



BASO NEWSLETTER

Spring 2016

Welcome to the BASO Newsletter. We hope to keep you in closer touch with the Association and improve engagement with our members. We hope this newsletter will serve not only as a source of information about BASO and their congress, courses and Fellowships but also with the work of the Cancer Services Committee (CSC) of the Royal College of Surgeons, which BASO chairs. We would like the CSC to act as an interface between our membership and the daily pressures they face in treating a growing population of patients with cancers, using ever more complex regimens whilst facing increasingly severe financial restriction. Please let us know of the issues and concerns you face so we can represent these to the college and give cancer surgeons a stronger voice.



Ms Lynda Wyld,
BASO-ACS President

NHS SERVICE PRESSURES AND CANCER CARE IMPACT

As we are all aware the pressures in the NHS are greater now than at any previous time in our history. Whilst medical and surgical advances have seen cancer outcomes smash the 50% five year survival mark for the first time, cost pressures for front line clinical staff may impede further progress. The NHS is fighting against a tidal wave of older patients coupled with population expansion and an ever expanding portfolio of treatable chronic conditions. The pressures on social care to meet increasing demand with shrinking budgets is widely seen as one of the key pressure points which is threatening flow of cases through trusts. Whilst cancer cases have been somewhat protected by 'cancer targets', this is not always the case and in many trusts cancer care is impacted by winter bed pressures.

Restrictions on funding approval by NICE, due to a 'willingness to pay threshold' that is set too low are in conflict with the ever increasing costs of bringing new drugs and new technologies to clinical approval. The recent FDA ruling that it may permit approvals for adjuvant therapies based on primary systemic therapy response rates may help to decrease the time it takes for new drugs to enter the clinical arena and to reduce the costs but until NICE adjusts its QALY

threshold, many treatments will still be unattainable by the NHS.

TRAINING IN COMPLEX CANCER SURGERY IN CONFLICT WITH THE NEED FOR GENERALIST TRAINING BY THE NHS

Training is another key issue. The Greenaway report which sought to address the needs of the NHS for generalists to meet the ever increasing needs of the NHS to provide acute and non-specialist care may threaten the quality of specialist cancer surgery training. BASO strongly supports the idea of senior fellowships in specialist cancer surgery. It believes that such training should be regulated and quality assured in the same way that pre-CCT training is and should therefore form an integral part of specialist training rather than an optional, unregulated bolt on.

An excellent model is that of the Training Interface Group Fellowships (TIG) which exist for breast, head and neck and reconstructive cosmetic surgery. These fellowships are of excellent quality, regularly quality reviewed and adequately funded. The tragedy of them is their small numbers and the fact that only the very highest performing SpRs get places. Those who perhaps would benefit more from such training, but

are denied this experience as they do not have the strongest CVs, enter the consultant workplace without this specialist year, many having had no final fellowship or a less well-regulated one with less training and more service commitment. Another excellent model is that provided by Gynae Oncology, which is a recognised sub specialism of O and G recognised by the GMC and requiring a two year fellowship in recognised centres and where candidates are dual certified.

The current recommendations of the Greenaway Report will see us produce general surgeons capable of undertaking a full on call at consultant level but with no higher skills in complex cancer surgery and who are either left to complete their training as 'junior consultants' if they are fortunate enough to gain a job in a unit with good quality mentoring, or undertake a non-quality assured fellowship with no regulation of training quality or outcomes. This exposes the trainees to risks of litigation and suspension and more importantly will threaten outcomes for cancer patients. The view of the Cancer Services Committee, which BASO chairs, is that cancer surgery requires a period of specialist training and that this should be regulated by the SAC and GMC even if it is post CCT. We would welcome the views of our members on this issue.



BASO NATIONAL COMMITTEE 2016.

Back row, Left to right. John Whiting (Oesophagogastric Surgery, Birmingham Treasurer), Zaed Hamady (HPB, Southampton), David Mitchell, (OMFS, Bradford), Garth Cruickshank (Neurosurgery, Birmingham), Hassan Malik, (HPB, Liverpool, Secretary), Michael Douek (Breast oncoplastic, Guy's and St Thomas, Meetings Secretary).

Front Row, Left to right. Rattandeep Jhita, (BASO Administrator), Robert Kirby, (Breast, Stoke, Vice President), Lynda Wyld (Breast, Doncaster, President), Dara London (Baso Trainees President, Urology Trainee, Ireland), Afsana Zaman, (BASO Trainees Education Lead).

CANCER PREVENTION STRATEGIES

BASO has been campaigning for the last few years for the extension of the HPV vaccination programme from just teenage girls to include teenage boys as well. Not only does this virus cause the majority of cervical cancer cases, but it also causes the bulk of cases of anal and squamous head and neck cancers. The small additional cost of extending the programme to all sexes would protect more widely from these cancers, especially in view of the fact that the current system leaves some groups unprotected (homosexual males, non UK residents and their sexual partners) and recent health services modelling suggests that not only would this be cost effective but would also reduce the burden of morbidity and mortality of these very distressing diseases. BASO continues to raise this issue and will keep you updated.

BASO ANNUAL SCIENTIFIC CONGRESS

The BASO annual scientific congress in November of 2015 was held at the Royal Society of Medicine, jointly with the RSM Section of Surgery. Over 200 delegates attended the conference

and the feedback was superb. We made some key achievement awards to some of the UK's leading surgeons including Professor Bill Heald. A full review of the congress is presented in this newsletter along with a summary of all the recipients of awards, prizes and fellowships.

For 2016, we will join forces with the National Cancer Research Institute, (NCRI) and will, for the first time, provide a dedicated surgical track of high profile cancer surgery lectures within their annual conference. BASO delegates will be able to join both the surgical sessions but also the more generic oncology and basic sciences lectures and plenaries on offer and see just how vibrant and exciting the full range of cancer research is. This collaboration will give BASO delegates the opportunity to network not just with surgeons but also with a full range of members of the cancer multidisciplinary team and basic scientists who are driving forward the exciting molecular revolution in cancer care.

The NCRI meeting has traditionally clashed with the BASO meeting as both are normally held in early November which has restricted our ability to invite

medical and radiation oncologists and basic scientists to our meeting and limited surgical attendance at the NCRI. BASO delegates will have full access to the whole four days rather than two days, for the same registration fee as a normal BASO meeting and access to networking events and dinners.

One of our main aims in developing this collaboration was that we felt this collaboration will be especially beneficial for trainees considering or undertaking research. All the main funding bodies for cancer (including the NIHR, CRUK and the MRC) are part of this meeting and much of their research is showcased here. This will have huge value in showing what sort of work gets funded and who they should contact in a particular field. The meeting is in November in Liverpool and we encourage you to pencil this date into your diary and encourage your colleagues, juniors and fellows to join us there as well.

DIARY DATE: BASO@NCRI CONGRESS, LIVERPOOL, 6TH TO 9TH NOVEMBER 2016.

Increased member engagement is important to us as a society. We chair the RCS cancer services committee where the presidents of the specialist cancer associations meet three times a year but want to feed into this committee the views of our members about issues that affect their ability to deliver high quality cancer care in our increasingly pressured NHS. To this end, our secretary, Mr Hassan Malik will be contacting members in the new year asking for volunteer who would be prepared to act as regional representatives from across the UK. This will involve attending one meeting per year and feeding into this newsletter (which will be published twice yearly) with issues of relevance. The Regional Representative will also act on behalf of the Association and will be involved in developing links/affiliations with regional organisations, offering speaker/lecture support at regional training and educational events; promoting the membership and providing mentorship & training at regional level.

TRAINEES @ BASO

Our trainees association (SOTA or BASO Trainees) continues to grow in number with more than 200 members across the UK. They held a very lively and successful trainees meeting, jointly

the main meeting. They had a very interesting debate about training in cancer surgery which was transmitted live to their on line forum followed by a trainees networking event.

BASO is hoping to expand our commitment to education in cancer surgery. BASO members are already eligible for discounted registration on all ESSO cancer courses (<http://www.essoweb.org/eursso/education/courses-a-masterclasses-more-info-here.html>) and we plan to run several annual courses on specific topics each year out-with our annual conference. Next year we have plans to run a sarcoma course and we are a founding partner in the Guy's and St Thomas' Acellular Dermal Matrix course in July each year run by our meetings secretary, Professor Michael Douek. Details of both courses are contained later in the newsletter.

THE EJSO

Lastly, just to update you on the BASO journal, the EJSO. The journal continues to go from strength to strength and this year, for the first time exceeded an impact factor of 3. The number and quality of submissions is increasing year on year under the editorship of our Past President Professor Riccardo Audisio. We would encourage you to support the journal by sending your best outputs to it to help it do even better. In line with current trends, we are planning to phase out the paper version as a routine benefit of membership. I suspect that most of our members, like me, just flick through the table of contents and select a few articles of relevance to read. We will instead offer a routine e-mailed table of contents and then immediate on line access to the full PDF of the article for download to your computer or reading device. This is increasingly the way most scientific journals work as they realise that people's garages, offices and cupboards are getting too full of back issues! We will be formally writing to our membership shortly with more details of this change. We hope you enjoy the rest of the Newsletter and hope to see you in November in Liverpool for our Congress.

Ms Lynda Wyld,
BASO~ACS President

with the RSM trainees, just before

TRAINING AND ACCREDITATION FOR SURGICAL ONCOLOGY



Mr John Whiting,
Consultant Upper GI Surgeon,
Birmingham. BASO Treasurer.

EMERGENCY SURGICAL CARE PROVISION AND THE TRAINEE

Within the NHS, the provision of the emergency and out of hours care is becoming increasingly problematic. Junior posts have been cut in order to match expected future consultant vacancies and the length of training has been reduced. Service requirements have either remained constant or increased, and despite more consultant input the majority of out of hours care in the "front line" specialities is still delivered by juniors. This and the requirement for full shift rotas to comply with the European Working Time Directive (EWTd) has resulted in most trainees having significantly fewer opportunities for training compared to their counterparts of 20 years ago. These same juniors are expected to provide the majority of the care to patients admitted as emergencies and in many hospitals this has resulted in frequently the sickest patients being seen and managed by juniors of very limited experience.

THE GREENAWAY REPORT

The justified expectations from patients to receive high-quality care from experienced clinicians and the desire of the Department of Health to deliver this has resulted in an increasing move toward emergency and out of hours care delivered by trained doctors, a position supported by the General Medical Council and the Surgical Royal Colleges. The Greenaway Report published in October 2013 into the Shape of Training proposes radical changes to post-graduate training and medical career structures in order to address these very reasonable expectations. With an increasingly elderly population with multiple co-morbidities there is less perceived need for the super specialist and a greater requirement for generalists who would be able to deal more holistically with patients and deal with the majority of the common emergencies. Although surgery is not specifically mentioned, the implication for general surgery is that a CST should equip a new consultant to deal with straightforward elective surgery and the majority of emergency admissions, but not with complex oncological or tertiary work. The Greenaway Report does belatedly recognise the requirements for sub specialisation but gives no real guidance on how this should be implemented apart from stating that qualifications and credentialing will be developed by employers and other relevant organisations to meet local requirements. Currently neither the GMC nor the Royal Colleges have any plans to produce curricula for accreditation in managing individual cancer groups.

SPECIALIST CANCER SURGERY TRAINING NEEDS

The rights and wrongs of the Greenaway report have already been extensively debated and are outside the scope of this article but there is little doubt that it is already shaping current medical training. What is not debatable is how this new desire for broader based knowledge and practice runs contrary to the tenets of surgical oncology where, ever since the publications of the Improving Outcomes Guidelines for Cancers in the 1990s, there has been a recognition that concentration of surgery in higher volume centres performed by surgeons who perform the operations regularly is resulting in better outcomes for patients.

continued...

TRAINING AND ACCREDITATION FOR SURGICAL ONCOLOGY

Currently there are no nationally recognised mechanisms to ensure that doctors dealing with cancer have the appropriate experience, training or supervision required to deal with complex patients. Although the third part FRCS examination does examine the knowledge required to manage cancers it does not test a candidate's ability to deal with uncommon or complex patients, their ability to manage complications or their operative ability. A trainee may have been fortunate to have worked with good trainers who taught modern surgical techniques, had good fellowships that were mainly supervised training, and when appointed, be mentored by a more senior surgeon. If they were unfortunate they may have worked with less good trainers, been taught out of date techniques, had poor fellowships that was all service provision, and when appointed, have no suitable mentor. There are already wide variations in the standards of treatment across organisations and regions. With the introduction of more "general" consultants without more than a basic knowledge of specific cancers, and the lack of any clear requirements or credentials in terms of knowledge or operative experience apart from what is locally acceptable, there is the very real risk that these variations will be exacerbated. This is clearly not acceptable and the expectation of patients in the emergency setting to be dealt with by appropriately trained specialists should also be extended to patients with cancer.

There are very real issues that need to be addressed.

The issues

- i Newly qualified Specialist Doctors will have limited experience in dealing with cancer.
- ii How do these doctors become adequately trained/ experienced to be able to manage complex cancer? How do you assess this?
- iii How should surgical experience be logged?
 - a The current system of saying what has been done is too coarse. "Performed Assisted" could mean having done some small part of an operation or all of it. There is potential for an insightful surgeon to appear less experienced than one with a less reflective, more bombastic personality and to be overlooked for a consultant post.
 - b The current system is open to abuse. Log book signoff is only done at the end of the job and most consultants will not remember the fine detail of a case from many months ago.
- iv For rare conditions and very complex operations that are not often performed, even consultants in tertiary centres may not have a significant experience.
- iv Once in post, there is no effective system in place to ensure that a consultant remains up to date with current developments and operative techniques. The current GMC revalidation process is weak.
- iv How are the new surgical techniques such as robotic surgery introduced? The old: see one, do one, teach one is not acceptable but currently training initiatives are left to the whim of industry and loaded with vested interests that are not necessarily aligned with that of the patients or hospitals.

These issues unless addressed will lead to even greater disparity of standards than currently exist. Without a robust credentialing system in place patients will be at increasing risk of being managed/operated on by new inexperienced specialists. Without a robust revalidation system, patients will be at increasing risk of being managed/ operated on by older specialists with out of date knowledge. Without standardisation patients with borderline curable conditions will have dramatically different treatments depending on where they are treated or even by which consultant within the team treats them.

This is the first article of the series that will attempt to address the very real problem of ensuring that surgical oncology is practiced to a high standard in the United Kingdom. I do not profess to have all the answers (although I have my opinions). I am hoping to start a debate and am very interested to hear your views which I will endeavour to incorporate into future articles. Please email me at John.Whiting@outlook.com

SPECIALISED CANCER COMMISSIONING: PLAYING 'RISK©' WITH THE HEALTH SERVICE

Professor Garth Cruickshank, Professor of Neurosurgery, University of Birmingham. BASO National Committee member



NHS England has come up with it's a new take on gambling/risk games especially designed for your favorite Trust Manager and yourself to play. It's called Specialised Commissioning.

So how does it work?

Specialised Commissioning covers many of the areas of service delivery where the ten surgical specialities provide input to cancer care. There is increasing downward pressure on tariffs and a continuing drive to cut the costs of commissioning these services

by a much stricter adherence to and policing of permitted/funded services and ways in which these are delivered. This includes service reconfiguration and the identification of Prime providers to limit the need for multiple contracts. What is the likely impact on current cancer surgery provision for you and Trust? Potentially devastating.

A good example of current thinking by NHS England is the recent deeply flawed Stereotactic Radio Surgery (SRS) Needs Assessment which

originally proposed a reduction in current providers from approximately 20 to five centers delivering 7 day treatment. This was a seemingly impossible challenge, to those already providing, or wanting to provide, these increasingly important treatments. No consideration was given to the access and support issues for patients. Having allowed a few desperate weeks for bewildered providers to comment, NHEngland demanded a very detailed tendering process to be completed in days with the idea of introducing the new contract structure by April 2016. The difficulty for the tenderers is that they are being asked to speculate seven years ahead, at a time when the NHS finances and economy are as unpredictable as terrorist attacks and even the government has no idea

of the financial shortfall even for this year.

Furthermore the Trusts cannot be assured that a further drop in tariff changes for SRS - on which their business plan is built, will not eat into their capacity to make this increasingly important cancer service affordable. Worse still the tender documents themselves carry the diktat that current tariffs will carry a maximum value less than the current tariff and that bidders now have to second guess their competitors as to what they can afford to remain in the game. This is a risky strategy for all the Trusts involved and not least for the future of the NHS where gamesmanship appears to be the replacement for sensible management and financial planning.

Indeed given the current constraints on funding, presenting such a risky program to control NHS budgets is bordering on the irresponsible. A Trust is now expected to gamble to stay in the game with no idea of the rules except that the stakes are high and the dice loaded against them. Perhaps divide and rule is the only tool left to a leadership caught between spiraling provider costs, government inertia over the real issues of rationing health and social care, and an increasingly disenchanted workforce. So if this NHS England strategy plays on, we may be partaking in this game of 'Risk©' until someone at the top realizes that there are no players left.

**Professor Garth Cruickshank
Birmingham 2016**

THE EUROPEAN JOURNAL OF SURGICAL ONCOLOGY

Report by Mr Mike Shackcloth, acting EJSO Ex Officio member of the EJSO Editorial Board for BASO and Professor Robert Kirby, BASO President Elect.

The European Journal of Surgical Oncology (EJSO) continues to go from strength to strength under the current Editorship of former BASO President, Professor Riccardo Audisio. The impact factor for 2014 is 3.009, up from 2.892 in 2013.

Last year the journal received over 1000 manuscripts submitted for consideration of publication, up by nearly 200 on the previous year. This is the highest number ever received in a year. As in previous years, the majority of submissions were original research articles, but there were an increasing number of review articles, short reports and editorials. The average turnaround time for manuscripts is less than seven weeks, making it a very attractive journal for members to submit their papers.

To increase the speed of publication further, Elsevier, BASO and ESSO are discussing the introduction of article-based publishing in 2016. Under this model of publication, an issue is opened online on Science Direct and ejso.com and – as articles are accepted for publication and proofs checked and corrected by the authors – the article is added to the issue within its relevant section. At this point, the article is given its full citation information and is considered to be published in its final form. This has been successful in other oncology journals.

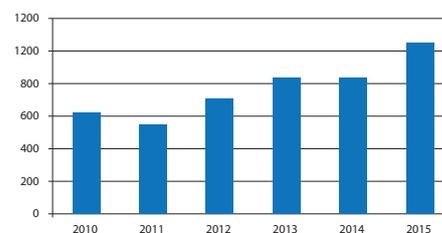
With the continued advances in mobile technology, it was agreed at the BASO Annual General Meeting in November 2015 that BASO members would continue to receive the EJSO as an online subscription. However, the print journal will remain (at a small extra cost) for all those who still prefer a paper copy. The table of contents will be emailed to all members (eTOC).

The EJSO's electronic circulation is now substantially larger than its print circulation and it is very well read online with nearly 350,000 articles downloaded last year. The journal has two websites: www.sciencedirect.com is for institutions with an electronic subscription to the EJSO. The site focuses on publishing content only. This consists of both Articles in-Press and current and historical issues.

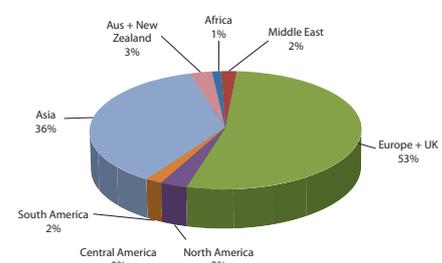
www.ejso.com is aimed at individual subscribers, our society member subscribers and guest users.

Also available is the new EJSO App (android and iOS) that will be available to all BASO members enabling easy access the journal on your mobile devices. The Android App can be accessed at <https://play.google.com/store/apps/details?id=com.elsevier.stmj.jat.newsstand.yejso>. The iOS app in iTunes is: <https://itunes.apple.com/us/app/ejso-european-journal-surgical/id1064703740?ls=1&mt=8>.

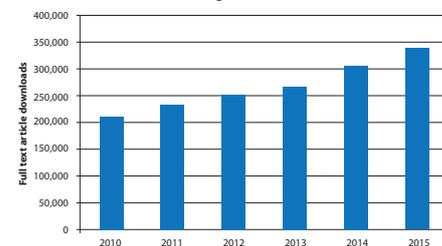
Manuscript Submissions: 2010 - 2015



Geographical Distribution of Submissions: 2015



Online Usage: 2010 - 2015



EJSO – European Journal of Surgical Oncology
By Elsevier Inc.

Description
EJSO - European Journal of Surgical Oncology
The European Journal of Surgical Oncology app allows you to stay current with the latest information related to EJSO - European Journal of Surgical Oncology.

Screenshots

ARTICLE OUTLINE

- Keywords
- Abstract
- Introduction
- Materials and method

Trainees meeting report



Mr Dara London,
Specialty Trainee, Ireland
BASO Trainees President

The BASO Trainees have had a successful year and our membership stands at greater than 200 trainees across the UK and Ireland. We have established new links with trainee groups from across Europe and we look forward to continue developing existing links and collaborations in the forthcoming year. Through such collaborations, we have sponsored prizes at national specialty meetings, rewarding research and clinical excellence in surgical oncology, and continue to encourage trainees to incorporate these tenets of surgery into their practice and career development.

Notable prize winners who were invited to present at the BASO annual congress included Miss Emer O'Connell for her research work performed in Cork University Hospital on melanoma recurrence, and Mr. Luke Dickerson for his presentation on unresectable pancreatic cancer. In collaboration with the European Young Surgeons and Alumni Club of the European Society of Surgical Oncology, BASO Trainees are continuing to develop a database and network of clinical and research fellowship opportunities, and have made this available on the BASO website for members. We initiated an online Surgical Oncology Journal Club with input from colleagues throughout Europe and North America, and the journal club will be continuing on Twitter; be sure to follow @BASO_ACS and @SurgOncTA and contribute to the #SurgOncJC discussion.

Our BASO Trainees Annual meeting was hosted in collaboration with the RSM Trainees, which provided lively debate between the two societies.

Our Trainee activities have become more focused on our training needs and we have tried to include more dissemination of information during

the course of the year. We have worked to include more colleagues and encourage participation from our Trainee members.

We held the BASO Trainees Annual meeting on the 1st November 2015 at the Royal Society of Medicine the day before the BASO Annual Scientific Conference. This year we had a live webinar of all slides and the speakers during the whole event. It was brilliant to have colleagues involved remotely with all aspects of the meeting. To encourage discussion we took comments and questions from the floor in addition to remotely via Twitter, Periscope and YouTube. This allowed all trainees to be included and take an active part in the meeting.

We started the day with an introduction to BASO Trainees and an overview of the plan of the day, followed by topics associated with our training, such as guidance of how to successfully obtain a consultant position. Leveraging upon the wealth of experience from the BASO network, esteemed trainers such as Miss Rachel Hargest, (University of Cardiff, Colorectal Surgery) explained the role of the Advisory Appointments Committee, (otherwise known as the Consultant Appointment Committee), how it works, who is on it and what to expect. Mr James Horwood's session (Cardiff University Hospital, Colorectal Surgery) advised aspiring surgical oncologists on how to prepare for a Consultant interview and was particularly well received. This was followed by Mr Charlie Chan's (Cheltenham, Breast Surgery) illuminating session covering issues surrounding consultant contracts, GMC referrals and transitioning from trainee to consultant.

The topic of specialist training fellowships was covered by Ms

Valentina Lefemine (previous National Oncoplastic Fellow, now consultant breast surgeon, Neville Hall Hospital, Wales.) The role of these fellowships was presented along with how to maximise chances of getting a UK or an International Fellowship.

BASO-Trainees online fellowship resources were also highlighted during the discussion after this session. As we are moving more and more into the electronic age, Dr Charles Lowe provided us further insight into the Role of Telemedicine in the future of cancer care, and glimpses of what further innovations may soon offer patients and clinicians.



Dr Afsana Zaman, RSM Trainee Past President, Mr Hassan Malik (BASO Secretary) and Mr John Moorehead, (ASGBI President) discussing training after the meeting.

This year we decided to have a live debate on the topic that was of great interest to Trainees of all surgical sub-specialties: "Should Surgical Oncology be a recognised speciality in the UK?" Mr Hassan Malik, (BASO Secretary and HPB Surgeon, Liverpool) argued for and Mr John Moorehead, (ASGBI President), argued against. This proved to be a huge success, with colleagues that attended in person or via the live video-link. We had all levels of participation from senior Consultant specialists to



Valentina Lefemine after giving her lecture on Training Interface Group (TIG) Fellowships.

the most junior colleagues. This was indeed a lively debate and the ensuing discussion ran on into the evening and the following days! Miss Lynda Wyld followed the debate with her vision on education and training; and the future of surgical oncology.

We closed the day with a networking event, which encouraged the delegates to meet other colleagues and become more involved in the organisation. We do hope that more of you can join us this year as the mix of seniors and juniors on the day is absolutely paramount to our mentoring and guidance for our career progressions.

This year we saw specifically designated trainees' sessions throughout each day of the BASO Annual Scientific Conference, where sessions were

tailor-made with trainees in mind. These sessions were welcomed by the Trainees and consultant members alike as it allowed sharing of information and discussion with colleagues, which is often difficult at larger events. It was wonderful to have a designated conference organising committee, where the ideas were generated and implemented, ensuring that our educational training was highlighted and remained a focus throughout the planning and delivery stages.

It has been a busy and challenging year and it was only possible with the support of colleagues and we would like to take this opportunity to wholeheartedly thank everyone who has helped us throughout the year.

We look forward to another busy year ahead and our next BASO Trainees Annual conference is due to take place on the 6th November 2016 in conjunction with the National Cancer Research Institute (NCRI) and BASO annual scientific congresses (place the date in your diary!). We are planning ahead, so please contact us if you would like further information or want to become more actively involved.

Finally, we would like to thank BASO council and members for their continuing support.

Mr Dara Lundon and Dr Afsana Zaman, 2016

JOINT BASO AND ROYAL SOCIETY OF MEDICINE CONGRESS REPORT

In 2015 BASO joined forces with the Royal Society of Medicine (RSM) section of Surgery for our 43rd Annual Scientific Congress under the leadership of Professor Riccardo Audisio (BASO President). The congress was held at the RSM in the centre of London, taking advantage of the excellent facilities, lecture halls and meeting rooms. We are extremely grateful to Ms Rachel Hargest, (RSM Treasurer and BASO committee member) and Ms Sophie Renton, (President of the RSM Section of Surgery) for making this joint venture possible.

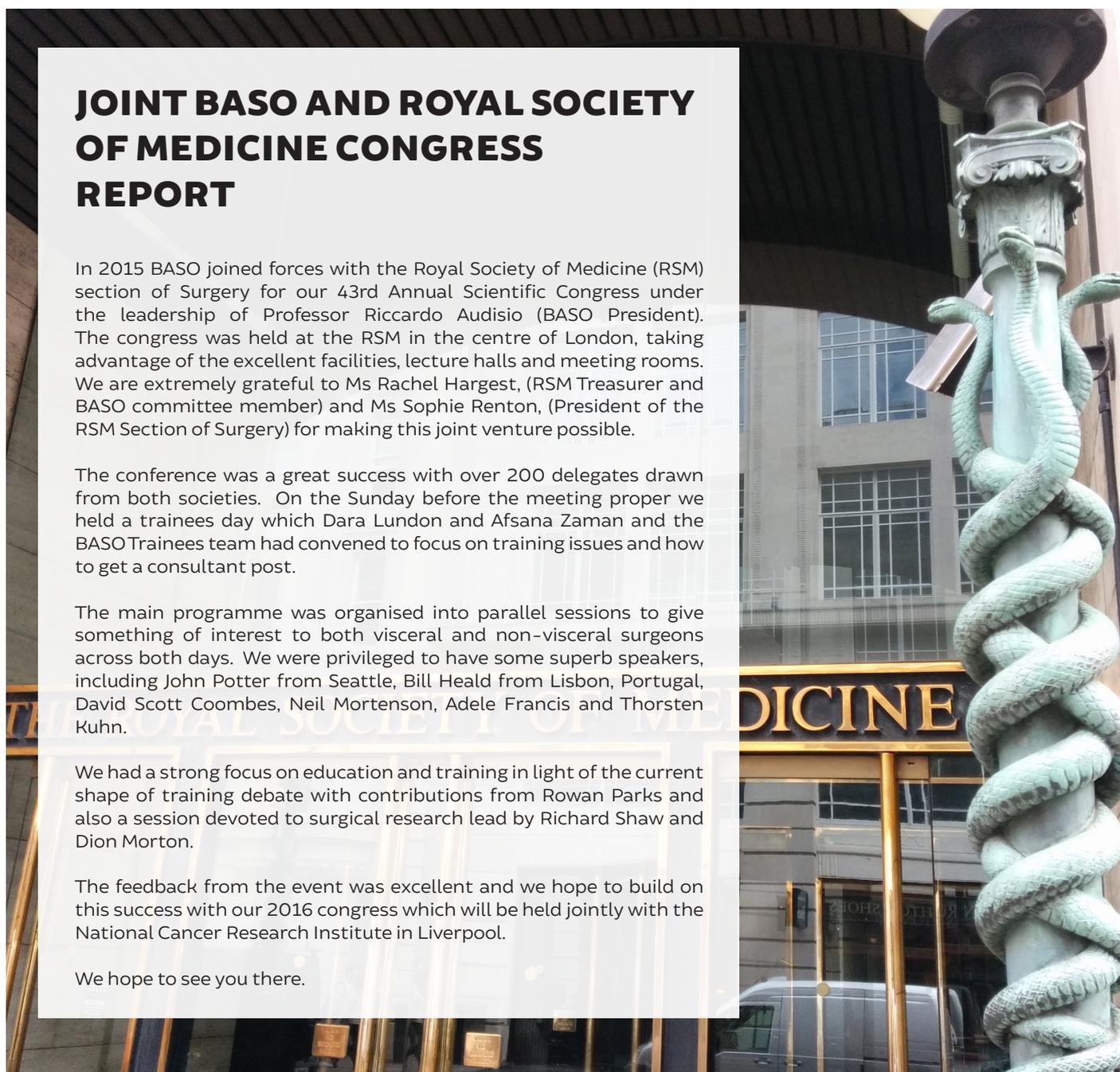
The conference was a great success with over 200 delegates drawn from both societies. On the Sunday before the meeting proper we held a trainees day which Dara Lundon and Afsana Zaman and the BASO Trainees team had convened to focus on training issues and how to get a consultant post.

The main programme was organised into parallel sessions to give something of interest to both visceral and non-visceral surgeons across both days. We were privileged to have some superb speakers, including John Potter from Seattle, Bill Heald from Lisbon, Portugal, David Scott Coombes, Neil Mortenson, Adele Francis and Thorsten Kuhn.

We had a strong focus on education and training in light of the current shape of training debate with contributions from Rowan Parks and also a session devoted to surgical research lead by Richard Shaw and Dion Morton.

The feedback from the event was excellent and we hope to build on this success with our 2016 congress which will be held jointly with the National Cancer Research Institute in Liverpool.

We hope to see you there.



BASO@NCRI 2016

LIVERPOOL, NOVEMBER 6TH TO 9TH, 2016



In 2016, in line with our mission statement to facilitate research into cancer surgery, BASO will join forces with the annual NCRI meeting in Liverpool. The NCRI Cancer Conference started in 2005 to provide a forum for researchers from different disciplines to exchange knowledge and ideas. This multidisciplinary focus remains, and the Conference programme showcases the best in basic science, clinical trials, qualitative research and dataset analysis.

It is the UK's premier annual cancer research meeting and attracts around 2000 delegates each year. However, despite the fact that over half of all cancers are cured by surgery alone, very little of the NCRI conference is surgically focused and

there is a national drive to increase surgical research. Few surgeons have historically attended this conference despite the fact that the NCRI is composed of the UK's major research funders (CRUK, MRC, MacMillan, Breast Cancer Now to name but a few). The aim of this collaboration is to draw surgeons towards research into cancer and establish collaborations and networking opportunities and re-introduce surgeons to the top table of research in the UK.

The programme will be a hybrid of a standard BASO meeting with educational sessions focused on purely surgical technical issues on the first day and then a strong surgical track running through the second day and surgically

relevant sessions throughout, as well as access for BASO members to plenaries of a diverse array of cancer research and new ideas and trials. Surgical plenaries, prize sessions and networking will be as per our normal meetings alongside the NCRI events to which we will have full access.

We hope this will be a vibrant and highly productive cross fertilization of ideas and knowledge that will encourage research, research funding in surgery and drive best practice.

We will be sending out a provisional programme shortly and hope you will join us and encourage colleagues from all surgical disciplines to come.



RONALD RAVEN TRAVELLING FELLOWSHIP

Raven Fellow Ms Julie Cornish visited Strong Memorial Hospital, Rochester, New York State.

Julie Cornish is currently a Senior Colorectal Fellow (pelvic floor) in Oxford University Hospital Trust. She has a strong academic interest, particularly in functional outcomes following surgery. She went to medical school in Cardiff, University Hospital of Wales, going onto general surgical training and gained an MD from Imperial College, London in 2011, under the supervision of Professor Paris Tekkis. Her MD Thesis on "Inflammatory bowel disease and female reproductive health" focused on the impact of IBD on functional outcomes and quality of life in women following restorative proctocolectomy. She set up the Welsh Barbers Research Group in 2009 as the surgical trainee collaborative in Wales (www.welshbarbers.org.uk). As part of the WBRG, she also established the HART trial development group. HART (Hughes Abdominal Repair Trial) is a multicentre NIHR funded RCT designed to assess the incidence of incisional hernias in patients with a midline

incision for colorectal cancer surgery in two different arms; mass closure and the Hughes repair (a modified mattress suture).

I was awarded the Ronald Raven Travelling Fellowship in 2015 and was fortunate to be able to use this towards funding a two week observership at University of Rochester Medical Center Complex (URMC), in Strong Memorial Hospital Colorectal Department with Professor John Monson. Strong Memorial Hospital is a large modern medical facility with 830 beds.

Professor Monson was originally appointed as a colorectal consultant in Hull and came to URMC as a visiting professor. He then stayed on to become Chief of URMC's Division of Colorectal Surgery and Vice Chair of its Department of Surgery in 2008. His experience of both the U.K and the U.S. healthcare system has allowed him to see the merits and flaws in both systems, which has led to an interest in outcomes in surgical care. He is also a leader in the field

of low rectal cancer and part of the OSTRiCh Consortium (Optimizing the Surgical Treatment of Rectal Cancer) to improve the quality of care for rectal cancer in the U.S.

Day one in the department of surgery started with a 7am Quality Improvement meeting, which was attended by a large number of surgeons and trainees. Very different to the attendance of a typical UK 8am departmental meeting! I was struck by the genuine interest by all staff in the QI programs that had been initiated and how they had impacted not only on cost but also on patient care. Even the most junior of trainees understood the requirement to produce high level care with service efficiency and cost effectiveness.

During the two weeks I attended theatres regularly, watching robotic and advanced laparoscopic cases. I saw a relatively new insufflation device (AirSeal) for the transanal total mesorectal excision. In combination with the Gelport the approach seemed to reduce many of the issues that have been reported with transanal TME, with minimal billowing and good views.

There were more than 30 theatres and several robots in use, mostly by gynaecologists and urologists. The majority of the cases were anaesthetised by a nurse anaesthetist. This requires a four year nurse training degree, followed by at least one year in ITU, then a very competitive entry onto a 24 month course which costs them around \$50K to do. The nurse anaesthetists do most lists independently except obstetrics, cardiac, vascular and transplant. Interestingly the general feeling from the surgeons was they preferred this to the doctor anaesthetists! I asked the anaesthetic trainees how they felt about it and they were not unhappy with it as the nurse anaesthetists acted to provide gaps in the service rota not covered by trainees.



During one of the outpatient clinics I met a patient who had driven for more than eight hours to be treated at Strong Memorial. She explained that her local surgeon had kept cancelling appointments and didn't talk to her. The surgeon at Rochester had taken the time to explain the procedure to her and didn't mind answering any questions she had. As her husband put it 'Its simple really, it's about people skills. If you don't treat people as people they aren't going to trust you, even if you are the best technical surgeon in the world.' That's one thing I did notice about the culture in the hospital; from the posters on the wall to the smiling faces of the receptionists, the hospital gave off an atmosphere of approachability and being patient focused. During outpatient clinics I attended there was a significant difference to the UK, with more discussion about mood, family and outcomes since discharge. This is probably due to the longer time slots,

with clinician consultations lasting between 40-60 minutes per patient.

One aspect that I really liked was the lounge area for patients and relatives, which was located close to theatre. Relatives were encouraged to attend with patients. There was airport lounge style board updating on patients location and progress through the process and clinicians would go and speak to the relatives immediately following surgery to speak to their family and reassure or update them on their condition.

All of the departments had their own weekly grand round and the surgical update was on the use of medical marihuana, entitled "Drugs, sex and rock and roll". This 7am morning lecture was attended by nearly 60 juniors and consultants. Professor Gary Morrow gave an interesting lecture, although it's not something I intend on trying to instigate back home. Additional talks from the pharmacy and physiotherapy departments gave useful insights into local policies and opportunities for collaboration between departments.

The department of surgery also has the SHORE research facility linked on site. SHORE (Surgical Health Outcomes & Research Enterprise) aims to identify the most effective ways to organize, manage, finance, and deliver high quality care as well as reduce medical errors, control costs, and improve patient safety. SHORE is an excellent unit that has several surgical research fellows, as well as researchers from public health, IT and biostatistics who work in collaboration. Professor Monson and Dr Fergal Fleming act as clinical leaders for SHORE with Dr Katia Noyes acting as the scientific director of the unit. I was impressed with the training programs for the surgeons and enjoyed seeing the benefits of the collaboration to look at projects from a variety of viewpoints. I have instigated some joint research projects with the unit which I hope will lead to future collaboration.

I would like to thank Professor Monson and the team in URM for their kindness in making me feel welcome, showing me around and giving advice on where to go. Special thanks to Carmella Re, Professor Monson's secretary, for organizing my schedule and finding me when I got lost and to Dr Fergal Fleming and his wife Natasha who were especially generous with their time and hospitality.

I would also like to thank the British Association of Oncology for their generosity, without whom I would not have visited this amazing hospital and seen the "other side of the mirror" for healthcare.



Ronald Raven Travelling Fellowship 2016



Previous holders of the scholarship:

- 2005** Sri Lanka Tour; Mr B Piramanayagam, Mr C K Khoo, Mr H Ramesh, Mr P Kiruparan, Mr R Nadeem and Mr A Burns
- 2006** Mr G Morris-Stiff
- 2007** Mrs K Hogben
- 2008** IASO Conference; Mr S Balasubramanian, Mr H Ramesh, Mr A Subramanian and Mr V Upasani
- 2009** Ms P Roy
- 2010** Mr R Jones & Mr I Whitaker
- 2011** Mr D Dunne
- 2012** Mr Vincent Yip
- 2013** Mr Daniel Leff and Mr Paul Sutton
- 2014** Mr Andrew Alalade, Mr Ajay Belgaumkar and Ms Julie Cornish
- 2015** Mr Sirwan Hadad, Mr William Lo and Mr Paul Thiruchalvam

The BASO Raven Travelling Fellowship was endowed in 1993 by the Ronald Raven Trustees in memory of Ronald Raven, Founder of the Association.

The award is currently for a maximum of £2,000 and may be awarded to one or several individuals as considered appropriate by the BASO~ACS National Committee when considering the merits of their applications.

The scholarship is open to UK-resident trainees or recently appointed consultants, who have gained the fellowship of one of the British or Irish Colleges, and who intend to travel outside the UK. Applicants need not be members of BASO~ACS or BASO Trainees Group (although this is desirable) but applications must relate to the aims and objectives of the Association.

Applications should be submitted for the attention of Mr Hassan Malik, BASO Honorary Secretary by Friday, 23rd September 2016 and be submitted in the following format:

1. A personal statement outlining the details of the use to which you wish to put the Award and also the benefits you wish to obtain from the visit. Please also include details of any other scholarship/ sponsorship obtained and whether you are applying for the full Award or part of it.
2. Curriculum Vitae (brief version, three pages max.)
3. A letter of support from an independent referee/ supervisor within UK as to your suitability for this scholarship.
4. A letter of invitation from the unit/institution to be visited, showing that approval has been given for the intended programme

Please send applications as detailed above to arrive no later than 23rd September to:

Mr Hassan Malik, Hon. Secretary, BASO~ACS,
at the Royal College of Surgeons of England,
35-43 Lincoln's Inn Fields,
London WC2A 3PE

or email association administrator Rattandeep Jhita at: rattandeepjhita@baso.org.uk

SENIOR BASO AWARDS

ERNEST MILES LECTURESHIP



Professor Bill Heald, CBE plus members of Royal College Council and the BASO National Committee before the Ernest Miles Oration.

A graduate of Cambridge University, Mr Heald is Professor of Surgery at the University of Southampton, and consultant surgeon at the Basingstoke and North Hampshire Hospital National Health Services Foundation Trust. He is surgical director of the Pelican Cancer Foundation, which promotes excellence and educates health professionals in the management of patients with colon and rectal cancer.

Led by Professor Heald, the North Hampshire Hospital team pioneered total mesorectal excision (TME), a procedure for rectal cancer based on defined embryologic, anatomic, and pathogenetic principles, which is the gold standard in the surgical management of patients with this disease.

Professor Heald is a passionate educator who has dedicated himself to training surgeons in the UK and the international surgical community in the conduct of TME. The cornerstone of his success as a teacher is the use of live video broadcast TME operations featuring dialogue with the audience. He has performed more than 400 such procedures in more than 30 countries since defining the "Holy Plane" of rectal cancer surgery in 1988.

His long list of honours and awards attests to the esteemed international reputation he enjoys among his peers. He also has close to 150 peer-reviewed publications in surgical literature, principally in the field of colorectal surgery. In addition to his teaching and publishing, he has participated in countless workshops, named lectures, postgraduate courses, master classes and video productions worldwide.

In the past few years, he has assumed his new position as president of the

colorectal group at the Champalimaud Foundation for the Unknown in Lisbon, Portugal.

UCCIO QUERCI DELLA ROVERE AWARD FOR ACHIEVEMENT IN BREAST SURGERY



Miss Adele Francis, Consultant Breast Surgeon, University Hospital Birmingham.

Adele Francis is Consultant Breast Surgeon at University Hospital Birmingham and Honorary Senior Lecturer in Cancer Sciences at University of Birmingham.

Her main research interests include neoadjuvant therapy and surgical overtreatment of Breast Cancer. She is the Chief Investigator of NEO-EXCEL trial and of LORIS, the Low Risk DCIS trial and her contribution to innovative surgical trials in breast cancer was recognised with this award.

GEOFF OATES AWARD FOR ACHIEVEMENT IN COLORECTAL SURGERY



Professor Susan Clarke, Consultant Colorectal Surgeon, St. Mark's Hospital

Sue Clark trained in medicine at Cambridge University and St Thomas's Hospital Medical School in London. She embarked on specialist training in obstetrics and gynaecology, but after two years switched to general and colorectal surgery.

Sue spent two years in full time research at St Mark's Hospital with an Imperial Cancer Research Fund Fellowship. She was based in the Polyposis Registry and worked on various clinical aspects of desmoid disease in familial adenomatous polyposis as well as

studying the genetic changes within these rare tumours. The resulting MD thesis won the Raymond Horton-Smith Prize for the best thesis of the year at Cambridge University, and won the Leeds Castle Polyposis Group Young Investigator Award.

She completed her surgical training in the South West Thames Region, at St Mark's Hospital and at Mount Sinai Hospital in Toronto. She then spent three years as a consultant at the Royal London Hospital before returning to St Mark's. During this time Sue set up a family cancer clinic to provide services for inherited or potentially inherited colorectal cancer in the North East London Cancer Network. Sue's practice covers most aspects of colorectal and anal surgery. Her main subspecialist area of expertise is in inherited colorectal cancer syndromes and she is the Director of the St Mark's Hospital Polyposis Registry. This award recognises her huge contribution to polyposis and hereditary colorectal cancer.

STANFORD CADE LECTURESHIP



Professor Graeme Poston, Consultant Hepato-Biliary Surgeon, University Hospital Aintree. BASO Past President, ESSO Past President.

Graeme Poston is a Professor of Surgery of the University of Liverpool. He enjoys an international reputation in hepatobiliary surgery. To date, he has personally performed over 800 major hepatobiliary resections. His unit at UHA is one of the largest tertiary resectional hepato-biliary practices in the UK, having performed nearly 2,000 liver resections over the last 20 years. He gained his undergraduate medical training at St Georges Hospital Medical School, London, and postgraduate training at The Hammersmith Hospital and St Mary's Hospital, London and University of Texas Medical Branch, Galveston, Texas.

He is Past - President of the European Society of Surgical Oncology, past-President of the Association of Upper Gastrointestinal Surgeons of Great

SENIOR BASO AWARDS

Britain and Ireland, and the British Association of Surgical Oncology. He is Director of Professional Affairs at the Association of Surgeons of Gt. Britain & Ireland, Chair of NHS HPA Specialised Commissioning, Chair of the NICE Colorectal Cancer Guideline Development Group and Quality Standards Committee, and past-Chair of the Cancer Services Committee of the Royal College of Surgeons of England. He is a principal investigator of a number of ongoing national and international clinical trials in hepatobiliary surgery, and co-author of numerous national and international guidelines for the management of Hepatobiliary cancers, nine textbooks of surgery, and over 180 papers.

Honours and distinctions include the Olaf ac Acrel Medal of the Swedish Surgical Association, Stanford Cade Medal of the Royal College of Surgeons of England, Kilroe Medal of the Christie Hospital, Manchester, N K Misra Medal of the Indian Association of Surgical Oncology, Honorary Fellow of the Association of Surgeons of India and the College of Surgeons of Sri Lanka, Hunterian Professor of the Royal College of Surgeons of England, and numerous international visiting Professorships. In what little spare time he has, he enjoys trekking in high places (climbed Kilimanjaro and trekked to Everest and Annapurna Base Camps).

HUNTERIAN PROFESSORSHIP

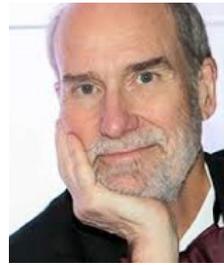


Professor Michael Douek, Professor of Surgical Oncology, BASO Meeting Secretary, delivering his Hunterian Oration.

Michael Douek is a breast surgeon with an interest in breast cancer surgery and breast reconstruction. He is professor of surgical oncology at King's College London and honorary consultant surgeon at Guy's and St Thomas' NHS Foundation Trust. Mr Douek is noted for his work in developing novel techniques for cancer surgery. A pioneer of intra-operative radiotherapy for breast cancer, he set up the first prospective trial of a biological device for breast implant reconstruction.

He is currently chief investigator of three international clinical trials of the pioneering magnetic technique, which have recruited over 500 patients over the last 18 months.

BRITISH JOURNAL OF SURGERY LECTURE



Professor John Potter, Seattle, USA

The internationally recognised cancer researcher, Professor John Potter, has been appointed as Chief Science Advisor to the Ministry of Health. Professor Potter's research has been aimed at understanding the risk and biology of colorectal, breast and pancreatic cancers, developing biomarkers for screening and early detection and monitoring cancer progression in high-risk individuals. He worked with Tony McMichael at CSIRO Division of Human Nutrition, 1977-1986. He chaired and edited "Food, Nutrition, and the Prevention of Cancer: A Global Perspective," a seminal 1997 report. His international awards include the 2012 Medal of Honour of the International Agency for Research on Cancer, Lyon, France. He has written or co-authored more than 600 scientific papers, chapters, and books. Professor Potter participated at the recent BASO Scientific Programme and delivered lecture on 'Nutrition and Cancer: getting the model right'.

RONALD RAVEN PRIZEWINNER.



Ms Michelle Wilkinson, Institute of Cancer Research, London

Awarded the Raven Prize for the presentation entitled: *Pre-clinical evaluation of oncolytic virotherapy delivered by isolated limb perfusion,*

alone and in combination with chemotherapy, radiotherapy and surgical resection.

Advanced extremity melanoma and sarcoma present a significant therapeutic challenge, requiring multimodality therapy to treat or even palliate disease.

Isolated limb perfusion (ILP) is a surgical procedure enabling intra-arterial delivery of high dose chemotherapy directly to the tumour with negligible systemic side-effects.

ILP provides limb salvage in 80-90% of patients, but the effect is not permanent or curative. In vivo, oncolytic virotherapy (OV) delivered by ILP in combination with radiotherapy and surgical resection significantly improves survival.

In vitro, the combination of OV and radiotherapy was found to induce effector caspase cleavage, reversing the predominantly anti-apoptotic balance within the cancer cell and overcoming treatment resistant.

THE RONALD RAVEN PRIZE:

The Ronald Raven Prize is awarded annually to the best presenting author in the Ronald Raven Prize Session of the BASO ~ ACS Scientific Conference.

Previous winners of the Ronald Raven Prize:

- 2005** Miss S Dua
- 2006** Mr N Alkahmesi
- 2007** Mr S Somasundaram
- 2008** Mr Daniel Marsh
- 2009** Dr Gillian McColl
- 2010** Mr Sijie Heng
- 2011** Mrs C Schilling and Mr P Farrelly
- 2012** Mr Marc Bullock
- 2013** Mr John Connelly
- 2014** Mr Bauke Anninga
- 2015** Ms Michelle Wilkinson

BASO AWARDS

BJS PRIZE PAPER WINNER



Jessica Whibley.
Critical Care
Physiotherapist
Physiotherapy.
The Royal
Marsden NHS
Foundation Trust

The BJS Prize was awarded for the paper entitled: *Poor performance in incremental shuttle walk and cardiopulmonary exercise testing predicts poor overall survival for patients undergoing oesophago-gastric resection.*

This study aimed to assess the correlation of preoperative cardiopulmonary exercise test (CPET) and incremental shuttle walk test (ISWT) results with postoperative respiratory complications and long-term outcome.

Preoperative assessments of fitness correlate poorly with each other and do not individually predict respiratory complications. However, a decline in the ISWT following neo-adjuvant chemotherapy is associated with increased risk of postoperative respiratory problems. ISWT and CPET results are both significantly correlated with long term survival (ISWT $p=0.002$, AT $p=0.006$ VO_2 Max $p=0.018$); however the ISWT is the most prognostic feature preoperatively in multivariable analysis when combined with classical staging ($p=0.01$).

THE BRITISH JOURNAL OF SURGERY PRIZE:

The British Journal of Surgery Society (BJS) is a registered charity, through which support is provided to surgical bodies, thereby advancing and improving education in surgery, diffusing knowledge on new and improves methods of teaching and practicing surgery in all its branches. The society provides support for invited lectureship and surgical prizes. It is awarded to the best presenting author in the BJS Prize section of the BASO-ACS Annual Scientific Conference.

Previous Winners of the BJS Prize:

- 2005** Mr T Vijayaganesh
- 2006** Dr R Kazi
- 2007** Mr L Maraqa
- 2008** Ms Rachel Johnson
- 2009** Mr Brian Hogan
- 2010** Ms Rosin Dolan
- 2011** Mr Samer-ul Haque
- 2012** Eleanore Massey
- 2013** Mr Nicholas Faure-Walker
- 2014** not presented
- 2015** Ms Jessica Whibley

THE ALAN EDWARDS PRIZE FOR THE BEST POSTER PRESENTATION.



Liz Baker, Naomi Whiteoak, Louise Hall, Debbie Wilson, Pud Bhaskar
University
Hospital of North
Tees, Stockton on
Tees, UK

The Alan Edwards prize was awarded for the poster: *Mammaglobin-A, VEGFR3 and Ki67 in human breast cancer pathology and 5-year survival*

Mammaglobin-A, VEGFR3 and Ki67 expression were determined by immunohistochemistry in tissue samples from 80 breast patients who had undergone breast surgery for cancer or benign disease. Expression was compared with tumour histopathology (grade, differentiation and receptor-status) and 5-year survival analysis (overall and disease-free).

53% breast samples stained positively for mammaglobin-A, 43% for Ki67 and 65% for VEGFR3. Ki67 and VEGFR3 expression correlated with tumour grade and Ki67 expression also correlated with metastatic disease.

Following 5-year survival analysis; 6/80 patients had died and 3 were alive but had cancer recurrence. High Ki67 expression significantly correlated with poor survival.

Alan Edwards Poster Prize:

The Alan Edwards Poster Prize is given to the best poster presentation at the BASO Annual Scientific Conference. It was first awarded in 1978 in memory of Alan Edwards, a Consultant Surgeon at Whipps Cross Hospital in London, an early member of BASO who tragically died in a boating accident.

The best six posters presentations are selected during the BASO Conference and are asked to make a brief oral presentation. The Best one is awarded with a certificate and prize of £400.

Previous Winners of the Alan Edwards Prize:

- 2005** Mr G Wilson
- 2006** Mr Tak Loon Khong
- 2007** Miss Tejal Joshi
- 2008** Joseph Tang
- 2009** Ramsey Cutress
- 2010** Iain Brown
- 2011** Jagdeep K Singh
- 2012** Kathryn Frewer
- 2013** Ms Elma O'Reilly
- 2014** Mr Michael Rees
- 2015** Ms Liz Baker

Oncoplastic Breast Surgery & ADM Reconstruction Course

7 – 9th July 2016

COURSE DIRECTOR:

Prof Michael Douek,
Professor of Surgical Oncology
Mr Ashutosh Kothari,
Clinical Lead and Breast Surgeon
Mr Tibor Kovacs,
Consultant Breast Surgeon

Acellular dermal matrices (ADM) are increasingly used during breast implant reconstruction. There is now growing evidence for the use of ADM and a greater understanding of the indications in relation to other oncoplastic techniques. This course focuses on implant-based breast reconstruction with ADM and on oncoplastic breast surgery.

The international faculty includes plastic and oncoplastic surgeons with extensive experience in this field. The faculty will consider indications for oncoplastic breast surgery and for mastectomy with immediate reconstruction. Course content will include patient selection and assessment, patient information, current surgical techniques and management of complications related to ADM use.

EDUCATIONAL METHODS

- Hands-on training in surgical techniques
- Case discussions
- Live surgery
- Lecture-based overview of the evidence



WHO SHOULD ATTEND?

This 3 day interactive course is aimed at consultants, surgical trainees (both breast and plastics) and specialist nurses involved in breast reconstruction

COURSE FEES

Consultant	£600 (£450*)
Surgical Trainee	£450 (£350*)
Nurse/other	£200 (£125*)
Nurse day rate	£60

***register by 26th May 2016**

HOW TO APPLY

Book online at King's e-store [here](http://estore.kcl.ac.uk/) or visit <http://estore.kcl.ac.uk/>

We recommend early registration to avoid disappointment as this course is proving to be extremely popular.



This 3 day course is endorsed by BASO - The Association for Cancer Surgery and The European Society for Surgical Oncology.

The course is accredited by The Royal College of Surgeons of England and delegates who attend all 3 days will receive 15.5 CPD points.

COURSE LOCATION

The Robens Suite
29th Floor Tower Wing
Guy's Hospital

FACULTY

Mr Riccardo Bonomi, (UK)
Mr Joannis Constantinides, (UK)
Sr Louise Farrow, (UK)
Sr Helen Froyd, (UK)
Prof Gustav Gulyas, (Hungary)
Mr Hisham Hamed, (UK)
Mr Paul Harris, (UK)
Sr Louise Hopkirk, (UK)
Dr Bret Jessee, (USA)
Miss Siobhan Laws (UK)
Miss Fiona MacNeill, (UK)
Prof JeanYves Pettit, (Italy)
Prof Stefano Pompei, (Italy)
Mr Richard Rainsbury, (UK)
Miss Victoria Rose, (UK)
Prof Michael Schefflan, (Israel)
Sr Amanda Shewbridge, (UK)
Sr Joan Travers, (UK)
Prof Omar Youssef, (Egypt)
Miss Eva Weiler-Mithoff, (UK)
Prof Jiong Wu, (China)
Miss Lynda Wyld (UK)



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02071886380

King's College London
Research Oncology 3rd Floor
Bermondsey Wing
Guys Hospital
London SE1 9RT



The Emergency Management of Cancer Patients

Masterclass in Surgical Oncology

Tuesday 24th May 2016, Liverpool, UK

The masterclass series from University of Liverpool is designed to share the core and up to date knowledge in Surgical Oncology.

Aim: Update on the emergency presentation of cancer and acute surgical & medical problems in a cancer patient.

Target Audience: Surgeons (consultant/registrar); general practitioners (including trainees); oncologists and cancer nurse specialists.

Learning Objective: gain an understanding of the acute surgical and medical management of cancer patients.

Introductions and setting out aims and objectives (0900-0915): Hassan Malik

Session 1 (0915-1030): Acute presentation and management of lower GI and small bowel cancer.
Mr Rooney; Prof Poston; Dr Sohail Ahmed

Tea break 1030-1045

Session 2 (1045-1200): Acute presentation and management of Upper GI/HPB cancers.
Mr Howes; Mr Fenwick; Dr Tim Cross and Dr Sturgess

Session 3 (1200-1315): Acute presentation of non-visceral cancers.
Mr Shackcloth; Mr Chandrasekar; Neurosurgeon (TBA)

Lunch (1315-1345)

Session 4 (1345-1430): Acute medical and surgical emergencies in the cancer patient.
Dr Chan Ton and Mr Misra

Session 5 (1430-1545): Impact an emergency presentation upon the patient pathway.
Dr Fiona Lemons and Dr Claire Byrne

Closing remarks: Hassan Malik

This masterclass is recognised by -



BASO - THE ASSOCIATION FOR CANCER SURGERY

Cost: £95

Venue: Chandler Suite, Foresight Centre, University of Liverpool
For further details contact Joanna Henderson
joanneh@liverpool.ac.uk | 0151 795 4355



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