



# Association of Breast Surgery Conference & AGM

## CONFERENCE PROGRAMME

19th & 20th May 2014, ACC Liverpool

THE

Natrelle

COLLECTION

# Quality and choice

Over 35 years manufacturing experience in anatomical implants, offering individual solutions leading to long-term patient satisfaction:

- 97% patient satisfaction at up to 9 years after surgery.<sup>1</sup>
- Up to 11 years after surgery, most patients reported improved self-esteem, body perception, feeling of wearing clothes, personal charisma and attraction ability.<sup>2</sup>

The anatomical design provides a natural, proportionate breast shape<sup>3,4</sup> - Form Stable gel ensures that shape remains predictable and long lasting with lower complication rates.<sup>2,4</sup>

The Natrelle 410 is one of the few FDA licensed anatomical implants marketed in Europe, Africa and the Middle East.\*

#### REFERENCES

1. Hedén P, et al (2006). Style 410 Cohesive Silicone Breast Implants: Safety and Effectiveness at 5 to 9 Years after Implantation. *Plast. Reconstr. Surg.* 118(6), 1281-1287
2. Hedén P, et al (2009). Long-Term Safety and Effectiveness of Style 410 Highly Cohesive Silicone Breast Implants. *Aesth Plast Surg.* 33, 430-436
3. Abramo A C, et al (2009). How Texture-inducing Contraction Vectors Affect the Fiborous Capsule Shrinkage Around Breast Implants; *Aesth Plast Surg* 34:555-560
4. Adams W (2007). Form-Stable Cohesive Gel Implants: Advantages and Technical Essentials. *Innovations in Plastic Surgery.* 1(3), 7-14

\* Different ranges are approved and available in different regions/countries



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## MENTOR® CPX™4 BREAST TISSUE EXPANDER

### BufferZone™ Self-Sealing Patch & posterior Dacron® Patch

- Protecting the chest wall whilst driving lower pole expansion to mimic the shape of the natural breast

### Improved Stronger Magnet\*

- Easier to locate injection dome for larger patients

### Enhanced smooth, flat injection dome and shell pliability\*

- Helps ease insertion and removal through incision

### Better more pliant proprietary BufferZone™ Patch\*

- Enhanced patient comfort

### Patented SILTEX® Texture

- Prevents the pooling or sequestration of body fluids

### Implant Matching

- Matching range of definitive implants to be used after tissue expansion



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 **MENTOR®**  
Make life more beautiful™

# Welcome from the President



Welcome to Liverpool for our Conference & AGM. We had a record number of delegates last year and indications are that this year will be similar. It is easy to understand the attraction of the meeting with the quality and variety of the programme put together by Katy Hogben. There are talks by noteworthy, internationally acclaimed experts on topics such as neoadjuvant chemotherapy, prediction of late recurrence, PET CT scanning and our long term friend and companion, "The management of the axilla"!

Dedicated sessions will explore survivorship, overtreatment, breast cancer in the older patient, new technologies, familial breast cancer, oncoplastic techniques, audit and data monitoring, academia and breast cancer commissioning. The National Clinical Director for Cancer, Mr Sean Duffy, will address the meeting.

We have received a record number of submitted abstracts and these will be showcased in the short paper sessions and the poster exhibition, which particularly demonstrate the intellectual vitality of the younger breast surgeons and allied professionals.

Though the number of surgeons attending is significant so also are the number of nurses and other professionals as well as colleagues from other medical professions. Please do feedback any suggestions, including criticisms, which you might have as they are very helpful for us when we are planning meetings.

I am indebted to all of you for taking time out from busy lives to support and attend this meeting and to our many sponsors for their considerable financial commitment. Please do visit as many stands as possible.

I am very confident that these two days will emphasise the rude good health of the ABS and that you will greatly enjoy the educational and social experience.

Hoping to meet you over the two days,

A handwritten signature in blue ink that reads "Kieran Horgan". The signature is written in a cursive, flowing style.

**Kieran Horgan**  
*ABS President*



ASSOCIATION OF  
BREAST SURGERY

# Conference & AGM Programme

19th & 20th May 2014, ACC Liverpool

## Monday 19th May 2014 - At a glance

	Hall 1A	Hall 1B	Hall 1C
09:00 to 10:30	<b>Session 1</b> BJS Prize Papers	<b>Session 2</b> Survivorship	<b>Session 3</b> Addressing overtreatment
10:30 to 11:00	<b>Tea &amp; Coffee Break (Hall 2B)</b>		
11:00 to 12:30	<b>Session 4</b> Management of breast cancer in the older patient: Age is just a number	<b>Session 5</b> New technologies and techniques	<b>Session 6</b> Submitted papers
12:30 to 14:00	<b>Lunch (Hall 2B)</b>		
12:30 to 13:15	ABS AGM (open to ABS Members only)		
13:15 to 13:45		ABS Affiliate and Nurse Unit Members' Business Meeting	
14:00 to 14:30	<b>Session 7</b> BJS Lecture		
14:30 to 16:00	<b>Session 8</b> Moving forward with familial breast cancer	<b>Session 9</b> Clinical research and professional development	
16:00 to 16:30	<b>Tea &amp; Coffee Break (Hall 2B)</b>		
16:30 to 18:00	<b>Session 10</b> Oncoplastic breast surgery	<b>Session 11</b> Nursing hot topics & submitted papers	<b>Session 12</b> Submitted papers
18:00 to 18:30			Mammary Fold AGM
18:00 to 19:00	<b>Poster Viewing and Drinks Reception (Hall 2B)</b>		

## Monday 19th May 2014

<b>09:00 to 10:30</b>	<b>Hall 1A</b>
<b>Session 1</b>	<b>BJS Prize Papers</b>
Chairs:	Mrs Katy Hogben & Mr Kieran Horgan
<b>09:05 to 09:15</b>	<b>1. A case controlled study of the oncological outcomes of fat grafting</b> <i>Ms Katherine Gale, Nottingham City Hospital</i>
<b>09:15 to 09:25</b>	<b>2. The impact of axillary lymph node dissection on muscle lymph flow in breast cancer patients</b> <i>Ms Salena Bains, King's College London</i>
<b>09:25 to 09:35</b>	<b>3. Should all patients with a pre-operative diagnosis of metastatic axillary lymphadenopathy undergo axillary node clearance?</b> <i>Mr James Mansell, Victoria Infirmary, Glasgow</i>
<b>09:35 to 09:45</b>	<b>4. Sentinel lymph node metastasis burden in breast cancer patients predicts risk of further axillary metastases following analysis using one-step nucleic acid amplification: A prospective cohort study</b> <i>Dr Thomas Milner, Royal Surrey County Hospital NHS Foundation Trust, Guildford</i>
<b>09:45 to 09:55</b>	<b>5. Current practice in the operative phase of breast implants</b> <i>Dr Alexander Whittam, Royal Bolton Hospital</i>
<b>09:55 to 10:05</b>	<b>6. National audit of management of breast lobular carcinoma in situ (LCIS)</b> <i>Dr Rosemary Chester, Medway NHS Foundation Trust, Gillingham</i>
<b>10:05 to 10:15</b>	<b>7. HER-2 positive breast cancer detected through the NHS Breast Screening Programme - A description of the clinical features and the variation in management across the UK</b> <i>Dr Emma Dugdale, St James's Institute of Oncology, Leeds</i>
<b>10:15 to 10:25</b>	<b>8. The diagnostic efficacy of microdochectomy versus sub-areolar duct excision for unilateral nipple discharge: A comparative analysis of excision pathology</b> <i>Miss Natasha Jiwa, Addenbrooke's University Hospital NHS Trust, Cambridge</i>

<b>09:00 to 10:30</b>	<b>Hall 1B</b>
<b>Session 2</b>	<b>Survivorship</b>
Chair:	Ms Lis Grimsey
<b>09:00 to 09:05</b>	<b>Welcome</b> <i>Ms Lis Grimsey, Eastbourne District General Hospital</i>
<b>09:05 to 09:35</b>	<b>Assessing the needs of cancer survivors</b> <i>Dr Jo Armes, King's College London</i>
<b>09:35 to 09:55</b>	<b>Lifestyle and exercise</b> <i>Dr Michelle Harvie, Wythenshawe Hospital, Manchester</i>
<b>09:55 to 10:15</b>	<b>New developments in lymphoedema management</b> <i>Mr Dominic Furniss, Oxford University Hospitals NHS Trust</i>
<b>10:15 to 10:30</b>	<b>Discussion</b>

Webcasts of most of the presentations from the conference will be available shortly on the ABS website.

See the website for further details:

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

## Monday 19th May 2014

<b>09:00 to 10:30</b>	<b>Hall 1C</b>
<b>Session 3</b>	<b>Addressing overtreatment</b>
Chairs:	Prof Michael Kerin & Mr Mark Sibbering
<b>09:00 to 09:15</b>	<b>The Sloane Project &amp; the Independent Breast Screening Review: Addressing overtreatment</b> <i>Miss Adele Francis, Queen Elizabeth Hospital, Birmingham</i>
<b>09:15 to 09:30</b>	<b>Observational data: Sloane &amp; Forget Me Not</b> <i>Dr Tony Maxwell, University Hospital of South Manchester</i>
<b>09:30 to 09:50</b>	<b>The need for a DCIS overtreatment trial: LORIS</b> <i>Dr Matthew Wallis, Addenbrooke's Hospital, Cambridge</i>
<b>09:50 to 10:10</b>	<b>Is it time to stop operating on breast cancer patients with pathological complete response after NACT?</b> <i>Dr Daniel Rea, Queen Elizabeth Hospital, Birmingham</i>
<b>10:10 to 10:20</b>	<b>Discussant</b> <i>Prof Michael Dixon, Western General Hospital, Edinburgh</i>
<b>10:20 to 10:30</b>	<b>Discussion</b>
<b>10:30 to 11:00</b>	<b>Tea &amp; Coffee Break (Hall 2B)</b>
<b>11:00 to 12:30</b>	<b>Hall 1A</b>
<b>Session 4</b>	<b>Management of breast cancer in the older patient: Age is just a number</b>
Chairs:	Prof Riccardo Audisio & Prof David Dodwell
<b>11:00 to 11:15</b>	<b>Should the surgical decision tree be different for the older patient?</b> <i>Prof Malcolm Reed, Royal Hallamshire Hospital, Sheffield</i>
<b>11:15 to 11:30</b>	<b>What is best in reconstructive surgery for the older patient?</b> <i>Mr John Scott, Glasgow Royal Infirmary</i>
<b>11:30 to 11:45</b>	<b>Update on CALGB 9343 and PRIME Trials</b> <i>Prof Ian Kunkler, Edinburgh Cancer Centre</i>
<b>11:45 to 12:00</b>	<b>Should more adjuvant chemotherapy be used in the older patient in the UK?</b> <i>Prof Robert Leonard, Imperial College Healthcare NHS Trust, London</i>
<b>12:00 to 12:10</b>	<b>Bridging the Age Gap Trial</b> <i>Miss Lynda Wyld, Royal Hallamshire Hospital, Sheffield</i>
<b>12:10 to 12:30</b>	<b>Discussion</b>
<b>11:00 to 12:30</b>	<b>Hall 1B</b>
<b>Session 5</b>	<b>New technologies and techniques</b>
Chairs:	Mr Michael Douek & Miss Cliona Kirwan
<b>11:00 to 11:25</b>	<b>Intraoperative radiotherapy techniques</b> <i>Dr Imogen Locke, Royal Marsden Hospital</i>
<b>11:25 to 11:40</b>	<b>3D imaging of the breast</b> <i>Dr Nisha Sharma, Leeds Teaching Hospitals</i>
<b>11:40 to 11:55</b>	<b>The microbubble technique for sentinel lymph node biopsy</b> <i>Ms Karina Cox, Maidstone and Tunbridge Wells NHS Trust</i>
<b>11:55 to 12:10</b>	<b>Novel intra-operative image-guided surgery using Terahertz and Cherenkov Luminescence Imaging</b> <i>Prof Arnie Purushotham, Guy's Hospital, London</i>
<b>12:10 to 12:30</b>	<b>Discussion</b>

## Monday 19th May 2014

<b>11:00 to 12:30</b>	<b>Hall 1C</b>
<b>Session 6</b>	<b>Submitted papers</b>
Chairs:	Miss Julie Doughty & Mr Lee Martin
<b>11:00 to 11:10</b>	<b>9. A study to determine the persistent level of disability following breast cancer treatment at one year and to identify subgroups of patients that might benefit from more intensive physiotherapy using the validated Disabilities of Shoulder and Hand (DASH) questionnaire</b> <i>Ms Siobhan Laws, Hampshire Hospitals NHS Foundation Trust, Winchester</i>
<b>11:10 to 11:20</b>	<b>10. 354 acellular collagen matrix-augmented implant based reconstructions in Edinburgh - trends over 5 years</b> <i>Mr Matthew Barber, Edinburgh Breast Unit</i>
<b>11:20 to 11:30</b>	<b>11. Imaging post therapeutic mammoplasty</b> <i>Ms Katherine Gale, Nottingham City Hospital</i>
<b>11:30 to 11:40</b>	<b>12. A multi-centre prospective phase-2 surgical study evaluating health related quality of life after immediate latissimus dorsi (LD) breast reconstruction: duration of effects over 2 years</b> <i>Ms Rebecca Llewellyn-Bennett, University of Bristol</i>
<b>11:40 to 11:50</b>	<b>13. The ongoing requirement of operative procedures following latissimus dorsi reconstruction - are we looking at the tip of the iceberg?</b> <i>Ms Isabella Dash, Great Western Hospital, Swindon</i>
<b>11:50 to 12:00</b>	<b>14. Improving team working within a breast MDT: an observational approach</b> <i>Dr Tasha Gandamihardja, Imperial College Healthcare NHS Trust</i>
<b>12:00 to 12:10</b>	<b>15. VTE prophylaxis in breast surgery - what are we doing?</b> <i>Ms Sophie Helme, St Bartholomew's Hospital, London</i>
<b>12:10 to 12:20</b>	<b>16. Is open diagnostic excision biopsy for B3 lesions redundant?</b> <i>Ms Caroline Strachan, St James's University Hospital, Leeds</i>

**12:30 to 14:00** Lunch (Hall 2B)

<b>14:00 to 14:30</b>	<b>Hall 1A</b>
<b>Session 7</b>	<b>BJS Lecture</b>
Chair:	Mr Kieran Horgan
<b>14:00 to 14:30</b>	<b>BJS</b> Local-regional therapy in the setting of neoadjuvant chemotherapy <i>Prof Kelly Hunt, MD Anderson Cancer Center, Houston, Texas</i>

## Monday 19th May 2014

<b>14:30 to 16:00</b>	<b>Hall 1A</b>
<b>Session 8</b>	<b>Moving forward with familial breast cancer</b>
Chairs:	Mr Simon Cawthorn & Mr Philip Turton
<b>14:30 to 14:45</b>	<b>NICE Familial Breast Cancer Guidelines 2013 - What's new?</b> <i>Mrs Amanda Taylor, Milton Keynes NHS Trust</i>
<b>14:45 to 15:00</b>	<b>NICE Guidelines: implications for genetic testing</b> <i>Dr Lynn Greenhalgh, Liverpool Women's NHS Foundation Trust</i>
<b>15:00 to 15:15</b>	<b>How should surgeons interpret and deliver genetic test results?</b> <i>Miss Fiona MacNeill, Royal Marsden Hospital</i>
<b>15:15 to 15:30</b>	<b>Imaging implications for putting the NICE guidelines into place</b> <i>Dr Louise Wilkinson, St George's Healthcare NHS Trust, London</i>
<b>15:30 to 15:45</b>	<b>Nurse specialist led family history clinic services</b> <i>Miss Lis Grimsey, Eastbourne District General Hospital</i>
<b>15:45 to 16:00</b>	<b>Discussion</b>
<b>14:30 to 16:00</b>	<b>Hall 1B</b>
<b>Session 9</b>	<b>Clinical research and professional development</b>
Chairs:	Mr Ramsey Cutress & Prof Malcolm Reed
<b>14:30 to 14:45</b>	<b>Why do we need academic rigour in our training and clinical life?</b> <i>Prof Arnie Purushotham, Guy's Hospital, London</i>
<b>14:45 to 15:00</b>	<b>When is 'different' a real difference? - A talk for surgeons</b> <i>Dr Gill Lawrence, West Midlands Knowledge and Information Team</i>
<b>15:00 to 15:15</b>	<b>Variable evidential standards in the management of early breast cancer</b> <i>Prof David Dodwell, Leeds University Teaching Hospitals</i>
<b>15:15 to 15:30</b>	<b>What's new in breast cancer research?</b> <i>Prof Michael Kerin, University College Hospital, Galway</i>
<b>15:30 to 15:45</b>	<b>ABS online CPD courses</b> <i>Miss Julie Doughty, Western Infirmary, Glasgow</i>
<b>15:45 to 16:00</b>	<b>Discussion</b>
<b>16:00 to 16:30</b>	<b>Tea &amp; Coffee Break (Hall 2B)</b>
<b>16:30 to 18:00</b>	<b>Hall 1A</b>
<b>Session 10</b>	<b>Oncoplastic breast surgery</b>
Chairs:	Miss Julie Doughty & Mr Douglas Ferguson
<b>16:30 to 16:50</b>	<b>Experience of implant based reconstructions with and without ADMs</b> <i>Mr Gerald Gui, Royal Marsden Hospital</i>
<b>16:50 to 17:05</b>	<b>Revisional reconstruction</b> <i>Mr Lee Martin, Aintree University Hospital</i>
<b>17:05 to 17:30</b>	<b>Breast surgery in gender reassignment patients</b> <i>Mr Peter Kneeshaw, Castle Hill Hospital, Hull</i>
<b>17:30 to 18:00</b>	<b>Symmetrisation surgery case studies</b> <i>Mr John Scott, Glasgow Royal Infirmary &amp; Mr Douglas Macmillan, Nottingham City Hospital</i>



## Monday 19th May 2014

<b>16:30 to 18:00</b>	<b>Hall 1B</b>
<b>Session 11</b>	<b>Nursing hot topics and submitted papers</b>
Chair:	Mrs Sue Holcombe
<b>16:30 to 16:40</b>	<b>17. Moving on: An education programme for people who have completed breast cancer treatment</b> <i>Ms Ruth O'Connor, Frimley Park Hospital</i>
<b>16:40 to 16:50</b>	<b>18. The breast care nurse role in the management of breast cancer in a young woman with diminished mental capacity - an example of collaborative working</b> <i>Ms Claire Moody, North Tees NHS Foundation Trust</i>
<b>16:50 to 17:00</b>	<b>19. Setting up a nurse-led seroma service: Our experience</b> <i>Mrs Vanessa Hewick, Peterborough City Hospital</i>
<b>17:00 to 17:15</b>	<b>Surgical issues after neo-adjuvant chemotherapy</b> <i>Miss Fiona MacNeill, Royal Marsden Hospital</i>
<b>17:15 to 17:30</b>	<b>Extended adjuvant therapy in 2014</b> <i>Miss Elizabeth Redmond, Countess of Chester Hospital</i>
<b>17:30 to 17:45</b>	<b>Tailoring treatment of early-stage invasive breast cancer to the patient</b> <i>Dr Isobel Greenfield, Genomic Health</i>
<b>17:45 to 17:55</b>	<b>Discussant</b> <i>Prof Michael Dixon, Western General Hospital, Edinburgh</i>
<b>17:55 to 18:00</b>	<b>Discussion</b>

<b>16:30 to 18:00</b>	<b>Hall 1C</b>
<b>Session 12</b>	<b>Submitted papers</b>
Chairs:	Miss Jenny Rusby & Mr Mark Sibbering
<b>16:30 to 16:40</b>	<b>20. The potential impact of the NICE guidelines on the use of Oncotype DX for guiding adjuvant chemotherapy decisions in breast cancer patients</b> <i>Ms Reena Shah, Cheltenham General Hospital</i>
<b>16:40 to 16:50</b>	<b>21. Experience with the Oncotype DX Assay in a UK centre</b> <i>Prof Nigel Bundred, University Hospital of South Manchester NHS Foundation Trust</i>
<b>16:50 to 17:00</b>	<b>22. Invasive breast cancer after a diagnosis of ductal carcinoma in situ: does mode of presentation influence recurrence risk?</b> <i>Ms Shan Cheung, West Midlands PHE, Birmingham</i>
<b>17:00 to 17:10</b>	<b>23. Inclusion of Ki67 significantly improves performance of the Predict prognostication and prediction model for early breast cancer</b> <i>Prof Gordon Wishart, Anglia Ruskin University, Cambridge</i>
<b>17:10 to 17:20</b>	<b>24. The reduction of secondary axillary procedure after the introduction of OSNA</b> <i>Miss Susan Hignett, Royal Liverpool University Hospital</i>
<b>17:20 to 17:30</b>	<b>25. Overcoming ageism bias in the treatment of breast cancer: standard and non-standard strategies in the elderly</b> <i>Mr Asad Parvaiz, New Cross Hospital, Wolverhampton</i>
<b>17:30 to 17:40</b>	<b>26. The effect of timing of breast radiotherapy on clinical and patient reported outcomes after breast reconstruction: a 10 year study</b> <i>Mr Lashan Peiris, Hampshire Hospitals NHS Foundation Trust, Winchester</i>
<b>17:40 to 17:50</b>	<b>27. Stromal (fibroblast) upregulation of the tissue factor-thrombin pathway occurs in breast cancer at the pre-invasive stage</b> <i>Miss Cliona Kirwan, University Hospital of South Manchester</i>

**18:00 to 19:00 Poster Viewing and Drinks Reception (Hall 2B)**

## Tuesday 20th May 2014 - At a glance

	Hall 1A	Hall 1B	Hall 1C
09:00 to 11:00	<b>Session 13</b> Individual surgical performance & breast cancer audits	<b>Session 14</b> Putting learning into nursing practice	<b>Session 15</b> Mammary Fold session
11:00 to 11:30 <b>Tea &amp; Coffee Break (Hall 2B)</b>			
11:30 to 13:00	<b>Session 16</b> Biological factors in breast cancer behaviour and treatment	<b>Session 17</b> The reality behind information giving and treatment choice	<b>Session 18</b> Commissioning, tariffs and coding explained
13:00 to 14:00 <b>Lunch (Hall 2B)</b>			
14:00 to 14:30	<b>Session 19</b> EJSO Lecture		
14:30 to 15:00	<b>Session 20</b> Invited Lecture		
15:00 to 16:45	<b>Session 21</b> Update on axillary management	<b>Session 22</b> Poster prize session	

### Tuesday 20th May 2014

09:00 to 11:00	Hall 1A
<b>Session 13</b>	<b>Individual surgical performance &amp; breast cancer audits</b>
Chairs:	Prof Julietta Patnick & Mr Mark Sibbering
09:00 to 09:20	<b>Individual surgeon level data</b> <i>Mr Dick Rainsbury, Royal Hampshire County Hospital, Winchester</i>
09:20 to 09:30	<b>New data collection systems</b> <i>Mr Kieran Horgan, Leeds University Teaching Hospitals</i>
09:30 to 09:45	<b>The Kennedy Report - our responsibilities</b> <i>Mr Mark Sibbering, Royal Derby Hospital</i>
09:45 to 11:00	<b>NHS BSP &amp; ABS Breast Screening Audit</b>  <b>Key performance data</b> <i>Mr Mark Sibbering, Royal Derby Hospital</i>  <b>Review of outlier data</b> <i>Dr Gill Lawrence, West Midlands Knowledge &amp; Information Team</i> <i>Mr Paul Stonelake, Russells Hall Hospital, Dudley</i> <i>Dr Matthew Wallis, Addenbrookes Hospital, Cambridge</i> <i>Prof David Dodwell, Leeds University Teaching Hospitals</i>

## Tuesday 20th May 2014

<b>09:00 to 11:00</b>	<b>Hall 1B</b>
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<b>Session 14</b>	<b>Putting learning into nursing practice</b>
Chair:	Ms Victoria Harmer

<b>09:00 to 09:20</b>	<b>Assessing the elderly for treatment</b> <i>Prof Malcolm Reed, Royal Hallamshire Hospital, Sheffield</i>
<b>09:20 to 09:40</b>	<b>Living into old age with the consequences of breast cancer</b> <i>Dr Debbie Fenlon, University of Southampton</i>
<b>09:40 to 10:00</b>	<b>Genetics: assessing risk and risk reducing surgery</b> <i>Dr Tara Clancy, Manchester Centre for Genomic Medicine, St Mary's Hospital</i>
<b>10:00 to 10:20</b>	<b>Chemoprevention</b> <i>Ms Jo Marsden, King's College Hospital, London</i>
<b>10:20 to 10:40</b>	<b>Screening issues for high risk patients</b> <i>Mrs Sue Holcombe, Royal Liverpool University Hospital</i>
<b>10:40 to 11:00</b>	<b>Discussion</b>

<b>09:00 to 11:00</b>	<b>Hall 1C</b>
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<b>Session 15</b>	<b>Mammary Fold session</b>
Chair:	Mr Senthurun Mylvaganam

<b>09:00 to 09:20</b>	<b>Curriculum update</b> <i>Miss Fiona MacNeill, Royal Marsden Hospital</i>
<b>09:20 to 09:40</b>	<b>Royal College of Surgeons of England Surgical Trials Centres</b> <i>Prof Nigel Bundred, South Manchester University Hospital</i>
<b>09:40 to 10:00</b>	<b>What is the potential in an oncoplastic career?</b> <i>Miss Rachel Tillet, Royal Devon and Exeter Hospital</i>
<b>10:00 to 10:20</b>	<b>What does 'being General Surgery competent' offer the future breast surgeon?</b> <i>Prof Michael Kerin, University College Hospital, Galway</i>
<b>10:20 to 10:40</b>	<b>Risk reducing surgery</b> <i>Prof Kelly Hunt, MD Anderson Cancer Center, Houston, Texas</i>
<b>10:40 to 11:00</b>	<b>Discussion</b>

<b>11:00 to 11:30</b>	<b>Tea &amp; Coffee Break (Hall 2B)</b>
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<b>11:30 to 13:00</b>	<b>Hall 1A</b>
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<b>Session 16</b>	<b>Biological factors in breast cancer behaviour and treatment</b>
Chairs:	Mr Kieran Horgan & Prof John Robertson

<b>11:30 to 11:50</b>	<b>Tool for predicting long term recurrence</b> <i>Prof Michael Knauer, Kantonsspital, St Gallen</i>
<b>11:50 to 12:10</b>	<b>Insights into the long term treatment of recurrent ER+ Breast Cancer</b> <i>Dr Daniel Rea, University of Birmingham</i>
<b>12:10 to 12:30</b>	<b>Triple Negative Breast Cancer</b> <i>Prof Peter Schmid, St Bartholomew's Hospital, London</i>
<b>12:30 to 12:50</b>	<b>The role of bisphosphonates as anticancer agents</b> <i>Prof Rob Coleman, Weston Park Hospital, Sheffield</i>
<b>12:50 to 13:00</b>	<b>Discussion</b>

**Tuesday 20th May 2014****11:30 to 13:00 Hall 1B****Session 17 The reality behind information giving and treatment choice**  
Chairs: Ms Lis Grimsey & Mrs Katy Hogben**11:30 to 11:50 How can we help women choose whether or not to have breast reconstruction?**  
*Prof Diana Harcourt, University of the West of England***11:50 to 12:20 The Surgeon: fireman or counsellor? Decision making and choice when patients are in mortal danger**  
*Prof Chris Holcombe, Royal Liverpool University Hospital & Prof Peter Salmon, University of Liverpool***12:20 to 12:35 Giving the right information to enable the patient to make a choice**  
*Mrs Sue Holcombe, Royal Liverpool University Hospital***12:35 to 12:50 Keeping breast cancer patients in the picture: The European PICTURE Project**  
*Prof Mo Keshtgar, Royal Free Hospital, London***12:50 to 13:00 Discussion****11:30 to 13:00 Hall 1C****Session 18 Commissioning, tariffs and coding explained**  
Chairs: Mr Chris Caddy & Prof Philip Drew**11:30 to 11:50 Demystifying breast commissioning**  
*Dr Kate Haire, London Cancer Alliance***11:50 to 12:10 The national tariff, coding and data collection**  
*Mr Steven Francis, Royal Marsden Hospital NHS Foundation Trust***12:10 to 12:30 HRG4+ coding update**  
*Mr Sheikh Ahmad, Royal Cornwall Hospital***12:30 to 12:50 Satisfying the commissioners**  
*Ms Nicola Allen, NHS England (Merseyside)***12:50 to 13:00 Discussion****13:00 to 14:00 Lunch (Hall 2B)****14:00 to 14:30 Hall 1A****Session 19 EJSO Lecture**  
Chair: Miss Fiona MacNeill**14:00 to 14:30 Is there an increasing role for PET- CT scanning in the management of breast cancer?**  
*Prof Emiel Rutgers, Netherlands Cancer Institute, Amsterdam***14:30 to 15:00 Hall 1A****Session 20 Invited Lecture**  
Chair: Mr Kieran Horgan**14:30 to 15:00 How will the new NHS work for patients who require specialist services?**  
*Mr Sean Duffy, National Clinical Director for Cancer, NHS England*

## Tuesday 20th May 2014

15:00 to 16:45	Hall 1A
<b>Session 21</b>	<b>Update on axillary management</b>
Chair:	Miss Julie Doughty
15:00 to 15:20	<b>Amaros results and their clinical consequences</b> <i>Prof Emiel Rutgers, Netherlands Cancer Institute, Amsterdam</i>
15:20 to 15:40	<b>Z0011 and the impact on the management of early stage breast cancer</b> <i>Prof Kelly Hunt, MD Anderson Cancer Center, Houston, Texas</i>
15:40 to 15:50	<b>POSNOC Update</b> <i>Mr Amit Goyal, Royal Derby Hospital</i>
15:50 to 16:20	<b>Immediate intraoperative nodal analysis is in a patient's best interests</b> <b>For:</b> Mr Zenon Rayter, Southmead Hospital, Bristol <b>Against:</b> Prof Michael Dixon, Western General Hospital, Edinburgh
16:20 to 16:30	<b>ABS membership's view on axillary management</b> <i>Mr Kieran Horgan, Leeds University Teaching Hospitals</i>
16:30 to 16:40	<b>Discussion</b>
16:40 to 16:45	<b>Concluding remarks and prize presentations</b>
15:00 to 16:00	Hall 1B
<b>Session 22</b>	<b>Poster prize session</b>
Chairs:	Mr Ramsey Cutress & Mr Lee Martin
15:00 to 16:00	<b>Presentation of the best 12 submitted posters</b>

# Diary Date

**ABS Conference & AGM**

15th & 16th June 2015

*Bournemouth International Centre*





## Intraoperative use for shorter procedures

### Standard of Care



Reduces time  
under anesthesia



Minimizes potential  
for re-excision

### Operational Efficiency



Shorter procedure time  
frees up surgeon, staff  
and OR for other patients



Significant cost savings  
per procedure



**Stand 23**

**daax**

## Breast Reconstruction Matters



At LifeCell, we know the importance of breast reconstruction in the emotional and physical well-being of women post-mastectomy.<sup>1</sup> That's why we are driven to provide you and your patients with the tools to make the best, most educated choices.

In January 2014, we launched the Breast Reconstruction Matters Tool Kit. This kit has been designed to help you in your conversations with your patients by providing medical- and patient-facing materials, such as:

- Testimonials from real women who have undergone reconstruction
- Descriptions of available breast reconstruction techniques
- Photos of breast reconstruction outcomes
- Take-home documents for patients
- Frequently asked questions

To learn more, speak to a representative today at the LifeCell booth. Or, to order your Breast Reconstruction Matters Tool Kit, email: [toolkit@breastreconstructionmatters.com](mailto:toolkit@breastreconstructionmatters.com)

<sup>1</sup> NHS National Mastectomy and Breast Reconstruction Audit, 2011. A national audit of provision and outcomes of mastectomy and breast reconstruction surgery for women in England Fourth Annual Report 2011.  
For use by healthcare professionals.

# International Invited Lecturers

## Dr Kelly Hunt MD

Dr Hunt is Professor and Chief of the Section of Surgical Breast Oncology in the Department of Surgical Oncology at the MD Anderson Cancer Center. She holds the title of Hamill Foundation Distinguished Professorship in honor of Dr Richard G Martin, Sr.

Dr Hunt has received numerous awards, including the Outstanding Teaching Award for the Department of Surgical Oncology and the Faculty Achievement Award for Clinical Research. In addition she has been named in "Best Doctors in America", "America's Top Surgeons" and "America's Top Doctors for Cancer". Dr Hunt has published over 400 peer-reviewed articles in journals such as the *Annals of Surgery*, *Cancer Research*, *Journal of Clinical Oncology*, *Oncogene*, *Proceedings of the National Academy of Sciences* and *Science*. In addition, she has been the editor of two books on breast cancer and a book on cancer gene therapy.

Dr Hunt has served as principal investigator, collaborator and co-investigator on numerous grants, contracts and funded protocols. She served as the Chair of the Breast Organ Site Committee of the American College of Surgeons Oncology Group and is currently Vice Chair for the Breast Committee in the Alliance for Clinical Trials in Oncology. Her basic research interests have been focused on tumor suppressor genes, cell cycle deregulation, and cell signaling. Her research has been funded through MD Anderson, U.S. Army Medical Research and Materiel Command, NIH, and Susan G Komen Breast Cancer Foundation. Her clinical research is focused on neoadjuvant therapy in breast cancer and the role of breast conserving surgery and sentinel lymph node dissection after chemotherapy.



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## Professor Emiel Rutgers

Prof Emiel Rutgers has been a Surgical Oncologist at the Netherlands Cancer Institute in Amsterdam, Netherlands since 1987 and Head of the Department of Surgery since 2006. He is the Chair of the Institute's Breast Cancer Working Group and Professor at the Medical Faculty of the University of Amsterdam. After earning a medical degree from the State University of Utrecht, he completed his residency training in internal medicine at Sint Antonius Ziekenhuis, Utrecht, and his general surgery training at the St. Joseph-Ziekenhuis in Eindhoven. He earned his PhD degree in 1986 at the University of Amsterdam on a thesis investigating the value of follow up of women treated for breast cancer. Prof Rutgers is currently Board member and treasurer of the EORTC, fellow of the Royal College of Surgeons (London & Glasgow); treasurer and past-chair of the European Organization for Research and Treatment of Cancer (EORTC) Breast Group; and chair of the National Dutch Working Group for the guidelines on screening, diagnosis, and treatment of breast cancer. He is a member of several societies including the European Society of Surgical Oncology, Society of Surgical Oncology (United States), American Society of Clinical Oncology (ASCO), and of the Executive Committee of the European Society of Mastology. He was Chair of the European Breast Cancer conference in Berlin April 2008 and Vienna 2012. He is chair of the European Breast Cancer Council.



Prof Rutgers' main fields of interest is breast cancer, with emphasis on prognostic and predictive factors (micro-array techniques), risk management and prevention, and optimisation of surgical procedures including neo-adjuvant chemotherapy, sentinel node procedure and immediate breast reconstruction. He is the author or co-author of more than 300 articles and book chapters on different aspects of breast cancer. Prof Rutgers is the principal investigator of the EORTC-AMAROS Trial (in sentinel node biopsy in breast cancer) and the EORTC MINDACT Trial, which is studying the value the 70-gene micro-array Mammaprint test in node negative and positive breast cancer.

# List of Exhibitors

## Trade Exhibition

The Exhibition will be held in Hall 2B and will be open at the following times:

Monday 19th May 2014: 07:45 to 19:00

Tuesday 20th May 2014: 08:30 to 14:00

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## The exhibition will contain the following stands:

### Allergan Medical Aesthetics

Allergan is dedicated to developing meaningful treatments to help people reach their potential. With over 11,100 talented employees in 100 countries, our portfolio includes pharmaceuticals, biologics and medical devices. With 35 years of medical aesthetics experience, Allergan delivers scientific excellence and patient satisfaction through our products, which include:

- NATRELLE™ collection of breast implants including round and anatomical
  - SERI® Surgical Scaffold - a silk-derived, next-generation soft tissue support and repair device.
  - JUVÉDERM® and the VYCROSS™ ranges of hyaluronic acid (HA) dermal fillers
- 

### Bard Limited

For 100 years, C.R.Bard Inc. has been Advancing the Delivery of Healthcare by creating innovative products and services that meet the needs of healthcare providers and patients. At Bard Biopsy Systems, we're dedicated to helping physicians deliver uncompromised care to each patient.

Our broad line of category-leading products is designed to improve the biopsy experience for physicians, their patients and their practices. Bard works for you. You do the procedures. We design the tools. Together, we collaborate. We look forward to meeting you at our stand.

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### Blackwell's Exhibitions

Blackwell's have been supplying specialist publications and academic books for over 130 years and are a contracted supplier to the NHS and Department of Health. Blackwell Exhibitions specialises in bringing event specific books to UK Medical meetings, offering delegates a range of titles seldom found together elsewhere.

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### Breakthrough Breast Cancer

Breakthrough Breast Cancer is more than a name. It's a force. A force of thousands of people across the UK working together with a single-minded ambition to stop women dying from breast cancer. We will achieve this by finding new treatments, discovering the causes, promoting early detection and ensuring the best possible care for women diagnosed with the disease. Our breakthroughs are made by funding 25% of the breast cancer research in the UK, campaigning to ensure survival rates are among the best in the world and educating all women to recognise the signs and symptoms of the disease.

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### Breast Cancer Care

Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information to anyone affected by Breast Cancer. Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer.

There are many ways to face breast cancer. We're here to help people find theirs.

See our website: [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

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### Breast Cancer Clinical Outcome Measures Project (BCCOM)

The Breast Cancer Clinical Outcome Measures (BCCOM) Project is the online audit of symptomatic breast cancers covering patients diagnosed in England, Northern Ireland and Wales.

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### Breast Reconstruction Matters

At LifeCell we know the importance of breast reconstruction in the emotional and physical well-being of women post-mastectomy. That's why we are driven to provide you and your patients with the tools to make the best, most educated choices.

LifeCell has launched the Breast Reconstruction Matters tool-kit. This kit will help you in your conversations with your patients by providing medical- and patient- facing materials, such as:

- Innovative website ([www.breastreconstructionmatters.co.uk](http://www.breastreconstructionmatters.co.uk))
- Testimonials from real women who have been reconstructed
- Photos of breast reconstruction outcomes

To learn more, speak to a representative today at the Breast Reconstruction Matters stand.

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Over 400,000 assays reported for 70+ countries

# The **Oncotype DX<sup>®</sup>** Breast Cancer Assay

Revealing the underlying tumour biology helping to decide:

## Chemo? No Chemo?

Personalised information to support therapy decision-making.

**NICE Final Guidance 25 Sept 2013<sup>1</sup>**

Recommended as an option for guiding adjuvant chemotherapy decisions for some people with ER-positive, N-negative and HER2-negative early-stage invasive breast cancer.\*

Visit us at [www.oncotypedx.com](http://www.oncotypedx.com)

click on 

For more information on how to order the *Oncotype DX* Breast Cancer Assay, please contact Customer Service on Tel: 020 3031 8087 or at [europesupport@genomichealth.com](mailto:europesupport@genomichealth.com).

\* Intermediate risk patient defined as having a Nottingham Prognostic Index (NPI) above 3.4 or being at intermediate risk by other decision making tools or protocols  
1. NICE: Diagnostics guidance, DG10, Sept 2013  
This piece is intended to educate physicians on the clinical utility of the *Oncotype DX* Breast Cancer Assay, and should not be provided to patients.  
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*oncotypedx<sup>®</sup>*  
Breast Cancer Assay



**ONE STEP – ONE DECISION**  
OSNA FOR LYMPH NODE ANALYSIS IN BREAST CANCER

## Cost beneficial to the Health Service

## Beneficial to the patient

The only intra-operative test for SLN analysis formally recommended by NICE

- Enhance patient management and treatment
- Optimise resources
- Minimise second surgeries
- Optimise theatre management
- Treat more patients and reduce waiting lists
- Reduce bed stays
- Reduce Pathology workload

Too good to be true?  
To find out more contact The Life Science Division at Sysmex UK Limited  
[www.sysmex-lifescience.com](http://www.sysmex-lifescience.com) • [www.sysmex.co.uk](http://www.sysmex.co.uk)

# List of Exhibitors continued...

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## **Clover Leaf Medical Ltd**

A leading supplier of fat transfer systems including the very popular PureGraft. We also manufacture the largest range of high quality disposable cannula. Free trials, bespoke solutions and expertise are available from our clinical manager, who is a very experienced breast care nurse.

We supply Breform for mastopexy, reduction and reconstruction and German manufactured surgical instruments including Breast retractors, areola markers and supercut scissors.

Also on display are an excellent range of post- surgical compression bras and bands.

Contact us for unrivalled service and experience on 01494 876990 or see our website: [www.cloverleafmedical.com](http://www.cloverleafmedical.com)

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## **DAAX Ltd**

DAAX supply the Faxitron VISION range of Digital Specimen Systems for use in theatre, radiology and pathology. Faxitron BioVision is portable and can be safely and easily moved between different theatre locations. The Surgeon can, within 10 seconds, have an image of the excised tissue enabling a decision to be made to 'close' or take further margin. The high sensitivity of the detector will clearly identify the presence of very fine calcification within lumpectomy. This can be enhanced significantly further by using the magnification levels to acquire even higher resolution images. Typically BioVision saves 20 minutes per procedure.

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## **Devicor Medical UK Ltd**

In July 2010, Devicor® Medical Products, Inc. acquired the Breast Care Business from Johnson & Johnson. Devicor Medical Products is led by a senior management team of healthcare executives with over 150 combined years of cross-functional experience in global healthcare companies. As a young company with a strong future, Devicor Medical Products is focused exclusively on medical technologies that improve patient experiences and outcomes.

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## **Digital Spark Ltd**

We are Digital Spark. We collaborate with clinicians and informatics specialists to develop quality healthcare software.

We are passionate about equipping and enabling clinicians with digital solutions that drive improvement in services and help keep patients safer.

With significant NHS and private sector experience across the Digital Spark team, we design, develop and implement innovative systems using our software platform that drive performance improvements across all care pathways.

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## **Elswood Group B.V**

Elswood Medical Innovation and its partner for the UK, Inomed Health, bring innovative Breast Care solutions to the UK medical market. Our cooperation focuses on the sale and distribution of innovative diagnostic and therapeutic products in the field of breast cancer. From biopsy and node detection to radiation we strive to provide new high quality and reliable devices that are backed up by sound clinical evidence. All products in our portfolio are not only aimed at important cost savings to the institutions but also at the benefit of both patient and physician.

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## **Eurosurgical Ltd**

Eurosurgical Ltd look forward to welcoming you all to our stand; We feature the NEW Peak PlasmaBlade - an electro-surgical, low thermal injury dissection device, for fast and effective dissection that reduces tissue damage, seroma and wound drainage from all surgical sites. Use Peak in conjunction with the Silimed range of Polyurethane coated breast implants as an effective and low cost alternative to ADMs in skin sparing mastectomy. Over 120 published clinical articles show that Silimed Polyurethane implants have the lowest reported complication rates for any breast implants and particularly low incidents of Capsular Contracture, wrinkles and rippling and rotation.

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## **FaHRAS**

FaHRAS is a sophisticated evidence-based software system which enables a user to build and store a family history, however simple or complex, and to run a variety of analyses against their family history to quantify their risk of developing breast cancer.

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## **Genomic Health**

Genomic Health is a provider of genomic-based diagnostic tests that address both the overtreatment and optimal treatment of early stage cancer. Genomic Health's lead product, the Oncotype DX® breast cancer test, has been shown to predict the likelihood of chemotherapy benefit as well as risk of recurrence in invasive breast cancer. As of December 2013, more than 19,000 physicians in over 70 countries had ordered approximately 420,000 Oncotype DX tests. The company is based in California with the UK office in London.

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## **IGEA UK**

IGEA Medical have developed an innovative approach to treating cutaneous and sub-cutaneous tumours via 'Electrochemotherapy' using the IGEA CLINIPORATOR™ device. Electrochemotherapy technique combines electroporation (formation of temporary pores in the tumour cell membrane via an electrical pulse delivered by the IGEA CLINIPORATOR™) with a low level dose of chemotherapy. It is a clinical proven way of treating patients with local chest wall recurrence or skin metastases from breast cancer (including difficult fungated tumours), irrespective of current or prior treatments. NICE gave Electrochemotherapy positive guidance in March 2013 for treating cutaneous and sub-cutaneous tumours, for details please go to the NICE website ref: [guidance.nice.org.uk/ipg446](http://guidance.nice.org.uk/ipg446)

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### **ImpLite Ltd**

ImpLite Ltd. has developed a novel soft tissue filler device suitable for reconstructing any defect in any region of the body. Made of a silicone shell filled with closed-cell silicone foam beads, the new form-stable device has a specific gravity of 0.3 gr/cc and being made of solid silicone it cannot leak. The low weight is important for reconstruction when only minimal tissue thickness to support the device is available. The device can be used for immediate reconstruction following the excision of soft tissue tumor adding just a few minutes to the procedure. The device will be available in numerous shapes and volumes matching surgeons' needs. By using the device re-excision, when mandated, is easy and precise since the topology of excision cavity is maintained. Obviously, breast cancer patients are natural candidates to benefit from the device.

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### **LifeCell EMEA Ltd**

Since 1994 LifeCell Corporation has been a pioneer in the science of regenerative medicine. LifeCell Corporation Tissue Matrices have been used successfully in more than one million grafts and implants to date. The range of surgical applications include hernia repair, breast reconstruction post-mastectomy, breast plastic surgery (breast augmentation revisions) and other reconstructive applications. Since 2008 our next generation soft-tissue repair product, Strattice™ Reconstructive Tissue Matrix, is being used by an increasing number of surgeons worldwide for hernia and abdominal wall repair and breast reconstruction.

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### **Lightpoint Medical Ltd**

Lightpoint Medical is an early-stage medical device company dedicated to improving health outcomes for cancer patients through image-guided surgery. The company's molecular imaging technology, based on Cerenkov luminescence, has the potential to detect cancer in real-time during surgery, providing more accurate cancer treatment while sparing healthy tissue. Its first product launch is LightPath™ a proprietary molecular imaging technology that can perform imaging of surgical tissue in the operating theatre. It combines the benefits of optical imaging with the power of PET imaging- portability, rapid assessment, high resolution and potentially high diagnostic performance.

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### **Mammary Fold**

The Mammary Fold is the UK Breast surgery trainees' association run by the trainees. It aims to advance and promote standards and training in Breast diseases. It has an active website ([www.themammaryfold.com](http://www.themammaryfold.com)) which gives useful information to the trainees. We welcome all trainees interested in Breast Surgery to speak to us at the stand and join the association by visiting the website.

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### **Mana-Tech Ltd**

Mana-Tech will be demonstrating the KUBTEC self-contained, shielded cabinet X-ray system for intra-operative imaging of surgically excised tissue.

Key features are:

- Largest detector size of all systems available in its class (up to 8" x 8")
- Automatic calibration with zero warm up time
- Ability to send multiple images to PACS with annotations
- Up to 5X geometric magnification
- Dedicated 3D imaging filter for enhanced visibility of micro-calcifications
- Touch screen for easy operation in theatre environment.

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### **Mentor**

Our commitment to you: the highest standard of quality, proven safe and effective clinical outcomes and differentiated service, every day.

It is at the core of who we are as the leader in breast aesthetics, built upon our 50 year dedication and our long term commitment to restore body and life.

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### **Nagor Ltd**

Founded in 1979, Nagor is the only British company dedicated to the specialist design, manufacture and supply of high quality breast implants and related medical devices.

Nagor's commitment to quality is demonstrated by ongoing research and development with investment in manufacturing processes, supported by the most demanding quality control management. Customer satisfaction has led to an extensive and continually expanding worldwide network of distributor partners in over sixty countries.

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### **Novartis Pharmaceuticals Ltd**

Our mission at Novartis is to discover, develop and successfully market innovative products to prevent diseases, to ease suffering and to enhance quality of life. As one of the largest pharmaceutical businesses in the world, Novartis has a responsibility to protect and invest for the future. In 2009 Novartis invested US \$7.5 bn in research and development. Novartis Oncology has a strong heritage in cancer care. Indeed, over the last 25 years pioneering research has repeatedly resulted in new and innovative products, like the cutting edge, rationally designed, molecularly targeted compounds.

See [www.novartis.co.uk](http://www.novartis.co.uk)

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# List of Exhibitors continued...

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## **Oncology Systems Ltd**

Oncology Systems Limited is a leading supplier of high-end radiotherapy products and solutions to the oncology healthcare sector, selling directly to both NHS and private hospitals throughout the UK & Ireland. We are pleased to be exhibiting at the ABS Conference for the first time to showcase the Intrabeam® system. Produced by Carl Zeiss, Intrabeam uses intraoperative radiotherapy (IORT) to treat the tumour bed from within, ensuring radiation delivery accuracy. In the treatment of breast cancer, the Intrabeam platform versatility makes it possible for patients to receive a single dose of internal radiation as a definitive treatment or as a boost to whole breast radiation therapy.

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## **Oncotherapy Resources Ltd (ORL)**

ORL offers Single-Dose Intra-operative Radiotherapy (SD-IORT) as a fully mobile, managed service in the UK and Ireland. We transport the machine to any theatre, provide full system support via trained staff to deliver the treatment and only charge a low fee per patient we treat. There is no capital cost involved making the treatment affordable and available now to selected patients who would benefit. SD-IORT can replace up to 5 weeks of external beam radiotherapy and is currently available at both BMI and Spire hospitals. All patients are treated under the remit of a clinical protocol designed by our medical advisory board and enrolled on an SD-IORT register for follow up and so will also offer a cost effective alternative for the NHS to external beam radiotherapy. Contact Duncan Hynd 07775 614813 or [duncan@oncotherapyresources.com](mailto:duncan@oncotherapyresources.com)

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## **Operating Room Systems Ltd**

Operating Room Systems Ltd. specialise in the supply of surgical equipment and associated consumables to hospitals and private clinics across UK and Ireland. Our product portfolio spans across the clinical spectrum with particular specialism within the area of Minimally Invasive Surgery. Within Breast Surgery we offer a range of solutions for effective retraction combined with delivery of light to the operative field. As sole distributor for World of Medicine, we represent Gamma Finder® in this market. The Gamma Finder® probe is best suited for Sentinel Node and Parathyroid Localization in Surgical Oncology. Its unique design puts simplicity and accuracy at the surgeon's fingertips. The Gamma Finder® probe will detect and give a numerical indication and an acoustic signal when in proximity of a gamma ray emitting source. Compact, lightweight and versatile, the Gamma Finder® probe is easily transported from operating room to operating room in its own sturdy carry case. Our philosophy at Operating Room Systems is clear. We are committed to building long term sustaining relationships with our customers, bringing them innovation, value and quality; along with delivering effective technical support and robust after sales service provision.

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## **pfm medical UK Ltd**

TiLOOP® Bra is the unique extralight and ultrasoft, titanized meshes for oncoplastic breast reconstruction. Due to its high biocompatibility, TiLOOP® Bra offers excellent surgical results whilst conserving a natural feeling for the patient and restoring quality of life.

For over 40 years, products and systems from pfm medical have been firmly established in hospital, laboratory, and nursing environments. As a partner for medical technology over this long period, we have made a major contribution to enhancing the safety and efficiency of medical care, thanks to our innovative strength, high investment in research, in-depth market experience and constantly reliable quality.

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## **Q Medical Technologies Ltd**

Q Medical Technologies Ltd was founded in 2004 and distributes & markets a range of medical devices including;

- SurgiMend ADM
- Primatrix for reconstructive surgery and burns
- Polyurethane Implants
- AccuVein
- Radio Frequency Surgery Units
- Accufuser-a range of Local Anaesthetic infusion pumps for post-operative pain management and potential to reduce post-operative infections.
- TPOD for treatment of Pelvic fractures.
- MAT Tourniquet for injuries requiring Tourniquets.
- TOUL Meditech products offering Portable Ultra Clean Air for the operating environment.

Q Medical Technologies Ltd provides representative coverage throughout the UK and Ireland. Our representatives can carry out "in house" clinical training on all products. We also have specialist training available from registered clinicians who can provide additional specialist training if and when required.

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## **Roche**

Headquartered in Basel, Switzerland, Roche is a leader in research-focused healthcare with combined strengths in pharmaceuticals and diagnostics. Roche is the world's largest biotech company, with truly differentiated medicines in oncology, immunology, infectious diseases, ophthalmology and neuroscience. Roche is also the world leader in in vitro diagnostics and tissue-based cancer diagnostics, and a frontrunner in diabetes management. Roche's personalised healthcare strategy aims at providing medicines and diagnostics that enable tangible improvements in the health, quality of life and survival of patients. Founded in 1896, Roche has been making important contributions to global health for more than a century. Twenty-four medicines developed by Roche are included in the World Health Organisation Model Lists of Essential Medicines, among them life-saving antibiotics, antimalarials and chemotherapy. In 2013 the Roche Group employed over 85,000 people worldwide, invested 8.7 billion Swiss francs in R&D and posted sales of 46.8 billion Swiss francs. Genentech, in the United States, is a wholly owned member of the Roche Group. Roche is the majority shareholder in Chugai Pharmaceutical, Japan. Roche in the UK employs nearly 2,000 people in pharmaceuticals and diagnostics. For more information, please visit [www.roche.com](http://www.roche.com). All trademarks used or mentioned in this listing are protected by law.

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## **Sheffmed**

Sheffmed is a medical device manufacturer which is based in Sheffield, England; the company provides technology devices and consumables for healthcare professionals and hospitals. The aim that Sheffmed have at Association of Breast Surgery Conference is to promote the Lion headlight, breast retractors and First Sensor Gamma Probe. The Lion headlight is made in Britain and designed by Sheffmed. It is anatomically designed, single fit device that provides wireless high intensity LED light.

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## **Sloane Project**

The Sloane Project is a UK wide prospective audit of screen detected non-invasive and atypical hyperplasias of the breast. All UK NHS Breast Screening Units are invited to participate.

It is a multi-disciplinary project involving radiologists, pathologists, surgeons and oncologists. The data for the project are being collected by way of specifically designed data collection forms for each professional group, which will provide full and detailed information about the patients' journey from diagnosis to treatment, along with detailed follow-up information. It is being administered through the West Midlands Cancer Screening QA Reference Centre, which is operated by Public Health England.

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## **Surface Imaging Solutions**

Surface Imaging Solutions has been the distribution partner of Canfield Imaging Systems since 2004, and is the forefront of delivering 3D healthcare imaging solutions and services to physicians and healthcare facilities in Aesthetic, Cosmetic, Plastic & Reconstructive surgery. Facilities in the UK include The Mermaid Centre - Treliske (Sheikh Ahmad + Iain Brown), Queen Victoria Hospital - East Grinstead (Charles Nduka), City Hospital - Birmingham (Guy Sterne) and International users such as Dr Per Heden MD - Akademikliniken Stockholm and Dr Michael Scheffan - Tel Aviv Israel. Come and experience The VECTAR3D XT system.

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## **Sysmex UK Ltd**

With over 40 years' experience, as a leading company in the field of in-vitro diagnostics Sysmex continues to develop and market advanced technologies. In the Life Science field we strive to improve cancer treatment. OSNA is the only system approved by NICE for intra-operative SLN analysis and provides optimised nodal staging of patients with more than 50,000 patients already benefitting from this approach. The importance of accurate staging is recognised with the increasing trend to utilise the OSNA copy number as a predictive tool for appropriate axillary clearance. Now Sysmex are proud to market the SentiMag System for accurate identification of SLN during surgery without the requirement for radioisotope. Visit us at Exhibition Stand 18. [www.sysmex-lifescience.com](http://www.sysmex-lifescience.com)

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## **Thuasne Thamert UK**

Thuasne Thamert is proud to present their 2014 range of Silima® silicone forms, making use of state-of-the-art soft and lightweight silicone technology, a good choice of fibrefill post-op forms offering value for money, as well as stylish and supportive bras at affordable prices for patients and hospitals. Our service provision - both office and field based - is second to none with caring and helpful support staff, as well as competent and experienced product specialists who can assist with any product or fitting issues that our Breast Care Nurse customers may face. Please contact us for information or help.

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## **Trulife**

For over 50 years, Trulife has dedicated itself to improving life for women who undergo breast surgery. Our mission remains to design a wide selection of the more natural breast forms, bras and accessories to restore comfort and confidence after breast surgery. Trulife breast forms are created in a wide range of shapes and sizes to complement a woman's natural beauty. Trends in surgery type and lifestyle are addressed with such products as partial forms, leisure forms and swim forms.

Our beautifully detailed bras feature quality construction that is a Trulife hallmark. Fashionable and feminine styles keep every woman looking and feeling beautiful while providing a secure fit.

Please contact 0800 716 770 or email [info@trulife.co.uk](mailto:info@trulife.co.uk) for more information.

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# List of Exhibitors continued...

## UK Surgical Ltd

UK Surgical Ltd are specialist in all forms of surgical retraction for both lighted retraction and non-lighted retraction. We have developed new retractor blades with improved levels of illumination at the operative site. The lighted blade has far more light fibres than other blades and give superior illumination to the operative site. These blades can be refurbished as the light fibres diminish through wear and tear making the retractor blade far more cost effective. UK Surgical Ltd can offer you choice in the type of retractor you prefer to suit your operative needs and financial budget available. We can also custom make retractor blades or surgical instruments to your requirements.

## University of East Anglia

For the last three years, Norwich Medical School at UEA and James Paget University Hospitals NHS Foundation Trust have been running award-winning e-learning courses, including a Master of Surgery (MS) degree in Oncoplastic Breast Surgery, MSc in Regional Anaesthesia and most recently an MS in Coloproctology.

Our trainees participate from around the United Kingdom and internationally in a programme delivered by specialists for trainee specialists. We take ST5 level surgeons or above, including existing consultant grades.

Our courses combine theoretical, problem-based training with practical/surgical skills assessment and are the only ones to do so in the UK for these sub-specialties in surgery and medicine.

We are here at ABS as part of our drive to raise awareness and recruit ambitious students from Oncoplastic Breast Surgery, Plastic Surgery and General Surgery to our 2014 intake. Come and meet us on our stand to find out more about how this innovative teaching programme could enhance your professional development.

## Womanzone ABC Distributer

New and exclusive - due to the successful launch of the Massage Form range we are excited to introduce our new innovative Diamond Range lightweight prosthesis & shaper.

We specialise in caring for women after breast surgery, with over 40 years' experience of working with healthcare professionals and Breast Cancer Care in the education of bra and prostheses fitting. We offer a wide range of lingerie, made-to-measure swimwear, pocketing service and free fitting service.

Contact: 01925 768 992 or see our website: [www.woman-zone.co.uk](http://www.woman-zone.co.uk)

**The ABS would like to thank all the companies exhibiting for their support of the meeting.**



**CancerPlan Breast**

The one stop breast clinic program

Intuitive data collection  
GP letter generation  
Audit and work flow  
Developed with clinicians  
Integrate with other hospital systems  
Planned integration with national systems

Timeline notes

Breast Clinic → MDT → Treatment → Follow up Clinic

digitalspark  
Discover. Collaborate. Innovate

Go to stand 12 for a demo or visit [cancerplan.co.uk](http://cancerplan.co.uk)

The advertisement features a central graphic with the CancerPlan Breast logo and a flow diagram showing the clinical process from Breast Clinic to Follow up Clinic. It includes screenshots of the software interface, a vertical timeline of features, and contact information for digitalspark.

# General Information

## Registration Desk

Registration will be open in the foyer at the following times:

Monday 19th May 2014: 07:45 to 19:00

Tuesday 20th May 2014: 08:30 to 16:45

## Lunch and Refreshments

Lunch and refreshments will be served at the times listed in the programme in Hall 2B

## A/V Preview Room

An A/V Preview Room is available in Meeting Room 9 on the upper level for the duration of the meeting. Speakers are requested to hand their presentations in to the room on arrival.

## Posters

The poster presentations will be displayed in Hall 2B for the duration of the meeting. Please can all poster presenters mark and store their poster tubes in the boxes provided in the room. These will then be stored at registration. Posters should be removed between 13:45 and 14:00 on Tuesday 20th May and can be stored at registration for the afternoon session if required. Posters left on the boards after this time will be removed and the ABS cannot be responsible for their safe return.

## Cloakroom

A cloakroom and luggage store will be available in the foyer for the duration of the meeting.

## Security

In the interests of security, delegates are required to wear their name badges at all times during the meeting.

## Wi-fi

Free Wi-fi is available within the ACC. To access connect to Free-Wifi SSID. Browse to the website of your choice and you will be re-directed to the ACC Liverpool Landing Page. Here you can click on the free Wi-fi button.

## Prayer Room

A prayer room is available for the use of delegates. Please ask at registration for details.

## CPD

The two day meeting has been awarded 12 CPD points by the Association of Surgeons of Great Britain and Ireland.

## Photography

A photographer will be taking images of the conference on Monday 19th May for use in future ABS publications and on the ABS website. If you do not wish to have images of yourself used by the ABS please let Lucy Davies know by e-mail at: [lucydavies@absgbi.org.uk](mailto:lucydavies@absgbi.org.uk)

## ABS Annual Dinner

The Association of Breast Surgery Annual Dinner will be held on Monday 19th May 2014 at St George's Hall (St George's Place, Liverpool, L1 1JJ) at 19:30 for 20:00. Please use the North Entrance on William Brown Street, opposite the Walker Art Gallery. Attendees must have bought a ticket in advance of the event. Dress is lounge suits.

**This meeting is supported by educational grants from the Association of Breast Surgery's sponsors:**



This event has been sponsored by Roche Products Ltd who have contributed to stand space costs but who have had no involvement in any other arrangements for this meeting.



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

T 020 7869 6853  
F 020 7869 6851  
E [office@absgbi.org.uk](mailto:office@absgbi.org.uk)  
W [www.associationofbreastsurgery.org.uk](http://www.associationofbreastsurgery.org.uk)