**Method:**
The Sunflower RCT was first opened to recruitment in August 2019 at our trust. The recruitment was led by a single Research Nurse, but the delegation log included a range of Consultants, Trainees, and Specialist Nurses. Due to the COVID pandemic, recruitment was paused from March 2020 and restarted in July 2020. Data were collected on recruitment until January 2021.

**Results:**
In the seven months before the recruitment pause, 80 patients were recruited (average 11 per month), with the highest proportion of recruits by the sole Research Nurse. Following the recruitment pause, a further 45 patients were recruited (average 7.5 per month). These patients were recruited by Consultants (20, 44%), Specialist Nurses (12, 27%), Trainees (7, 16%), Research Nurse (3, 7%) and postal consents (3, 6%).

**Results:**
127 male versus 108 female patients were included. 59.61% of patients who were eligible for the FIT test received one. Mean waiting time for FIT positive patients was 42.39 (95% CI) versus 61.10 (95% CI) for FIT negative patients. Patients with one or two red flag symptoms had a mean waiting time of 44.81 days (95% CI 35.79-53.82) and 47.91 days (95% CI 38.07-57.75) respectively. Patients with three red flag symptoms had a mean waiting time of 28.2 days (95% CI 17.94-38.39). There was a statistically significant difference in mean waiting time between patients having 1-2 symptoms and patients with three symptoms (p < 0.005).

**Conclusions:**
Despite delays during the COVID pandemic particularly for endoscopy, high risk and FIT positive patients were prioritised. Waiting times were still higher than advised national guidelines.

**Risk of Post-Operative COVID-19 Infection Following Breast Surgery**

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**Aims:** To study the risk of post-operative COVID-19 infection in patients undergoing breast surgery during the height of the pandemic in 2020.

**Methods:** We continued to perform surgery for breast cancers and other urgent breast conditions during the pandemic in a dedicated "Green" operating theatre in a COVID-19-free hospital. NHS guidance regarding staff and patient COVID-19 screening and patient self-isolation period changed frequently during the study period, and recommended guidance was followed. PPE was worn by theatre team. Patient records were subsequently reviewed for a positive COVID-19 swab or a COVID-19-related hospital admission within 8 weeks of surgery.
Results: 96 consecutive operations were performed by 4 consultants between April and August 2020. All but 14 were for breast carcinoma. Median age 56 (21-89). Median ASA grade 2 (1-3). 64 patients had negative preoperative COVID-19 swabs, others in the early stages were screened with chest X-ray or CT. 83% (n = 80) were done as day cases. Among breast cancer operations there were 17 mastectomies, bilateral in 2 cases. There was no cases of COVID-19 positivity or COVID-19-related hospital admission post-operatively.

Conclusions: Breast surgery, done mainly as day case, did not predispose patients to COVID-19 infection in the postoperative period when guidelines were followed. Concern about postoperative COVID-19 infection should not be a cause of surgical delay in any future waves, which can be potentially harmful to breast cancer patients.