1. Welcoming speech by Rebecca
2. Productivity by Layln
3. Neo Adjuvant chemotherapy in operable breast cancer: A window for research
   Mr Henry Cain, Consultant Oncoplastic Breast Surgeon, Newcastle upon Tyne
4. NeST-Ian Whitehead
   - National, multicentre, Multidisciplinary
   - Benefit of NST: pCR(pathological complete response), down staging, assess sensitivity
   - Variation in practice-MasDA, SLNC vs ANC
   - AIM
     1. Establish current stated practice
     2. Determine the current practice
   - METHOD
     1. MDT Questionnaire
     2. A prospective audit phase-REDcap database, local register
     3. Inclusion: >16, histological diagnosis, MDT recommend NST
     4. Exclusion: patients entering window of opportunity clinical trials
   - Current status:
     40 MDT forms, 177 patient registrations
   - Future: Explore surgical decision making, use of adjuvant therapies following NST, pathological response rates in clinical practice
   ???to establish national guideline
5. Discussion session

By Ben:

Previous Breast augmentation and breast ca:
- impact on prognosis
- current mx
- recon options
- pt choice
- what do we do with capsule/collateral breast

??numbers
- current practice, how many cases
Pt questionnaire
Retrospective review

By Charef:

Management Juvenile fibroadenoma <17years- uncertainty about the definition
Very rare- incidence <2%
Mx: surgical due to fast growing
Starting point: questionnaire to consultants
Ms Kirwan/Ms. Bramley - as its very rare suggested phyllodes topic- lack of understanding on management
Think something similar to NeST method??MDT Questionnaire
Sarcoma team versus breast team management send questionnaire to oncologist, breast surgeon, sarcoma surgeon

Phyllodes:
Margin, rate of recon, current practice