**Royal College of Surgeons of England Breast Surgical Specialty Lead**

The RCSEng Surgical Trials Initiative supports a number of SSLs across a wide range of specialties and sub-specialties, with the aim of supporting the development of clinical research across the breadth of surgery. Many areas have more than one SSL (e.g. orthopaedic surgery, colorectal surgery, vascular surgery) – often with different remits within their field (e.g. venous and arterial surgery in vascular).

Currently there is one breast SSL, with responsibility across the whole of breast surgery, who has been supported by three Associate SSLs. Some of the key outputs from the Breast SSL over the last 3-5 years are as follows:

* NIHR HTA funding for several key breast cancer trials, including SMALL trial (CI), HER2-RADiCAL (joint lead applicant) and EndoNET (co-applicant)
* Commencement and delivery of a James Lind alliance research Priority Setting Partnership in breast cancer surgery
* Completion of a trainee-collaborative-delivered prospective audit of neoadjuvant systemic therapy in breast cancer (NeST)
* Steering group member for breast cancer Covid management pathways study (B-MaP-C) and for the MARECA study
* Chair of the NCRI Breast Research Group
* Comissioner, Lancet Breast Cancer Commission

While this represents a significant output, it is clear that the majority of this work has a clear surgical oncological multidisciplinary focus.

There are many other areas within breast surgery however which would benefit and flourish with SSL support but lie beyond the capacity of a single SSL to deliver. These areas include:

* Evaluation of devices and techniques in oncoplastic and reconstructive breast surgery
	+ There is undoubtedly a lack of high-quality data underpinning much contemporary practice in this area. As oncoplastic surgery evolves, it clearly has the potential to improve outcomes for breast cancer patients. However, to ensure the appropriate implementation of such innovation, it is necessary to develop a robust evidence base to support the use of such procedures in terms of oncological, cost-effectiveness and patient-reported outcomes.
	+ Advances in implant and associated technologies (e.g. reconstructive surgical meshes) have meant that the range and complexity of options for breast reconstruction surgery have expanded considerably in recent years – again, there is a requirement for a solid underpinning evidence base in this area to ensure best practice and to optimise patient outcomes
* Assessment of innovative new technologies in breast surgery
	+ There has been a rapid expansion of technologies available to breast surgeons – including technologies for impalpable lesion localisation, and new technologically-enabled applications such as in the field of consent. The introduction of such technologies cannot be assumed to have patient and healthcare provider benefits without robust evaluation
* Diagnostic pathways in symptomatic breast services
	+ While much of breast surgery is focussed on the treatment of breast cancer, much of the workload of breast surgeons continues to lie in the diagnostic space. The pandemic has further highlighted the already apparent need for research to evaluate the most efficient diagnostic pathways, allowing rapid assessment and diagnosis of those patients with breast cancer, while facilitating rapid reassurance of those with benign conditions
	+ Benign breast disease – there is a large amount of benign breast disease which is diagnosed and managed by breast surgeons. However there is currently relatively little evidence to guide its management, and there is considerable variation in practise. This area would benefit from the development of a firm evidence base.
* Global surgery and breast cancer inequalities
	+ It is very clear that there is massive global inequity in the provision of diagnostic and surgical treatment services for women with breast cancer. There remains huge scope for additional health systems and breast surgical research across LMICs to determine (for example) optimal screening and diagnostic pathways for women with breast symptoms, how to maximise access to surgical treatment and how to manage follow-up and surveillance in resource-constrained environments, while recognising the financial toxicities associated with a breast cancer diagnosis in such countries.
	+ There is also national variation in breast cancer access, delivery and outcomes and research as to how best to ensure equity of access and treatment is nationally important

It is clear therefore, that there is plentiful additional work to be done under the remit of the Breast SSL, and opportunities to develop additional projects. We would therefore request that the College supports the appointment of an additional SSL, with a specific remit in one or more of the above areas to complement the work of the existing incumbent.

It would be expected that applicants would express an interest in one or more of the areas outlined above.