: .....

Name and hospital for badge use: .....

Correspondence address: .....

..... Post Code: .....

Email: ..... Tel No: ..... Mobile: .....

Do you have any dietary requirements? .....

### Additional Delegate Information for Team Rate Applications

#### Delegate 2

Title: Prof  Dr  Mr  Mrs  Miss  Other *(please specify)*.....

Surname: ..... First Name: .....

Professional position held: .....

Name and hospital for badge use: .....

Email: ..... Do you have any dietary requirements? .....

#### Delegate 3

Title: Prof  Dr  Mr  Mrs  Miss  Other *(please specify)*.....

Surname: ..... First Name: .....

Professional position held: .....

Name and hospital for badge use: .....

Email: ..... Do you have any dietary requirements? .....

#### Delegate 4

Title: Prof  Dr  Mr  Mrs  Miss  Other (please specify).....

Surname: ..... First Name: .....

Professional position held: .....

Name and hospital for badge use:.....

Email: ..... Do you have any dietary requirements? .....

### DELEGATE INFORMATION

I consent to my name and hospital name being printed on the delegate list, which will be provided to all delegates and exhibitors

Yes  No

For team rate registrations please confirm consent for your colleagues to include their names and hospital name on the delegate list, which will be provided to all delegates and exhibitors

Yes  No

### DATA PROTECTION FOR NON-ABS MEMBERS

The Association of Breast Surgery would like to keep delegates informed of future ABS events. Please indicate how you wish to receive this information

Email  Post  Do not send information

### REGISTRATION AND PAYMENT INFORMATION

Delegates wishing to pay by credit card should use the online registration system.

**Register online at: [www.associationofbreastsurgery.org.uk](http://www.associationofbreastsurgery.org.uk)**

Delegates registering using this form should send cheques made out to 'ABS Conference Account' or contact the ABS Office ([office@absghi.org.uk](mailto:office@absghi.org.uk)) to obtain bank account details for a BACS payment.

**Registration forms should be returned to ABS Events at the address below:**

ABS, at The Royal College of Surgeons, 35 – 43 Lincoln's Inn Fields, London WC2A 3PE

E-mail: [office@absghi.org.uk](mailto:office@absghi.org.uk)

Invoices cannot be issued by the ABS. Delegates must either arrange pre-payment locally or seek reimbursement from their Trust.

If you have any query about your registration please contact 020 7869 6853 /6855



Association of Breast Surgery  
at The Royal College of Surgeons  
35 – 43 Lincoln's Inn Fields  
London WC2A 3PE

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**W** [www.associationofbreastsurgery.org.uk](http://www.associationofbreastsurgery.org.uk)