

Provisional Programme & Registration Form

SESSION 1

Chair: Miss Fiona MacNeill

10:00 to 10:15	Introduction and proposal of the consensus statement framework	Mr Kieran Horgan
10:15 to 10:40	Overview of the evidence to change traditional practice	Dr Armando Giuliano
10:40 to 11:00	Limitations of the evidence	Prof John Robertson
11:00 to 11:10	International Guidelines: ASCO	Dr Armando Giuliano
11:10 to 11:20	International Guidelines: EUSOMA	Prof Robert Mansel
11:20 to 12:05	Panel discussion, questions to Session 1 speakers and review of the consensus statement	
12:05 to 13:05	Lunch	

SESSION 2

Chair: Miss Julie Doughty

13:05 to 13:20	Standardising axillary imaging in 2015	Dr Nisha Sharma
13:20 to 13:35	What should be the subsequent management of the pre-operatively diagnosed malignant axilla?	Prof Michael Gnant
13:35 to 13:50	Pathological assessment of the sentinel lymph node	Prof Sarah Pinder
13:50 to 14:05	What is the role of intraoperative nodal assessment in an era of less aggressive axillary management?	Mr Mark Kissin
14:05 to 14:35	Panel discussion, questions to Session 2 speakers and review of the consensus statement	

SESSION 3

Chair: Prof Peter Schmid

14:35 to 14:50	Who gets chemotherapy? Tumour biology is more useful than total nodal burden	Dr Nicholas Turner
14:50 to 15:05	In 2015 is total nodal burden still relevant for radiotherapy decision making?	Dr Charlotte Coles
15:05 to 15:20	Should treatment of the axilla be surgical or with radiotherapy?	Prof Robert Mansel
15:20 to 15:45	Panel discussion, questions to Session 3 speakers and review of the consensus statement	
15:45 to 16:05	Tea and Coffee Break	

SESSION 4

Chair: Mr Kieran Horgan

16:05 to 16:30	Clinical Scenarios	Mrs Jane Ooi
16:30 to 17:00	Summary of the day and agreement of consensus statement	Mr Kieran Horgan

Panel Discussants:

Dr Charlotte Coles	Addenbrooke's Hospital, Cambridge
Prof David Dodwell	St James's University Hospital, Leeds
Miss Julie Doughty	Western Infirmary, Glasgow
Dr Armando Giuliano	Cedars-Sinai Medical Center, Los Angeles, USA
Prof Michael Gnant	Medical University of Vienna, Austria
Mr Kieran Horgan	St James's University Hospital, Leeds
Mr Mark Kissin	Royal Surrey County Hospital, Guildford
Miss Fiona MacNeill	Royal Marsden Hospital, London
Prof Robert Mansel	University Hospital of Wales, Cardiff
Mrs Jane Ooi	Royal Bolton Hospital
Prof Sarah Pinder	King's College London
Prof John Robertson	Royal Derby Hospital
Prof Peter Schmid	St Bartholomew's Hospital, London
Dr Nisha Sharma	Leeds Teaching Hospitals NHS Trust
Dr Nicholas Turner	Institute of Cancer Research, London

Delegate Information

The meeting is being held at the Hotel Russell, 1 – 8 Russell Square, London WC1B 5BE. The venue is easily reachable from mainline train stations. The nearest tube station is Russell Square on the Piccadilly Line. For further details of how to reach the venue please see their website: www.hotelrusselllondon.co.uk/location

The registration desk at the venue will be open from 9am 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 19th January 2015 when a refund of the fee, less a 10% administration charge will be made. After this date, no refunds can be made. Substitutions, however, may be made at any time but the conference organisers 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 disturbance, or for consequential loss of damage of any kind whatsoever.

Data Protection

The Association of Breast Surgery do not release membership addresses to any organisation, person or external body. However, we do agree to include in our mailings details of future events, which are thought to be of interest, organised by other surgical related associations based within The Royal College of Surgeons of England.

Registration Form (Deadline: Monday 19th January 2015)

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)

Individual rate for Consultants, Associate Specialists, Staff Grades & Breast Physicians	<input type="checkbox"/> £120
Individual rate for Trainees & Breast Care Nurses	<input type="checkbox"/> £60
Team rate*	<input type="checkbox"/> £360

*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 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?

PAYMENT DETAILS

Please complete the credit card payment form or send a cheque made payable to: ABS Conference Account.
Please note that registrations will not be effective until payment has been received.

Please debit my Credit Card (I have completed the Credit Form attached)

CREDIT CARD PAYMENT

N.B. We do not accept American Express cards

Please print details to avoid delay. A receipt will be sent to confirm your registration.

Please debit my: Mastercard Visa Other (please specify)

PLEASE PRINT CLEARLY

Credit Card Number

Expires end: Month Year

3 Digit security code (Last 3 digits from the 7 digit number on the signature strip on the reverse of the card)

Name and Address as per credit card statement

Name:

Address:

..... Post Code:

Daytime Telephone Number (Hospital):

Mobile Number: E-mail:

Signature:

Registration forms should be returned to Jackie Spencer-Smith at the address below:
Jackie Spencer-Smith, ABS, at The Royal College of Surgeons, 35 – 43 Lincoln’s Inn Fields, London WC2A 3PE
Fax: 020 7869 6851 • E-mail: jackiespencersmith@absghi.org.uk