



BRITISH ASSOCIATION  
OF SURGICAL ONCOLOGY

*The First Twenty Five Years (1973-1998)*

by

IAN BURN

Co-Founder and Past-President BASO

**BRITISH ASSOCIATION OF SURGICAL ONCOLOGY**

**THE FIRST TWENTY FIVE YEARS**

**(1973 - 1998)**

by

**IAN BURN**

**Co-Founder and Past-President BASO**

## **The Author**

Ian Burn was Consultant Surgeon at the Hammersmith Hospital and Royal Postgraduate Medical School (1965-73), the Charing Cross Hospital (1973-87) and the King Edward VII Hospital, Midhurst (1987-97).

He was Co-Founder and President of the British Association of Surgical Oncology (1981-83), President of the European Society of Surgical Oncology (1986-89) and inaugural President of the World Federation of Surgical Oncology Societies (1992-95).

# THE HISTORY OF THE BRITISH ASSOCIATION OF SURGICAL ONCOLOGY (BASO)

## INTRODUCTION

The idea of forming a special organisation for British Surgeons interested in the subject of malignant disease, was conceived on the evening of 6th December, 1971. It occurred as a result of a discussion between Ronald Raven and the author, following a meeting of the newly formed Section of Oncology at the Royal Society of Medicine. Despite the quality of the presented papers and discussion at that meeting, it was an occasion conspicuous by the absence of any significant surgical participation in the meeting, either among the speakers or in the audience.

The discussion continued into the early hours of the following morning at the elegant home of Mr. Ronald Raven in Harley Street. That night a memorandum was composed which outlined proposals for the formation of an Association of Surgical Oncologists of Great Britain. The memorandum was sent to 35 experienced surgeons in Britain, who were known to have a committed interest in cancer surgery. The letter contained the proposal that an "Association of Surgical Oncologists of Great Britain" should be formed forthwith. The justification for this proposal was the growing philosophy that the management of malignant disease was becoming a multidisciplinary challenge. The letter emphasised that in the opinion of the writers, surgery should continue to be positioned at the centre of oncology. Surgeons involved in the management of malignant disease needed to respond to the new philosophy and prepare themselves accordingly.

The letter went on to define a number of objectives for the new society - namely:

1. To bring together, for the exchange of knowledge and to provide a forum for discussion, surgeons who are engaged in cancer surgery (wholly or partially).
2. To study and propagate knowledge concerning the basic and para-medical sciences required by the surgical oncologist.
3. To study methods of surgical treatment used alone or combined with Radiotherapy, Chemotherapy or Immunotherapy.
4. To devise and execute education and training programmes in cancer surgery.
5. To arrange courses in cancer surgery.
6. To devise schemes of clinical trials.

7. To institute a national system of case records of statistical analysis and the compilation of follow-up results.
8. To study other scientific disciplines including epidemiology, immunology, genetics, physiology, pharmacology, endocrinology and pathology - and others.
9. To hold scientific meetings.



*Ronald Raven*  
*President BASO 1973-77*

The letter was signed by Ronald Raven and the author and responses awaited with interest.

In retrospect, the above list of objectives presented a formidable academic challenge which could well have been counter productive. However, of the 35 replies received, 27 pleasingly supported the proposal in essence. Five of the surgeons who replied expressed doubts, while three others were definite in their opposition to the proposal. Interestingly, one of those who expressed doubts later became a dedicated President of the Association. Of the 27 who supported the formation of some form of surgical oncology organisation, 19 were in favour of a completely new

and separate society while the remainder expressed preference for integration within an already established organisation. As a consequence of this response a further period of "market research" was undertaken in the succeeding months. The interest was such that a decision was made to hold an exploratory meeting at the Royal College of Surgeons of England. The proposed meeting was publicised throughout the country.

## **FORMATION OF THE BRITISH ASSOCIATION OF SURGICAL ONCOLOGY (BASO)**

By kind permission of the President, a meeting of interested surgeons took place at the Royal College of Surgeons of England on 29th September, 1972. After a lengthy and searching discussion, there was a formal proposal that a separate surgical oncology organisation should be established within the United Kingdom. The proposal was duly approved and the decision made that the organisation should be entitled - "**THE BRITISH ASSOCIATION OF SURGICAL ONCOLOGY**".

Further discussion at the meeting led to the establishment of a national steering committee, to be chaired by Ronald Raven. The committee was entrusted with the task of organising a first scientific meeting in the Summer of 1973.

A provisional draft constitution for the new Association was agreed. This was to be formulated further by the steering committee and presented to the Founder Membership for approval at the time of the first Annual General Meeting, to be held during the First Scientific Symposium. Notices were inserted in the national medical journals inviting applications for membership to the new society. The British Association of Surgical Oncology was established.

## THE FIRST SCIENTIFIC AND ANNUAL GENERAL MEETING

The First Scientific Meeting of the new Association took place, appropriately at the Royal College of Surgeons on 8th June, 1973. As planned, the inaugural General Meeting was held during the occasion.



*Stephanie Hatcher*

At the General Meeting, elections were held and Ronald Raven was confirmed as the First President of the Association. It was also confirmed that the Royal College of Surgeons of England generously had agreed that the Association should have its headquarters at the College in Lincoln's Inn Fields. This happy arrangement has continued to this day. Subsequently for most of the 25 years that the Association has existed, the day to day running of the office, has been in the hands of Mrs. Stephanie Hatcher and, latterly, Mrs. Veronica Hall. The Association owes a great debt of gratitude to these two devoted ladies. The two Vice-Presidents elected at the inaugural Annual General Meeting were surgeons of great stature and repute, Sir John Bruce and Mr. Kenneth McKeown. The Honorary Treasurer was Professor Harold Ellis and the author took on the role of Honorary Secretary. A strong committee was constituted containing some of the most eminent surgeons of the era. There was a happy mix of surgeons from both National Health Service hospitals and University Departments. The elections were as follows:



*Veronica Hall*

President:

Mr. R.W. Raven

Vice-Presidents:

Professor Sir John Bruce

Mr. K.C. McKeown

Hon. Treasurer:

Professor Harold Ellis

<u>Hon. Editor:</u>	Professor A.J. Harding-Rains
<u>Hon. Sec.Overseas Affairs:</u>	Professor D.F.N. Harrison
<u>Hon. Secretary:</u>	Mr. Ian Burn
<u>National Committee:</u>	Mr. P.G. Bevan
	Professor L.H. Blumgart
	Professor C.G. Clark
	Mr. Arnold Elton
	Professor Sir James Fraser
	Mr. J.D. Griffiths
	Mr. G.J. Hadfield
	Mr. R.E. Horton
	Professor L.F. Hughes
	Mr. C.W. Jamieson
	Professor I.D.A. Johnston
	Professor J.G. Murray
	Mr. W. Odling-Smee
	Mr. J.F. Philip
	Professor R.A. Sellwood
	Mr. J. Wakeley
	Mr. J.N. Ward-Mcquaid
	Mr. G. Westbury
	Professor A.W. Wilkinson

The Annual General Meeting was attended by 123 founder members, mostly consultants, who represented all areas of regional interest in surgery. A further 42 prospective members had sent their apologies for non-attendance.

The meeting heard of the preceding work of the steering committee and debated the proposed constitution in full. It was agreed that Full Membership of the Association should be open to consultant surgeons and recognised surgeons in training, who had a declared interest in the management of malignant disease. The annual subscription for Full Members was set at the princely sum of £8.50p.

The First Scientific Meeting was entitled “**Should Lymphadenectomy be Discarded?**” This choice was prompted by the prevailing scrutiny of the future role of radical monobloc surgery in the management of early cancer. It provided a suitable topic for lively debate by the members of the new Association.

# BRITISH ASSOCIATION OF SURGICAL ONCOLOGY

## First Scientific Meeting

at Royal College of Surgeons of England,  
Lincoln's Inn Fields, London.

FRIDAY, 8th June, 1973 at 2.15 p.m.

### **"SHOULD LYMPHADENECTOMY BE DISCARDED?"**

**Chairman - Mr. Ronald Raven**

#### Section I. General Considerations

2.15	Professor Harold Ellis (Westminster)	"Historical Developments"
2.30		Discussion
2.40	Mr. Ian Burn (Hammersmith)	"Mechanical Effects"
2.55		Discussion
3.05	Mr. M. Baum (Cardiff)	"Immunological Considerations"

3.30 - TEA

#### Section II. Regional Considerations

4.00	Professor D.F.N. Harrison (Institute Laryngology & Otology)	"Cancer of the Head and Neck"
4.15		Discussion
4.25	Dr. H.J.G. Bloom (Royal Marsden)	"Mammary Cancer"
4.40		Discussion
4.50	Mr. R. Hiles (Bristol)	"Malignant Melanoma"
5.05		Discussion

5.15 - PANEL DISCUSSION

The occasion was ended by an enjoyable inaugural Dinner at the Royal College presided over by Ronald Raven in his own inimitable style.



# THE PROPOSED CONSTITUTION OF THE ASSOCIATION

## THE BRITISH ASSOCIATION OF SURGICAL ONCOLOGY

The proposed Constitution was as follows:

### Objects, Constitution and Rules

#### 1. Title

The Association shall be called The British Association of Surgical Oncology.

#### 2. Objects

- a. To advance the art, science and practice of oncology.
- b. To provide a forum for all surgeons who have clinical responsibility for patients with cancer for the advancement of knowledge in all aspects of oncology. To promote collaboration and friendship amongst all who have an interest in this subject by holding meetings and discussions, encouraging research and by other means as shall be agreed upon.
- c. To promote mutual collaboration between surgeons, physicians, radiotherapists, pathologists, chemotherapists and all others working in the cancer field or concerned in the scientific investigations relevant to it.
- d. To study the basic medical and para-medical sciences required and to promote knowledge of such related subjects as epidemiology, immunology, genetics, physiology, pathology, pharmacology, endocrinology and statistics.
- e. To study methods of cancer detection and prevention.
- f. To study methods of surgical treatment either used alone or combined with radiotherapy, chemotherapy, immunotherapy or any new treatment that may develop.
- g. To promote education and training in surgical oncology in order to ensure that a high standard is maintained.
- h. To arrange courses in surgical oncology.
- i. To encourage research activities including clinical trials in oncology and to hold discussions on the results of such research.
- j. To study methods of clinical recording, follow-up, assessment of therapeutic results, statistical analysis and the use of computers.
- k. To effect liaison and collaboration with other organisations, medical and lay, concerned with cancer problems.

### 3. Constitution and Rules

The Association shall consist of the following members:

- a. Honorary Members may be elected for their distinguished service to oncology, on nomination by the National Committee at a General Meeting of the Association. They shall not pay subscriptions, nor vote on any business that is transacted. They may receive without payment the publications of the Association and attend its scientific meetings.
- b. Members shall be surgeons and elected because of their interest in oncology. They will be proposed by two Members of the Association and the application forms sent to the Honorary Secretary not less than six weeks before a General Meeting. The Honorary Secretary shall submit these applications to the National Committee who shall recommend eligible candidates for election by the General Meeting. The election of new members shall be the first business of the General Meeting, who will then be entitled to vote in connection with any subsequent business. Members shall be limited in number to 350 in the first instance. They may receive without payment the publications of the Association and attend its scientific meetings.
- c. Associate Members shall be elected from other specialists or scientists in oncology who are engaged in radiotherapy, pathology, chemotherapy, immunotherapy and basic sciences and other related disciplines. They shall be eligible to attend all scientific meetings of the Association but they shall not vote on any business transacted. The number of Associate Members shall not exceed one-quarter of the total number of members. They may receive without payment the publications of the Association.
- d. Corresponding Members shall be elected from oncologists who are distinguished by their research and clinical and laboratory contributions and are resident in countries outside the United Kingdom. They shall be eligible to attend all scientific meetings of the Association but they shall not vote on any business transacted at meetings. They may receive without payment the publications of the Association.

### 4. Officers

The following officers will be appointed to the Association and elected by the General Meeting of the Association on the nomination of the National Committee.

**President**, to hold office for three years.

**Past President**, to hold office for three years.

**Two Vice-Presidents**, to hold office for two years each.

**Honorary Secretary**, to hold office for six years.

**Honorary Treasurer**, to hold office for five years.

**Honorary Editor**, to hold office for six years.

**Honorary Secretary for International Relations**, to hold office for six years.

An officer may be re-elected to the same office, other than President or Vice-Presidents, after an interval of two years.

#### 5. National Committee

The business of the Association shall be conducted by a National Committee whose function shall be to carry out any measure required for the well-being of the Association. The National Committee shall be composed of the President, Past President, Vice-Presidents, Honorary Secretary, Honorary Treasurer, Honorary Editor, Honorary Secretary for International Relations and twenty other members, all of whom shall be elected at a General Meeting of the Association on the Nomination of the National Committee. As from 1976, three other members shall retire each year and shall not be eligible for re-election for a further period of three years. The ordinary members to retire each year shall be those who have been longest in office since their election, but as between persons who became ordinary members of the Committee on the same day those to retire shall be determined by the Committee by such method as it shall think fit. All officers and members shall act in an honorary capacity. Eight members shall form a quorum. The Committee shall have powers to co-opt as necessary.

#### 6. Casual Vacancy

The National Committee shall select a Member of the Association to complete the interrupted period of service.

#### 7. Subscriptions

Members shall pay an annual subscription of eight pounds, fifty pence, Associate Members seven pounds, fifty pence and Corresponding Members five pounds, fifty pence.

Subscriptions shall be paid to the Honorary Treasurer on election and subsequently on 1st July each year. Any member whose subscription lapses for more than 12 months shall forfeit membership but shall be eligible for re-election.

## 8. Funds of the Association

The Association shall administer all its resources which arise from subscriptions, donations, etc., or from all if any of its publications.

## 9. General Meetings and Congresses

The Association shall hold an Annual General Meeting at which subjects on the Agenda and the Accounts shall be presented and discussed. Twenty members shall form a quorum. The Association shall hold at least one annual scientific congress. Additional congresses and meetings may be organised by the National Committee. Visitors may be introduced by members to the scientific meetings and congresses and take part in discussions.

**24th May, 1973.**

After the inaugural Annual General Meeting, careful consideration was given to the declared aims and objectives of the Association. The provisional constitution had been well received in the main by the founder membership, but a number of suggestions made were subsequently incorporated.

Membership was defined more clearly, retaining the principle that Full Membership should be available to surgeons in training as well as established consultants, so long as there was a genuine commitment to the study and management of cancer. New categories of membership also were introduced.

An Associate Membership was provided for oncologists from other disciplines who applied to join the Association. A Corresponding Membership was introduced for overseas applicants. It was confirmed that the Association should hold at least one scientific conference each year. Senior members were identified to advise on such matters as International Relations, Specialised Training, Clinical Trials, Case Records and Documentation and Oncological Services. The society fully expected to become involved in these associated activities as time progressed. Charitable status was applied for and happily was granted by the Charity Commissioners.

Notably the British Association of Surgical Oncology was the first designated surgical oncology society in the world. Perhaps its future was very much an imponderable at that time, but the enthusiasm and determination of the founder members was beyond question.

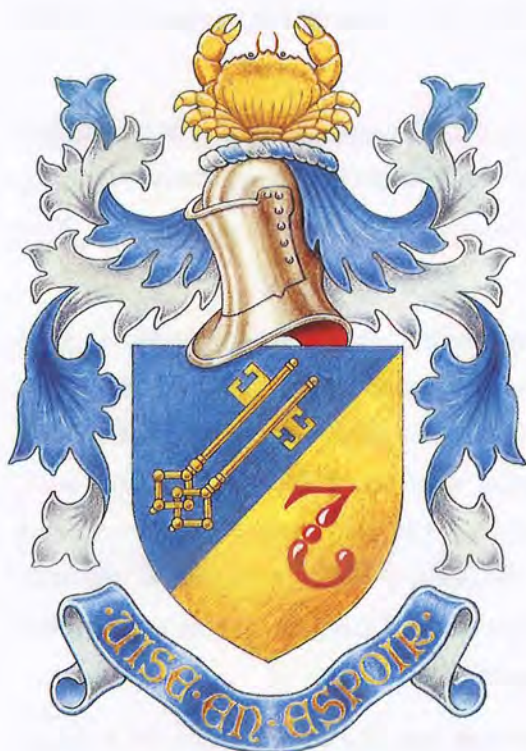
## THE COAT OF ARMS



Donald Harrison

Soon after its formation, the Association decided to design and acquire a Coat of Arms. Fortunately, among the membership was an acknowledged expert in heraldry, Professor D.F.N. Harrison, one of the pioneers of Regional Perfusion and Infusion Chemotherapy for Head and Neck Cancers and an early President of the Association of Head and Neck Oncologists of Great Britain. Donald Harrison designed the Coat of Arms and guided the Association through the required formalities. The motto was selected with great care and was duly adopted after approval by the membership, namely VISE EN ESPOIR, *Look Forward in Hope*.

### Blazon of the armorial bearings



Coat of Arms

#### ARMS

Per bend sinister Azure and Or dexter two keys endorsed in bend bows interlaced both Or sinister a Fleam Gules.

#### CREST

On a wreath Argent and Azure a Crab erect Or.

#### MOTTO

*Vise en Espoir*

#### HERALDIC DESCRIPTION

The Shield, which is thirteenth century in shape, is divided into two halves by a line running obliquely from left to right. The colour of the upper half is blue and the lower gold. Superimposed on the blue is a pair of gold keys symbolising the Keys of St.

Peter. A red fleam the heraldic symbol of a surgeons lancet, is placed on the gold section of the shield. The Crest is a gold crab (the common edible crab - Cancer Pagarus) which rests on a wreath made up of six twists of cloth coloured the same as the main metal and colour of the shield.

The motto is translated literally as *'Look Forward in Hope'*.

# THE JOURNAL - CLINICAL ONCOLOGY

From the outset it was apparent that the Association required a literary vehicle for its proceedings. A regular newsletter was introduced which kept members informed of the activities of the Association, but was of limited value. However, it was the production of its own regular journal which really helped establish the Association as a bona fide scientific society of world repute.

After careful planning and much debate over an appropriate title, the first issue of **CLINICAL ONCOLOGY - The Journal of the British Association of Surgical Oncology** was launched in March, 1975. The contents of the first issue were as follows:

**Clinical Oncology**

**Volume 1, Number 1,  
March, 1975**

## CONTENTS

<b>Coat of Arms of the British Association of Surgical Oncology</b>	D.F.N. Harrison	1
<b>Frontispiece</b>	R.W. Raven, OBE, TD., President of the British Association of Surgical Oncology	2
<b>Editorial</b>	A.J. Harding Rains	3
<b>Raven, R.W.</b>	The discipline of surgical oncology	5
<b>Philip, J.F.</b>	Relevance in oncology and its implementation in a Scottish region	11
<b>Davies, G.C. and Ellis, H.</b>	Radical surgery in locally advanced cancer of the large bowel	21
<b>Coleman, D., Desai, S., Dudley, H., Hollowell, S. and Hulbert, M.</b>	Needle aspiration of palpable breast lesions: a new application of the membrane filter technique and its results	27
<b>Roberts, J.G., Williams, M., Hank, J.M., Bligh, A.S. and Baum, M.</b>	The hypro-nosticon test in breast cancer	33
<b>Weaver, P.C., Wright, J., Brander, W.L. and Westbury, G.</b>	Salvage procedures for locally advanced malignant melanoma of the lower limb (with special reference to the role of isolated limb perfusion and radical lymphadenectomy)	45

<b>Turnbull, A.R. and Cooper, A.J.</b>	Depressed immunological responses following surgery - its possible relevance in the treatment of patients with cancer	53
<b>Bolton, P.M.</b>	DNCB sensitivity in cancer patients. A review based on sequential testing in 430 patients.	59
<b>Fentiman, I.S., Davies, E.E. and Ramsay, G.S.</b>	Hibernoma of the thigh	71
<b>Book reviews</b>		77
<b>British Association of Surgical Oncology</b>	Summer Scientific Meeting held at Appleton Tower, Edinburgh on 14 June 1974. Abstracts of members' papers	79
<b>BASO Announcements</b>		85

The Senior Editor was Professor A.J. Harding Rains with Assistant Editors, Crawford Jamieson and the author. The journal was published by Academic Press in London and great credit is due to that firm for its valuable assistance in the creation of **CLINICAL ONCOLOGY**. The distinctive orange cover was not to everyone's taste, but acceptance grew and circulation figures gradually increased. All members of the Association received the journal as part of the Annual Subscription, but there was a welcome circulation beyond the membership especially within Europe.

In his introductory editorial for the first issue of the journal, Tony Harding Rains paid much attention to the derivation and usage of the word 'oncology'. The new society was one of the first bodies to adopt the term in Britain. The editorial ended by emphasising that 'Clinical Oncology' would play a valuable role in the Association's affairs. The passage of time has fulfilled this prophecy entirely.

Harding Rains was succeeded as senior editor by Ronald Raven in 1976 and the author in 1977. The journal continued in its original form until 1984, when it became incorporated within the new **EUROPEAN JOURNAL OF SURGICAL ONCOLOGY**. For a decade, **CLINICAL ONCOLOGY** had served the Association well and the contributions within its pages generally were of the highest quality. Many papers were received from outside the Association from all corners of the globe. Much original work first appeared within the journal's pages, as acknowledged in the valedictory editorial in the last issue of **CLINICAL ONCOLOGY** in December, 1984.

During the decade of its existence, **CLINICAL ONCOLOGY** was used regularly for the publication of the abstracts of members' presentations at the scientific meetings. There also was a series of important and often provocative editorials from some of the most

prestigious oncologists of the time, from Britain and abroad. The journal made a valuable contribution to the world literature on cancer and grateful thanks are due to all of those advisers, referees and contributors who ensured its success.

## **BASO IN THE 1970's**

The Association's membership increased gradually during the 1970's with a welcome influx of younger and trained surgeons who expressed a predominant interest in oncology. The Association was able to maintain a regular pattern of two scientific meetings a year. The calendar of meetings is shown in the Appendix.

A high quality of presentations was achieved and were in keeping with the stated objectives in the Constitution. The British Association of Surgical Oncology became the recognised forum in Britain for regular in-depth debate about all aspects of cancer surgery.

The Association's proceedings stimulated many cancer research programmes in Departments of Surgery throughout the country and joint work. Many links were forged between surgical units in Britain and with surgical oncology units and departments throughout the world. Close liaisons were established with other oncological organisation, both in the United Kingdom and abroad. The Association's international reputation gradually expanded and many senior members toured widely on its behalf.



*Rodney Smith  
President BASO 1978-80*

## **SCIENTIFIC MEETINGS IN THE 1970's.**

In line with BASO's recognition internationally, the Association undertook its first overseas visit in the Autumn of 1978. A number of Dutch surgical oncologists had already joined the Association as corresponding members and had regularly attended the scientific meetings in Britain. At their suggestion, some 30 members visited the charming town of Deventer in the Netherlands on 27/28th October, 1978. The local organiser was a popular corresponding member, surgical oncologist Dr. J. Bos. It was a memorable occasion with a rewarding scientific programme and most enjoyable social events. The Dutch themselves started a national Surgical Oncology Society soon after the event.

By the end of the decade, the Association had organised 14 scientific symposia, visiting all points of the compass in the British Isles. A number of those were held jointly with other oncology groups. Examples were the combined meeting with the West of Scotland



Oncological Association and Glasgow Gastroenterology Club in Glasgow in December, 1974 and a successful joint meeting with the British Association for Cancer Research at the Charing Cross Hospital, London in December, 1975.

During the 1970's two scientific meetings were held each year as stated. Generally these lasted one full day and consisted of a series of proffered papers from members in the morning and a small symposium on a chosen subject in the afternoon. There were occasional invited lectures from prestigious oncologists from both the British Isles and overseas. The occasion always ended with an Association Dinner in the evening. As the decade continued however, with the increasing membership and interest in the society, it became clear that longer and more comprehensive meetings were required to satisfy the demand.

Two awards were established during the decade. The first, the Ronald Raven Award, was given for the adjudged best paper presented at each of the Association's scientific meetings. The second award derived from the Alan Edwards Memorial Fund, established by his family in memory of this popular founder member who was tragically killed in a boating accident. Administered by the Association, the Fund provided an annual prize for an essay on an oncological topic. Later the Fund was re-worded in order to provide a second award during the scientific meetings.

## **OTHER SOCIETIES**

Another welcome recognition of the development of surgical oncology was the formation of other designated societies in many other countries. The James Ewing Society in the USA was founded in 1940 to further knowledge of cancer. Its founder members were mostly surgeons from the Sloan Kettering Memorial Hospital in New York. The society had always emphasised the subject of cancer surgery at its meetings and in the middle 1970's, soon after the formation of the British Association, it changed its name to the Society of Surgical Oncology (SSO). Close links were to develop subsequently between BASO and SSO, with frequent interchange between members. In the late 1970's the British Association also became affiliated to the world organisation the International Union Against Cancer (UICC), strengthening its overseas links and commitments.

By the end of the decade, the membership of the Association was 397. Interestingly 178 were in the overseas corresponding members category. The journal was now being distributed widely around the world. The 1980's were entered with quiet confidence. Many topical issues in oncology were debated at the society's scientific meetings and within the pages of the journal. Reconstructive techniques, the

respective roles of radical monobloc and limited surgery, screening programmes, diagnostic imaging techniques, the evaluation of cytotoxic chemotherapy and immunotherapy and educational aspects of surgical oncology, all came under careful scrutiny and were influenced nationally accordingly.

## BASO IN THE 1980's



*Ian Burn*  
*President BASO 1981-83*

A major development in surgical oncology was the formation of the European Society of Surgical Oncology (ESSO) in 1981. This new society was constituted in Lausanne on 19th October, 1981, at a meeting which included a number of representatives from BASO. The first scientific conference of the new society took place in Athens in November, 1982; again with a healthy number of British surgeons participating.

From the outset, the British Association of Surgical Oncology established a close relationship with the new European society. The founder President of ESSO was the Italian surgeon, Professor Umberto Veronesi, well-known in Britain for his work on breast cancer. BASO has had continuous representation on the Executive Committee of the European society and has always been involved in fashioning the destiny of ESSO. Thirty five members of BASO became founder members of the European Society and this number increased as the years went by.



*Alfred Cuschieri*  
*President BASO 1984-86*

Despite the advent of new national societies during the 1980's the European society has flourished and has provided a welcome meeting point for European surgical oncologists. By the end of the decade, most of the European nations, both East and West, were represented in ESSO, which soon achieved a membership in excess of 500 surgical oncologists. The European Society meets at a scientific congress once each year. Every other year the Society meets independently at a different venue within Europe for a domestic programme. On alternate years, its meeting is combined with the biennial congress of the multidisciplinary Federation of European Cancer Societies (FECS). Appropriately, a permanent headquarters for the European society was established in Brussels, at the famous Jules Bordet Cancer Hospital.

## EUROPEAN JOURNAL OF SURGICAL ONCOLOGY

An important event resulted from the formation of the European Society of Surgical Oncology, which concerned BASO's journal "Clinical Oncology". In 1983, the executive committee of ESSO decided to produce an associated journal. Discussions took place with representatives from the Board of "Clinical Oncology", concerning the implications of this decision. After a series of lengthy but very amicable meetings, it was proposed that a new journal should be created which would serve the needs of both societies. This proposal was accepted by both executive committees and also, happily, by the publishers, Academic Press!

The agreed name of the new journal was to be the "European Journal of Surgical Oncology", with due and proper recognition of its popular predecessor - "Clinical Oncology". The latter was formally and officially declared ended at a meeting of the Editorial Board on 8th June, 1984, after just ten years of productive existence. The journal "Clinical Oncology" had served BASO well and deservedly had achieved a good reputation as a reliable quarterly journal during its relatively short life-span. The last issue appeared in December, 1984.



*Harvey White*

The British Association of Surgical Oncology retained strong representation on the Editorial Board of the new European journal, with Harvey White as the Senior Editor and the author as Chairman of the Editorial Board. The publishing company, Academic Press, continued to produce the journal from its premises in Camden Town, London. The first issue of the new journal appeared in March, 1985, thus maintaining full continuity for readers.

Since its inception, the new journal has grown in stature and may now be counted among the foremost oncology journals in the world. The British Association continued to exert a major influence over the development of the journal. The author succeeded Harvey White as Senior Editor in 1988 and in turn has been succeeded in that role by Professor Irving Taylor in 1994. The Editorial Board included strong representation from BASO from the outset, working harmoniously with colleagues from the continent. The Board has thrived especially in recent years, under the stimulating chairmanship of Professor Leslie Hughes.



*Leslie Hughes*

Like its predecessor, the European Journal of Surgical Oncology rapidly became recognisable on library bookshelves with its distinctive mixed-blue cover. Its popularity was such that it soon progressed from a quarterly to a bi-monthly journal. Publication has always been in the English language with the generous agreement of our continental colleagues. A continued large flow of manuscripts from all parts of the world has ensured that high quality contributions have been maintained.

## **SCIENTIFIC MEETINGS IN THE 1980's**

The 1980's was a busy decade for the British Association of Surgical Oncology, with the format of two major scientific meetings each year being maintained. There also was an ever-increasing emphasis on education and higher specialist surgical training in the subject.

A number of overseas excursions were made, building on the previous experience of the visit to Deventer in 1978. The 1980's saw enjoyable and informative travel to South Africa (1980), America (1983), India (1986) and China and Hong Kong (1988). A major event was a joint meeting with the Society of Surgical Oncology (USA) in London in the Spring of 1987. The decade also included a large scientific and social meeting at the Royal College of Surgeons of England in December 1983, in celebration of the tenth anniversary of the inauguration of the British Association of Surgical Oncology.

Another welcome innovation during the 1980's was the inclusion of the Royal Marsden's annual eponymous Ernest Miles lecture within the BASO Winter Scientific Meeting programme. This enabled the members to hear lectures by prestigious guest speakers from home and abroad. Ernest Miles was a surgeon at the Royal Marsden and the Gordon Hospitals. It was he who developed the classical abdomino-perineal approach for the radical excision of the rectum for malignant disease. He first performed the operation in 1905. Among the speakers during the decade were such world-wide surgical oncology figures as Mr. Ronald Raven (1980, UK); Professor J. de Cosse (1981, USA); Professor Umberto Veronesi (1982, Italy); Mr. K.C. McKeown (1986, UK); and Professor Murray Brennan (1988, USA).

The Association's domestic meetings continued to produce an excellent mixture of clinical and research presentations, emphasising the continued great contribution by surgeons to the total investigation and treatment of malignant disease. Certain of the symposia in the decade were of especial significance. These were as follows:

# VISIT TO SOUTH AFRICA 17th - 31st. October, 1980

UNIVERSITY OF  CAPE TOWN

BRITISH ASSOCIATION OF SURGICAL ONCOLOGY  
in association with  
the U.C.T. Post-Graduate Medical Centre  
October 27-28, 1980



AKKERSDYN STUATOS CAFE TOWN

*Back Row:* Prof. B.J. Smit A. Brown H.S. King P. Helman F.C. Salton-Fenzi C.E. Stannard E. Murphy C.J. Theron G.A. Niehaus Sr. P. Hendricks  
E.M. Legolie D.D. Clarke A.G.S. Muller J.E. Kiley R.C. Pearce A.L. Aronson

*3rd Row:* D. Shachor I.D. Hunter-Craig D.M. Dent M.R. Madigan M.J. Notaras E.L. Bouwer M. de Kock L.C.J. van Rensburg P.J. Doyle  
M.S. McCormick E. Hadfield A.E. Mahomed G.J.A. Brown Prof. R. Sealy

*2nd Row:* H. Kramer I. Sacks G. Farrer-Brown A.R. Brain G.H.D. McNaught Prof. C.J. Uys R. A. Payne W.M. Roberts N.E. Stidolph  
P.G. Somerville P. Goodall D.A. Macfarlane

*Seated:-* B. Flannery R.C. Lallemand Mrs. Hatcher E.E.D. Mills P.S. Boulter N.V. Addison Prof. W. Silber G.J. Hadfield J.H. Louw M.D. Staunton  
L. Campbell-Robson

*Visit to South Africa  
October 1980*

An ambitious overseas tour to South Africa took place during the month of October, 1980, when a party of 38 members and their wives visited that exciting country. The visit included two scientific symposia with South African surgical colleagues, in the cities of Johannesburg and Cape Town. The tour also included notable visits to the Baragwaneth Hospital in the township of Soweto, the Kruger National Park, the famous cities of Pretoria and Port Elizabeth and the famous Groote Schuur Hospital in Cape Town.

In the subsequent report on the visit published in the society's journal by a senior founder member of BASO, Mr. Norman Addison, he made the comment that the hospitality to the visiting group was exceptional and many new friendships were forged.

## VISIT TO DENVER, USA 30th April to 9th May, 1983



*Visit to Denver, USA May 1983*

In early May 1983 members of the Association undertook their third tour abroad, this time to the busy city of Denver, Colorado. Members were hosted by the Society of Surgical Oncology, whose planning committee and officials ensured another occasion of exceptional hospitality. As in South Africa previously, new friendships were made and the two

societies were brought closer. Both the scientific and local programmes were excellent, the latter including a tour of the breathtaking scenery in the environs of Denver. The Scientific Programme also included the first paper on AIDS presented at a BASO meeting.

## TENTH ANNIVERSARY MEETING 14th - 15th December, 1983



*Tenth Anniversary  
December 1983*

The Association celebrated the tenth anniversary of its First Scientific Meeting with a notable conference at the Royal College of Surgeons of England on the 14th and 15th December, 1983. The meeting was privileged to

include the presence of the

President of the Royal College, Professor Geoffrey Slaney, as well as a number of prestigious speakers from the United Kingdom and abroad.

Professor Slaney delivered the Ernest Miles lecture during the conference, on the subject of 'Colonic Transposition in the Management of Carcinoma of the Hypopharynx'. The overseas visitors included Professor 'Bill' Silber from Cape Town

who was one of our hosts during the visit to South Africa. Another was Professor Maurice Tubiana, the Director of the renowned Gustave-Roussy Cancer Institute in Paris. Professor Tubiana gave a thoughtful lecture on the 'Kinetics of Tumour Growth'.

The occasion included a celebratory anniversary banquet at the Royal College attended by many members and their wives and husbands. This was a significant meeting with membership of the Association standing at more than 350 and rising. A great sense of purpose pervaded the meeting.

## VISIT TO INDIA 17th January - 3rd February, 1986.



A small contingent visited India from 17th January to 3rd February, 1986. India had shown great interest in BASO with the expressed intention of forming its own National Surgical Oncology Society. Centres were visited at Ahmedabad, Bombay and Madras, at all of which the members of the society met with great hospitality and enthusiasm. This was a most memorable occasion for BASO.

*India - January 1986*  
*Norman Addison • David Goodwin*



*India - January 1986*  
*David Rosin • James Wellwood • Ian Hunter-Craig*



*India - January 1986*  
*Dudley Staunton*

## JOINT CONGRESS - APRIL, 1987

The largest conference organised by the Association took place in London from 26th - 30th April, 1987, after two years of careful planning. Over 600 delegates attended the event at the Grosvenor House Hotel, when members of BASO met with colleagues from the American Society of Surgical Oncology, as well as representatives from the Associations of Head and Neck Oncologists from Britain and America.



*Harold Ellis  
President of BASO 1987-89*

The extensive scientific programme included high quality presentations from both sides of the Atlantic, covering all aspects of regional surgical oncology. The interchange of information and ideas strengthened the already close links between the British and American Societies. Presiding over the occasion was Professor Harold Ellis, President of BASO.

The accompanying social programme included an enjoyable evening reception at the Middle Temple in the Law Courts and a magnificent end-of congress banquet at the Grosvenor House Hotel, London. The banquet was graced by the presence of HRH. Diana, Princess of Wales, which added much pleasure to the event and was greatly appreciated by our American visitors.



*Joint Congress - April 1987  
Harold Ellis*



*Joint Congress - April 1987  
First Five Presidents -BASO*



*Joint Congress - April 1987  
Arnold Levene • Rodney Smith*



## VISIT TO CHINA AND HONG KONG

### 15th October - 2nd November, 1988

The planning for a visit to China and Hong Kong had commenced two years previously following the successful visit to India in 1986. On Saturday 15th October, 1988, 41 members and their wives embarked on British Airways Flight BA027 at Heathrow. They arrived in Beijing on Sunday 16th October, to begin a memorable experience. The group was led by the President of BASO, Harold Ellis.

The Scientific programmes during the tour of China in the cities of Beijing, Shanghai and Guangzhou were a fascinating mixture of conventional Western and traditional Eastern practice. Most members of the BASO party presented papers during the tour and much was gained on both sides of the East/West divide.

The journey from China to Hong Kong was by rail, enabling full appreciation of the striking views of the Southern Chinese countryside. In Hong Kong, small symposia were held at the Queen Mary and Prince of Wales hospitals, with rewarding visits to the operating theatres at both those institutes. The group returned home on Wednesday 2nd November.

The end of the 1980's saw the Association with a total membership of over 400 and clearly established as one of the influential oncology societies in the world. Towards the end of the decade, the educational objectives of the society were becoming increasingly fulfilled. An important development in this respect was the establishment of special study days for trainee surgical oncologists, arranged in conjunction with the Winter Scientific conferences. The 1990's were to see a welcome and positive move towards an increasing education role for the Association.

Also, by this time, the European Society of Surgical Oncology (ESSO) was expanding and flourishing. The links between BASO and ESSO were becoming closer. This was manifest in the growing success of the new European Journal of Surgical Oncology and the continued important representation of Britons on the Editorial Board of the journal and the Executive Committee of ESSO. There was a continued high contribution of British scientific papers within the journal's pages and at oncology conferences throughout Europe. Members of BASO were frequent and popular lecturers at the recently formed International School of Oncology based near Milan in Italy. It was about this time that Poland became the first country in the world officially to make Surgical Oncology a recognised specialty. By this time also, Medical Oncology had become a recognised specialty throughout the world.

## BASO IN THE 1990's

During the 1990's an ever increasing number of countries throughout all parts of the world, have established national surgical oncology societies and groups. The identification of the future role of surgical oncology within the general medical community became a crucial matter for debate. This debate continues and uncertainty remains at the time of writing. The matter was discussed in depth at the Winter 1991 scientific meeting, held at the Middlesex Hospital during the Presidency of Professor Gerald Westbury.



*Gerald Westbury  
President BASO 1990-92*

As a preliminary to the debate on this occasion, Gerald Westbury produced a thoughtful discussion document on the subject. In the document he emphasised the great difficulties inherent in defining the role of surgical oncology, because of the existing variety of subspecialty interests and the established pattern of regional surgical practice. What was certain, was the contribution that BASO made in providing a forum for the growing volume of information in the field of oncology. The President also emphasised that surgery in the management of cancer must maintain its customary high profile with adequate facilities for surgical oncologists.

Sadly, on 24th October, 1991, the first President of the Association, Mr. Ronald Raven, OBE, O.St.J., TD., FRCS, died at the great age of 87 years. Apart from his role in founding the British Association of Surgical Oncology, Raven's contribution to oncology in general was immense. He passionately believed in the need to provide a full and comprehensive training for all those who treat malignant disease, to ensure the maximum care for patients with cancer. His energy in pursuing this ambition was prodigious and his strong and enduring religious faith complemented his outstanding professional expertise. BASO was indeed fortunate to have such a giant among surgeons at the helm as its first President, a role he actually fulfilled for five years, having been persuaded to serve an extended term during the very important early formative years of the Association. This in itself was overt recognition of the great esteem in which he was held. A great hill-walker in his beloved Lake District, his stamina was legendary and he was working as energetically as ever from his home in Harley Street until a few weeks before his death. In the annals of oncology his contribution is unlikely ever to be matched.

## ANNIVERSARY MEETING

### 18th - 19th November, 1993



*Jack Hardcastle*  
*President BASO*  
*1993-94*

The 1993 Winter Scientific Meeting, celebrated the Association's twentieth birthday. The meeting included the participation of the British Stomach Cancer Group, the Melanoma Study Group and the British Association for Cancer Research. The participation of these important active oncology organisations was further evidence of the growing influential role of the Association. The conference appropriately was held at the Royal College of Surgeons of England, Lincoln's Inn Fields, London.

The two day scientific programme was presided over by the President, Professor Jack Hardcastle. The large audience heard a wide range of presentations of the highest quality covering a wide range of oncological topics. These included an excellent Ernest Miles guest lecture by Professor Glenn Steele from the Harvard Medical School in Boston, USA. His topic was "Advances in the Treatment of Early to Advanced Stage Colorectal Cancer - 20 years of Progress". The following is part of the first day's programme:

## SCIENTIFIC PROGRAMME

### THURSDAY, 18th NOVEMBER, 1993

08.30 REGISTRATION

#### PLENARY SESSION 1

Chairman: Professor J.D. Hardcastle

#### Lecture Room 1

09.00 1 **Does the First Incident Breast Screen Detect Tumours with a Better Prognosis than the Prevalent Screen?**

**P.A. Holland, Jane Walls, Mary Wilson,<sup>1</sup> Caroline Boggis, D.L. Asbury,<sup>1</sup> Fiona Knox,<sup>2</sup> A.D. Baildam, N.J. Bundred.**

Department of Surgery, Radiology,<sup>1</sup> and Pathology<sup>2</sup>,  
University of South Manchester.

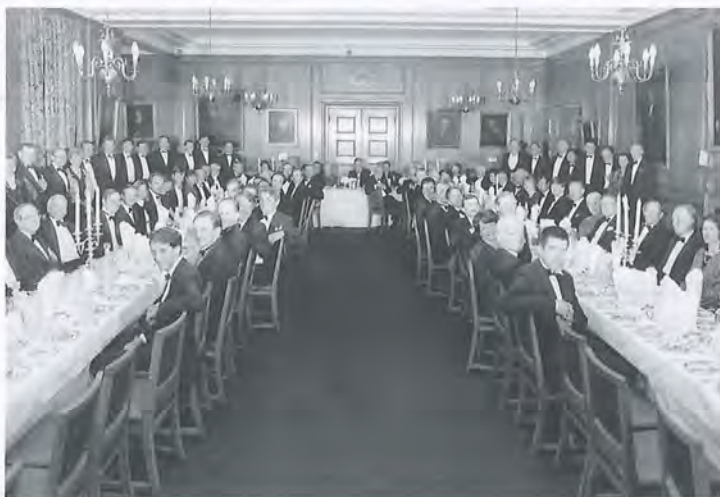
09.15 2 **Correlation of the pS2 Status in Primary Breast Cancer and Lymph Node Metastases (LNM)**

**P.H. Nichols, C.J.H. Padfield,<sup>1</sup> N.B.N. Ibrahim,<sup>1</sup> S.J. Cawthorn.**

Departments of General Surgery and Histopathology,<sup>1</sup>  
Frenchay Hospital, Bristol.

- 09.30 3 **Integrin Expression as a Prognostic of Axillary Metastasis in Breast Cancer**  
**G.P.H. Gui, C.A. Wells, P. Yeomans, S. Jordan, R. Carpenter.**  
 The Breast Unit, St.Bartholomew's Hospital, London.
- 09.45 4 **Pre- Versus Per-Operative Assessment of Resectability and Resection Status for Carcinoma of the Oesophagus**  
**Y. Mohsen, K. Ali, M. Winslet, J. Temple.**  
 Department of Surgery, Queen Elizabeth Hospital, Birmingham.
- 10.00 5 **Mucosal Proliferation and Growth Factors Expression During Experimental Gastric Carcinogenesis**  
**J.I. Livingstone, M.I. Filipe,<sup>1</sup> C. Wastell.**  
 Departments of Surgery, Chelsea and Westminster Hospital, London; and Histopathology,<sup>1</sup> UMDS, Guy's Hospital, London.
- 10.15 6 **Adjuvant Chemotherapy Adds Nothing to Surgery for Stomach Cancer: Validation of the 1st British Stomach Cancer Trial in the Non-Trial Population**  
**Linda Ward, Janet Dunn, John Fielding and Mike Hallisey**  
 for the British Stomach Cancer Group and West Midlands Cancer Registry. Cancer Research Campaign Trials Unit, Departments of Clinical Oncology and Surgery, The University of Birmingham.

The programme on the second day consisted of a Basic Science Forum, with separate sessions on "Epithelial Proliferation", "Cancer and Supporting Stroma", and "Metastasis", with invited prestigious speakers for each topic. The occasion included a well attended and most enjoyable Anniversary Dinner at the Royal College of Surgeons, the guests including the former President of BASO, Lord Smith, Lady Smith, Dame Kathleen Raven, sister of Ronald Raven, and Dame Margaret Turner-Warwick, former President of the Royal College of Physicians, who made a gracious speech on behalf of the guests.



*Anniversary  
Banquet 1993*

## EDUCATION

The early 1990's saw a consolidation of the Association's commitment to education and training. Attendances by trained surgeons with a particular interest in malignant disease at the special instructional symposia and fora increased. The audiences also included a welcome number of young consultants, who regarded the sessions as part of their continuing education programmes. The different venues selected emphasised the national aspect of these activities. Generally the symposia preceded the bi-annual scientific meetings and were greatly appreciated by those attending. They certainly have increased the national profile of the Association and great credit is due to the many local organisers who willingly hosted the symposia on BASO's behalf.

Another feature of the early years of the decade was the growing emphasis on international co-operation by the surgical oncologists around the world. In this context, the Association began to plan a joint meeting with the European Society of Surgical Oncology (ESSO) in the winter of 1991. The meeting was to be hosted by the Oncology Section of the German Surgical Society and was scheduled to take place in Heidelberg in the Summer of 1994. The President of the Congress would be Christian Herfarth, Director of the Department of Surgery in the University of Heidelberg Hospital. Professor Herfarth was a frequent visitor to Britain and had served on the inaugural Executive Committee of the European Society of Surgical Oncology. Professor Herfarth also served for a period as the Chairman of the Editorial Board of the European Journal of Surgical Oncology.

### **JOINT SCIENTIFIC MEETING IN HEIDELBERG, GERMANY 8th to 11th June, 1994**

#### **FRONTIERS AND PERSPECTIVES IN SURGICAL ONCOLOGY**

**Joint Meeting of the European Society of Surgical Oncology**

**British Association of Surgical Oncology**

**Chirurgische Arbeitsgemeinschaft Onkologie**

**der Deutschen Gesellschaft für Chirurgie**

This conference represented the largest meeting of surgical oncologists on the continent of Europe, to date. The attractive city of Heidelberg, in the Neckar Valley, was a most exciting and pleasurable venue for the occasion. As with the other overseas visits, the British contingent received great hospitality and there was ample opportunity to meet and debate with continental colleagues.

The opening ceremony included short presentations by Professor Herfarth, the Congress President, Jack Hardcastle, President of BASO, Wolrad Mattheiem (Brussels), President of ESSO, and Professor Wells, President of the Society of Surgical Oncology. The last-named was attending as official representative of our American colleagues.

Both the scientific and social programmes were of the highest quality. This was another notable landmark in the understanding and development of the subject of Surgical Oncology.

## **WORLD FEDERATION OF SURGICAL ONCOLOGY SOCIETIES (WFSOS)**

The number of national surgical oncology organisations rose steadily during the 1980's. By 1990 these societies represented an estimated 5,000 surgical oncologists throughout the world. To this day, the number of societies and membership of existing organisations, continues to increase. The British Association of Surgical Oncology accepted 80 new members in 1995.

Preliminary discussions took place in London during the combined meeting with the Society of Surgical Oncology in 1987 and later with senior members of the European Society, concerning the formation of a World Federation. It was envisaged that such an organisation would act as a co-ordinating body for the now numerous national surgical oncology societies. This would be in line with various world organisations already representing many other specialties in Surgery and Medicine.

Eventually, the World Federation of Surgical Oncology Societies was formed in 1992 at a meeting in London. Its declared aims and objectives included "To provide and facilitate collaboration on a world-wide basis between the established surgical oncology societies".

The Council of the Federation contains representatives from all its member societies which, at the time writing, number 25 organisations. The Council meets once a year and has elected a small Executive Committee which looks after the Federation's affairs. The Federation has close links with the International Union Against Cancer (UICC) and has associate membership of the International Federation of Surgical Colleges.

The World Federation has now established permanent headquarters at the Royal Society of Medicine in London with its own secretariat. The British Association of Surgical Oncology joined the Federation from the outset and has been prominent through its representatives in fashioning and developing the work and style of the Federation. A regular newsletter is now sent by the Federation to all members of each national society. This has assisted in the interchange which is so important for surgical oncology to progress and achieve maturity.

## BASO AND THE RECENT PAST

The Association's recent past has seen a number of important developments and changes. In recognition of his seminal contribution to surgical oncology, a Ronald Raven travelling scholarship has been established. This enables selected young surgical oncologists from Britain to visit prestigious centres abroad. The Alan Edwards memorial prize is now perpetuated as a reward for the best paper presented at the Winter Scientific Meeting of the Association, rather than for a submitted essay. The Ernest Miles memorial lecture, sponsored jointly by the Royal Marsden Surgical Society and BASO, remains an important item in the annual winter meeting. It continues to figure eminent invited lecturers from Britain and abroad.



*Irving Taylor*  
*President BASO 1995-97*

The European Journal of Surgical Oncology has undergone major changes in recent years under the skilful senior editorship of Professor Irving Taylor and his continental co-editors. The new format has seen a gradually increasing circulation throughout the world. Its new Education section has proved to be a particularly successful addition to its pages. It now undoubtedly is one of the foremost journals on surgical oncology in the world. This has been recognised practically by a steady increase in the journal's designated Impact Factor and Citation Index.

Perhaps the most notable development in the Association's affairs during this decade, the 1990's, has been its progression towards a role as a broad umbrella organisation for a number of organ orientated surgical oncology groups. This initially involved the Breast Surgeons Group, which rapidly became a prominent force in the educational activities of the Association as well as an advisory body for health authorities in Britain. Details of this relationship are given by the current President of BASO, Professor Roger Blamey, in his attached message.

Other groups to follow in developing a special relationship with BASO now include the British Stomach Cancer Group, the Association of Coloproctology, the British Association of Head and Neck Surgery, the Orthopaedic Oncological Society and the Melanoma Study Group. Representatives from these organisations are now included on the Association's National Committee.

In the wake of these developments, the Association now proposes to establish a comprehensive Education, Training and Research Sub-Committee, whose remit will include the assessment and maintenance of standards in the training of future cancer surgeons.



*Roger Blamey*  
*President BASO 1998-*

## THE FUTURE

The society recently achieved the 25th Anniversary of its inauguration in 1973. The intervening years have seen major and profound changes in the role of surgeons and surgery in the management of malignant disease.

In a recent (1995) newsletter to members, the then President, Professor Irving Taylor, stated that his personal belief was that "surgical oncology is gradually becoming recognised as a sub-specialty of general surgery in its own right". A practical result of this has been the appearance in the journals of advertisements for consultant posts for "General Surgeons with an interest in Surgical Oncology". Irving Taylor also emphasised the importance of BASO playing a full role in any future proposals emanating from the Department of Health, concerning the delivery of cancer services in Britain.

In a thoughtful leading article in the Annals of the Royal College of Surgeons of England 'Timothy Allen-Mersh, a previous vice-president of the Association, maintained that although "multi-disciplinary teams and clinics are valuable.... the surgeon with an interest in oncology should maintain a pivotal role as long as excision is the mainstay of treatment". The challenge is to ensure that the training of surgeons who treat patients with malignant disease is sufficient to justify this "pivotal role". In the opinion of this author (IB), this can be realised only if surgical oncology achieves official recognition as a designated specialty, with all that such designation implies in terms of accreditation, facilities and expectations.

In his leading article, Allen-Mersh notes that it has not been possible for Surgical Oncology to develop as a specialty because "surgical specialisation has broadly followed anatomical systems". This indeed has been the case in the past, but that it is not an insuperable barrier is demonstrated by the recognition of surgical oncology as a designated specialty in the European countries of Poland and Greece.

On the world scene the question of adequate education and training for aspiring cancer surgeons has become a major and urgent requirement. The various nations are responding to the challenge at very different rates and the need for international dialogue and co-operative effort is paramount.

The British Association of Surgical Oncology has achieved an impressive amount in its first 25 years, in the context of providing a forum for debate for surgeons interested in oncology. The future will provide a challenge of a different nature in determining the continuing role that surgeons are to play in the management of malignant disease. The Association with its now 550 membership, is undoubtedly strong and secure enough to meet this challenge.



Those who will be privileged to lead the British Association of Surgical Oncology into the twenty-first century will do so in the knowledge that their society was established to combat that most formidable of man's natural enemies; cancer. The need for determined and skilful surgical oncologists has never been more apparent.

# APPENDIX I

## PRESIDENTS OF BASO

**Mr. R.W. Raven, OBE, TD, FRCS**

Founder President

1973 - 77

**Lord Smith of Marlow, KBE, MS, FRCS**

1978 - 80

**Mr. J.I. Burn, FRCS**

1981 - 83

**Prof. A. Cuschieri, ChM, FRCS**

1984 - 86

**Prof. H. Ellis, CBE, MD, MCh, FRCS**

1987 - 89

**Prof. G. Westbury, OBE, FRCS, FRCP**

1990 - 92

**Prof. J.D. Hardcastle, MA, MChir, FRCS, FRCP**

1993 - 94

**Prof. I. Taylor, MD, ChM, FRCS**

1995 - 97

**Prof. R.W. Blamey, MD, FRCS, FRCS (Glasg).**

1998 -

## APPENDIX II

### HONORARY TREASURERS OF BASO

**Prof. Harold ELLIS, CBE, MD, M.Ch, FRCS**

**Prof. P.S. BOULTER, FRCSE, FRCS**

**Mr. D.P. GOODWIN, MS, FRCS**

**Mr. I.D. HUNTER-CRAIG, M.Chir, FRCS**

**Mr. P. SAUVEN, MS, FRCS**

**Mr. P.M. DAWSON, MS, FRCS,**

## APPENDIX III

### HONORARY SECRETARIES OF BASO

**Mr. Ian BURN, FRCS**

**Mr. Harvey WHITE, DM, MChir, FRCS**

**Mr. J.M. WELLWOOD, MChir, FRCS**

**Mr. R.D. ROSIN, MS, FRCS**

**Mr. H.D. SINNETT, MS, FRCS**

**Prof. T.G. ALLEN-MERSH, MD, FRCS**

**Mr. H.J. SHORTHOUSE, MS, FRCS**

**Mr. G.J. POSTON, MS, FRCS**

## APPENDIX IV

### FOUNDER MEMBERS OF BASO

#### FULL

Addison, N.V.	(Bradford)	Chisholm, G.D.	(Hammersmith Hospital)
Ashby, E.C.	(Chichester)	Clark, C.G.	(U.C.H.)
Baker, B.	(Inverness)	Clifford, P.P.P.	(Royal Marsden Hospital)
Barnard, R.J.	(Manchester)	Craig, R.D.P.	(Manchester)
Baum, M.	(Cardiff)	Craven, J.L.	(Penarth)
Beck, J.M.	(Leeds)	Crosbie, R.B.	(Liverpool)
Bennett, J.P.	(Chepstow)	Crosby, D.L.	(Cardiff)
Benson, E.A.	(Leeds)	Davies, W.H.	(Hereford)
Bevan, P.G.	(Birmingham)	Dawson, J.L.	(King's College Hospital)
Bickford, B.J.	(Liverpool)	Dudley, H.A.	(St.Mary's Hospital)
Birt, A.B.	(Norwich)	Edmond, P.	(Edinburgh)
Blair, J.S.	(Perth)	Edwards, A.J.	(St.Bartholomew's Hospital)
Bliss, B.P.	(Charing Cross Hospital)	Edwards, J.M.	(St.Thomas' Hospital)
Blumgart, L.H.	(Glasgow)	Edwards, J.R.G.	(Newcastle)
Boulter, P.S.	(Guildford)	Edwards, N.	(Bristol)
Bourns, H.K.	(Bristol)	Edwards, W.R.	(I.O.W.)
Brooke, B.N.	(St.George's Hospital)	Ellis, F.G.	(Guy's Hospital)
Bruce, J.	(Edinburgh)	Ellis, H.	(Westminster Hospital)
Buchanan, G.	(Inst. of L. & O.)	Elton, A.	(Northwick Park Hospital)
Burn, J.I.	(Hammersmith Hospital)	Forrest, A.P.M.	(Edinburgh)
Calman, K.C.	(Glasgow)		
Cameron, M.D.	(St.Thomas' Hospital)		

Fraser, J.	(Southampton)	Lassman, L.P.	(Newcastle)
Frazer, A.K.	(Liverpool)	McBrien, M.P.	(St.Thomas' Hospital)
Furnival, C.M.	(Glasgow)	McColl, I.	(Guy's Hospital)
Galasko, C.S.B.	(Oxford)	McKelvie, P.	(London Hospital)
Galvin, C.	(Galway)	McKeown, K.C.	(Darlington)
Giles, G.R.	(Leeds)	McKinna, J.A.	(Royal Marsden Hospital)
Gleave, E.N.	(Manchester)	McNair, T.G.	(Edinburgh)
Griffiths, J.G.	(Royal Marsden Hospital)	Magell, J.	(Blackburn)
Hadfield, G.J.	(Stoke Mandeville Hospital)	Maung-Tu, K.	(National Heart Hospital)
Hall, R.R.	(Royal Marsden Hospital)	Maynard, J.	(Guy's Hospital)
Harrison, D.F.N.	(Inst. of L. & O.)	Morgan, B.D.G.	(U.C.H.)
Hayward, J.L.	(Guy's Hospital)	Morrison, J.M.	(Birmingham)
Heard, G.E.	(Cardiff)	Murray, J.G.	(King's College Hospital)
Hermon-Taylor, J.	(London Hospital)	Neely, J.A.C.	(Surrey)
Hershman, M.	(Worcester)	Nixon, H.R.	(Great Ormond St.)
Hobsley, M.	(Middlesex Hospital)	Odling-Smee, W.	(Belfast)
Horton, R.E.	(Bristol)	O'Sullivan, J.C.	(Hammersmith Hospital)
Hudson, C.N.	(St.Bartholomew's Hospital)	Parker, R.	(Birmingham)
Hughes, L.E.	(Cardiff)	Payne, R.A.	(North Middlesex Hospital)
Hunter-Craig, I.D.	(Redhill)	Peeling, W.B.	(Newport)
Jamieson, C.W.	(St.Mary's Hospital)	Philip, J.F.	(Aberdeen)
Johnson, A.G.	(Charing Cross Hospital)	Price, J.J.	(Leeds)
Johnston, I.D.A.	(Newcastle)	Pryor, J.P.	(King's College Hospital)
Jolleys, A.	(Manchester)	Rains, A.J.H.	(Charing Cross Hospital)
Keddie, N.C.	(Manchester)		

Ranger, D.	(Middlesex Hospital)	Steward, A.M.	(Kent)
Raven, R.W.	(Royal Marsden Hospital)	Stoker, T.A.M.	(Westminster Hospital)
Reid, D.J.	(Brighton)	Taylor, S.F.	(Hammersmith Hospital)
Rowe-Jones, D.C.	(Poole)	Thompson, S.G.	(King's Lynn)
Sergeant, P.W.	(King's Lynn)	Thomson, J.W.W.	(Edinburgh)
Sellwood, R.A.	(Manchester)	Todd, R.S.	(Wrexham)
Sengupta, R.	(Newcastle)	Tucker, W.A.L.	(Dorset)
Shaw, H.J.	(Royal Marsden Hospital)	Wakeley, J.C.N.	(Chester)
Simkin, E.P.	(Liverpool)	Ward-McQuaid, N.	(Mansfield)
Sleight, M.W.	(R.A.F.)	Watson, A.	(Cardiff)
Smith, P.H.	(Leeds)	Weaver, P.C.	(Westminster Hospital)
Smith, R.	(St.George's Hospital)	Webster, C.U.	(Oxford)
Southwood, W.F.W.	(Bath)	Westbury, G.	(Westminster Hospital)
Stallworthy, J.	(Oxford)	White, H.	(St.Bartholomew's Hospital)
Staunton, M.D.	(St.Leonard's)	Wilkinson, A.W.	(Inst. of Child Health)
Stevenson, D.L.	(Whipps Cross Hospital)	Winter, J.S.	(R.A.F.)
		Woodruff, M.	(Edinburgh)

#### **ASSOCIATE**

Allen, W.M.C.	(Aberdeen)	Cade, I.M.S.	(Portsmouth)
Basu, T.K.	(Marie Curie Foundation)	Delorme, E.J.	(Marie Curie Foundation)
Bishun, N.P.	(Marie Curie Foundation)	Dickerson, J.W.T.	(Guildford)
Bloom, H.J.G.	(Royal Marsden Hospital)	Edelstyn, G.J.A.	(Belfast)
Brinkley, D.M.	(King's College Hospital)	Edwards, D.N.	(Liverpool)
Brown, J.R.	(Hull)	Guillou, P.J.	(Leeds)
		Harmer, C.L.	(St.George's Hospital)
		Levene, A.L.	(Royal Marsden Hospital)

Malaker, K.M.	(Hammersmith Hospital)	Ross, W.M.	(Newcastle)
Mitchell, J.S.	(Cambridge)	Skelton, M.O.	(Lewisham Hospital)
Peters, P.M.	(Royal Northern Hospital)	Spittle, M.F.	(Middlesex Hospital)
Pitchford, A.G.	(Schering Chemicals)	Stark, A.M.	(Gateshead)
Pizey, N.C.D.	(Bristol)	Wale, P.F.	(Romford)
Reed, P.I.	(Hammersmith Hospital)	White, W.F.	(Guildford)
Ridley, E.F.	(Aberdeen)	Williams, D.C.	(Marie Curie Foundation)
Roberts, M.M.	(Edinburgh)	Wright, D.W.M.	(Falkirk)

#### **CORRESPONDING**

Agbebiyi, A.B.	(Nigeria)	Marks, C.	(U.S.A.)
Balasegaram, M.	(Malaysia)	McCredie, J.A.	(Canada)
Chaturvedi, M.P.	(Canada)	Miller, A.	(Norway)
Davis, N.C.	(Australia)	Mitchell, R.M.	(Australia)
Doouss, T.d.	(New Zealand)	Muldoon, C.J.	(Rhodesia)
El Masri, S.H.	(Sudan)	Noronha, R.F.X.	(New Zealand)
Georgiadis, N.J.	(Greece)	Patel, D.D.	(India)
Grave, G.F.	(Rhodesia)	Politis, A.M.	(Greece)
Helman, P.	(South Africa)	Shapiro, M.P.	(South Africa)
Houston, W.	(Rhodesia)	Talerman, A.	(Holland)
Hussain, S.	(Zambia)	Talib, H.	(Iraq)
Khwaja, M.S.	(Nigeria)	Tucker, W.N.	(New Zealand)
MacComb, W.S.	(U.S.A.)		



## APPENDIX V

### LIST OF MEETINGS OF THE ASSOCIATION

<b>Inaugural Scientific Meeting</b>	8th June, 1973 at The Royal College of Surgeons, London
<b>2nd Scientific Meeting</b>	14th December, 1973 at Westminster Hospital, London
<b>3rd Scientific Meeting</b>	14th June, 1974 in Edinburgh
<b>4th Scientific Meeting</b>	13th December, 1974 in Glasgow
<b>5th Scientific Meeting</b>	29th May, 1975 in Manchester
<b>6th Scientific Meeting</b>	12th/13th December, 1975 at Charing Cross Hospital, London
<b>7th Scientific Meeting</b>	16th July, 1976 in Southampton
<b>8th Scientific Meeting</b>	17th December, 1976 at King's College Hospital, London
<b>9th Scientific Meeting</b>	22nd July, 1977 in Birmingham
<b>10th Scientific Meeting</b>	8th/9th December, 1977 at Royal Marsden Hospital, London
<b>11th Scientific Meeting</b>	20th/21st July, 1978 in Cardiff
<b>12th Scientific Meeting</b>	27th/28th October, 1978 in Deventer, Holland
<b>13th Scientific Meeting</b>	12th/13th July, 1979 in Nottingham
<b>14th Scientific Meeting</b>	7th December, 1979 at University College Hospital, London
<b>15th Scientific Meeting</b>	17th/18th July, 1980 in Newcastle upon Tyne
<b>16th Scientific Meeting</b>	21st October 1980 in Johannesburg, South Africa
<b>17th Scientific Meeting</b>	27th/28th October, 1980 in Cape Town, South Africa
<b>18th Scientific Meeting</b>	5th December, 1980 at Hammersmith Hospital, London
<b>19th Scientific Meeting</b>	12th February, 1981 at Royal Army Medical College, London
<b>20th Scientific Meeting</b>	16th/17th July, 1981 in Reading

<b>21st Scientific Meeting</b>	4th December, 1981 at Guy's Hospital, London
<b>22nd Scientific Meeting</b>	15th/16th July, 1982 in Portsmouth
<b>23rd Scientific Meeting</b>	19th November, 1982 at Charing Cross Hospital, London
<b>24th Scientific Meeting</b>	1st to 4th May, 1983 in Denver, USA
<b>25th Scientific Meeting</b>	9th September, 1983 in Dundee
<b>26th Scientific Meeting</b>	<b>(10th Anniversary Meeting)</b> - 14th/15th December, 1983 at Royal College of Surgeons of England
<b>27th Scientific Meeting</b>	6th/7th July, 1984 in Belfast
<b>28th Scientific Meeting</b>	23rd November, 1984 at Whipps Cross Hospital, London
<b>29th Scientific Meeting</b>	23rd/24th May, 1985 in Ashford, Kent
<b>30th Scientific Meeting</b>	6th December, 1985 at St.George's Hospital, London
<b>31st Scientific Meeting</b>	20th/27th January, 1986 in India
<b>32nd Scientific Meeting</b>	27th/28th June, 1986 in Glasgow
<b>33rd Scientific Meeting</b>	5th/6th December, 1986 in Liverpool
<b>34th Scientific Meeting</b>	27th/30th April, 1987 - Joint Meeting at Grosvenor House, London
<b>35th Scientific Meeting</b>	4th/5th December, 1987 in Leeds
<b>36th Scientific Meeting</b>	24th/25th June, 1988 in Stockton-on-Tees
<b>37th Scientific Meeting</b>	15th October/3rd November, 1988 in China/Hong Kong
<b>38th Scientific Meeting</b>	9th/10th December, 1988 at Royal Marsden Hospital, London
<b>39th Scientific Meeting</b>	5th/6th July, 1989 in Reading
<b>40th Scientific Meeting</b>	30th November/1st December, 1989 in Guildford
<b>41st Scientific Meeting</b>	13th/14th July, 1990 in Gateshead
<b>42nd Scientific Meeting</b>	30th November/1st December, 1990 at St.Mary's Hospital, London
<b>43rd Scientific Meeting</b>	12th/13th July, 1991 in Sheffield

<b>44th Scientific Meeting</b>	29th/30th November, 1991 at The Middlesex Hospital, London
<b>45th Scientific Meeting</b>	10th/11th July, 1992 in Manchester
<b>46th Scientific Meeting</b>	27th November, 1992 at Charing Cross Hospital, London
<b>47th Scientific Meeting</b>	18th June, 1993 in Rhyl
<b>48th Scientific Meeting</b>	18th November, 1993 at The Royal College of Surgeons, London
<b>49th Scientific Meeting</b>	13th/14th May, 1994 in Sheffield
<b>50th Scientific Meeting</b>	8th/11th June, 1994 in Heidelberg
<b>51st Scientific Meeting</b>	24th November, 1994 at The Royal College of Surgeons, London
<b>52nd Scientific Meeting</b>	9th/11th July, 1995 in York
<b>53rd Scientific Meeting</b>	23rd November, 1995 at The Royal College of Surgeons, London
<b>54th Scientific Meeting</b>	11/12th July, 1996 in Oxford
<b>55th Scientific Meeting</b>	29th November, 1996 at The Royal College of Surgeons, London
<b>56th Scientific Meeting</b>	17th/18th July, 1997 in Aberdeen
<b>57th Scientific Meeting</b>	27th/28th November, 1997 at The Royal College of Surgeons, London
<b>58th Scientific Meeting</b>	25th/26th June, 1998 in Liverpool

## APPENDIX VI

### THE ERNEST MILES MEMORIAL LECTURE - Past Lecturers

1980	Mr. Ronald Raven	"The development of surgical oncology"
1980	Professor J.J. De Cosse	"Are we making any progress in the treatment of colorectal cancer?"
1982	Professor Umberto Veronesi	"Conservative treatment for early breast cancer"
1983	Professor Geoffrey Slaney	"Colonic transposition in the management of carcinoma of the hypopharynx"
1984	Dr. Basil Morson	"The role of the pathologist in the management of colorectal cancer"
1985	Mr. Henry Shaw	"Head and neck surgery - a contribution to surgical oncology"
1986	Mr. Kenneth C. McKeown	"Adventures on a surgical Everest"
1987	Professor A.J.S. Davies	"Biology of cancer"
1988	Professor Murray Brennan	"Management of soft-tissue sarcoma"
1989	Mr. Harvey White	"Advanced local breast cancer - the omental option"
1990	Professor Arthur Li	"Carcinoma of the liver"
1991	Professor Paul Shellhammer	"Prostatic carcinoma"
1992	Mr. J. Alan McKinna	"There is life after breast cancer"
1993	Professor Glenn Steele	"Advances in the treatment of early to advanced stage colorectal cancer - 20 years of progress"
1994	Mr. Jean-Claude Gazet	"Carcinoma of the Pancreas; the ultimate challenge"
1995	Professor Leslie H. Blumgart	"Surgical management of hepatic metastases from colorectal cancer - technique and results"
1996	Professor A. Cuschieri	"Gastric cancer - changing practice and dilemmas for future management"
1997	Professor M. Baum	"Breast cancer in a state of chaos"

Ernest Miles was a Surgeon to the Royal Marsden Hospital and the Gordon Hospital. He developed the abdomino-perineal approach to rectal excision for carcinoma, which he first performed in 1905.

The Ernest Miles Memorial Lecture is sponsored jointly by BASO and the Royal Marsden Hospital Surgical Society, and is given by a guest lecturer annually at the Winter BASO Meeting.

## APPENDIX VII

### THE RONALD RAVEN PRIZE WINNERS

1973 - 74	E.N. Gleave
1974 - 75	C.B. Wood
1975 - 76	P.M. Perry
1976 - 77	M.J.B. Chare
1977 - 78	M. Osborne and P.E. Preece (jointly)
1978	A.W. Hall
1979	J.S. Simpson
1980	M. Burke
1980	W.D. George
1981	A.W. Samuel
1981	C. Teasdale
1982	B. Greenway and G.T. Williams (jointly)
1982	J.N. Fox
1983	M.S. McCormick
1983	M.S. Hockey
1984	M.W. Kissin
1985	J.M. Morrison
1986	J.S. O'Neill
1987	Not available for competition
1988	G.A. Pritchard
1989	J.H. Scholefield and O.M. Taylor (jointly)
1990	D.A. Rew
1991	A. Wyman
1992	Miss J. Walls

1993	D. De Friend
1994	Miss L.M. Hunt
1995	C. Yiangou
1996	S. Downey
1997	T.J. Hugh
1998	Lynda Wyld

Ronald Raven was a Surgeon to the Royal Marsden Hospital and the Gordon Hospital. He had a distinguished career as a surgical oncologist over more than 30 years and was the co-founder of the British Association of Surgical Oncology in 1973.

The Ronald Raven Prize is usually awarded to the best paper presented at the Summer Scientific Meeting of BASO.

## APPENDIX VIII

### THE ALAN EDWARDS MEMORIAL PRIZE WINNERS

1978	M. Soukop
1979	Miss J. Higgs
1984	P.J. Finan
1985	J.R. Parry
1986	C. Porteous
1987	S.R. Ebbs and D.M. Nott
1988	Miss A. Samuels
1989	N.J. Bundred
1990	Miss M. Loizidou and L.C. Barr (jointly)
1991	S.C. Low
1992	Miss L.M. Hunt
1993	Dr. S. Watson
1994	D.M. Bruce
1995	Miss L.L. Millar
1996	C.R. Wilson
1997	J.S. Chana

Alan Edwards was a Consultant Surgeon at Whipps Cross Hospital and an early member of the British Association of Surgical Oncology, who tragically died in a boating accident.

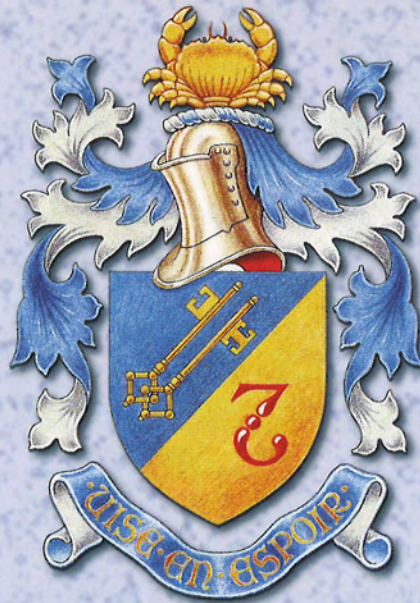


## APPENDIX IX

### RONALD RAVEN TRAVELLING SCHOLARS

1994	Mr. J.C. Watkinson
1995	Mr. O.A. Ogunbiyi
1996	Mr. A.W. Majeed
1997	Mr. L. Martin
1998	Mr. D.J. Hadjiminias

The Ronald Raven Travelling Scholarship was endowed in 1993 by the Ronald Raven Trustees in memory of Ronald Raven, co-founder of the British Association of Surgical Oncology. The scholarship offers support for a senior trainee or recently appointed consultant, to gain further experience in surgical oncology in this country or overseas



FROM THE PRESIDENT

---

## FROM THE PRESIDENT

This year not only do we celebrate the 25th Anniversary of the Society but also ten years of the BASO Breast Group. The Breast Group had its origin in the BASO Scientific Meeting at Stockton-on-Tees in 1988; the decision to introduce National Breast Cancer Screening had been approved and one session was given to this subject. I had spoken on the surgeon's role and the discussion ranged around this issue. Consideration was expressed by those present that there was neither direction nor training and that the necessary facilities were not provided. There was strong feeling that BASO should speak up for surgeons and as a result of this the President, Harold Ellis, asked me to set up a Breast Group.

To oversee the establishment of screening, national speciality groups based on co-ordinators from each region (Big 18's), were proposed. My first task was to convince the National Screening Co-ordinator (Dr Muir Grey) that a surgical Big 18 was needed at all and that screening did not end with diagnosis. Although the surgical Colleges had set up a working party on breast screening, chaired by Paddy Boulter, which had made sound outline recommendations, no further action was forthcoming from that quarter. Muir Grey accepted the BASO Group as the National Surgical Co-ordination Group.

The group initially dealt with issues as they arose but it became apparent that a great deal needed to be done. Fortunately enthusiasm abounded; there were Regional Co-ordinators, Deputies, co-opted members and all attended meetings (a truly big 18!). The mechanism was that sub groups were established which worked up the various tasks.

National co-ordination required guidelines for each discipline and a subgroup chaired by Hugh Bishop brought out the "Guidelines for Surgeons in Breast Cancer Screening" as the first publication of the Breast Group. These guidelines were the first of their kind in any branch of surgery and were widely well received, notably by the National Audit Office. Although established as a group of screening surgeons the Group recognised that to a surgeon a breast cancer is just that; to set standards for the cases presenting in one way and not for others was unacceptable. Therefore "Guidelines for Surgeons in Symptomatic Breast Disease" were published and again under

Hugh Bishop's guidance. Finally on the guidelines front Hugh Bishop has chaired a group which has produced "BASO Guidelines on the Management of Bone Metastases", which I see as the start of a new series laying down recommendations and setting down standards in specific clinical situations.

As cancer site specific specialisation into Breast Units, as laid down in the report on cancer services to the Chief Medical Officers, becomes widely implemented, so more surgeons specialising in breast disease are required. A sub group led by Tom Bates considered training issues. They set out the required programmes for trainees to level two (all trainees) and level three (trainees naming breast for speciality training in years 4-5).

More work will have to be done on this issue, exactly establishing the programme of clinics and lists that trainees must attend and the operations they should be competent to carry out and specifying the time divided between breast and general surgery. With breast units expected to provide suitable training a process of accreditation of units by the Group will be required.

A BASO high level training course was established by the Breast Group and the English College Education Department, headed by Michael Greenall. Essentially to implement this course Dick Rainsbury was appointed BASO Tutor in Breast Surgery at the College. The course has now been held three times and has attracted 190 delegates, all wishing to offer level 3 training experience. A level two course is now proposed, held at regional level together with distance learning and with a further tutor at the college.

It is breast surgeons who diagnose most cases of breast cancer, who explain their condition, advise on the primary treatment and who are responsible for the long term follow-up. Therefore the surgeon is the central figure in units entering into clinical trials and the breast group has its own trials (I am the group's Trial Co-ordinator). The BASO II Trial investigates the management of primary breast cancer in the very good prognosis small, well differentiated cancers. Already the 600 patients necessary for one comparison have been recruited. Other trials are proposed: BASO III investigating primary hormone therapy in elderly women and BASO IV (led by Robert Mansel) on sentinel node biopsy.

The Breast Group was initially a committee, a head with no body. In 1994 BASO members were asked to name their speciality interest. At the same time Hugh Bishop began a series of highly successful annual meetings at the

National Motorcycle Museum and those surgeons who had expressed a breast interest were invited to attend. This meeting evolved into the A.G.M. of the Breast Group. The requirements for entry to the Group are BASO membership, consultant status and a statement that the member has breast cancer as the major (or one of two) interest.

The BASO Breast Group has thus become the national speciality organisation for breast surgeons. The Guidelines have received the approval of the Royal Colleges and the Presidents of the Colleges have in the last few years referred questions on breast disease through to us. The European Surgical Society has published its guidelines which were largely drawn from the BASO guidelines.

For all they achieved during my chairmanship I am greatly indebted to the officers, the leaders of sub groups and all members of the committee, who worked with great enthusiasm and gave a great deal of their time. Robert Mansel currently provides excellent chairmanship; to Hugh Bishop, the current Secretary the group owes a great deal for his work throughout our existence; Paul Sauven (Treasurer) safeguards our finances very well indeed.

The Breast Group has provided the lead for the establishment of similar BASO groups for the other surgical cancers. In the Presidency of BASO it is my ambition to see autonomous groups established under the BASO umbrella, each becoming the nationally recognised surgical speciality groups for it's cancer. I hope to see BASO become in effect the Inter Collegiate Cancer Committee representing Cancer Surgeons. This fits well with the demand in the report to the Chief Medical Officers for surgeons to become cancer site specialised.

Well before the 50th Anniversary of BASO I believe BASO will be the acknowledged association for cancer surgeons and will have greatly advanced the standing and the work of its sub speciality groups in surgical oncology. This will complete the vision of Ronald Raven, for it was to protect and foster the interests of Surgeons working in cancer that he founded BASO.

**Roger Blamey MD FRCS FRCS (Glasg)**

Chairman BASO Breast Specialty Group 1988-96

President of BASO 1998-99

