

Breast Cancer Treatment Group Chair's report



Dr Angela Rezo
Radiation Oncologist
Chair, ACT & SE NSW Breast Cancer Treatment Group

This year, the ACT and SENSW BCTG has been highly successful in its goal of collecting accurate patient, tumour, treatment and outcome data for people diagnosed with breast cancer

in our region. This is unique! The Australian Institute of Health and Welfare report "Australia's Health Report 2014" states that there "are no national registry data on the stage (severity) of cancer at diagnosis, treatments applied to individual cases of cancer, the frequency of recurrence of cancer after treatment" and that this needed to be addressed. Although not a cancer registry, our population-based study has collected this information for the last 17 years with a current participation rate of 95.6%.

One of the most distinguishing features of this database is the magnitude of voluntary contribution from specialists, nurses, administration officers and of course our invaluable GP contributors.

It is not an understatement to say that, without this contribution, the database would not exist. As a community of people interested in improving breast cancer outcomes, we should be very proud.

The high quality of the database is attributable to the extremely hard-working project office team, in particular Yanping Zhang who has been the Project Manager since commencement. She is consistently setting very high professional standards for herself and the team with excellent attention to detail, phenomenal work ethic, and excellent collaboration skills. I would like to praise Yvonne Epping, Director of BreastScreen, Jen Green, Thet Khin (who has just returned from maternity leave) and our regular casual officer Mary-Claire Tryon for their significant contributions over and above their job descriptions.

We were fortunate this year, once again, to have very interesting speakers presenting at our triannual BCTG meetings. Dr Ann Bicknell, the Clinical Director of BreastScreen ACT, GP and active group member, spoke of the proposed Shared Care Guidelines for breast cancer in our region. Dr Verity Ahern from Westmead Breast Cancer Institute spoke about neo-adjuvant therapy for breast cancer (chemotherapy or hormone therapy given before surgery) and a proposal for a clinical trial of PET/MRI imaging using this approach. Dr Anneke Blackburn from the John Curtin School of Medical Research spoke about the fascinating laboratory based breast cancer research she is undertaking which targets breast cancer metabolism. The themes for 2014 were of survivorship, collaboration, and pre-clinical and clinical research.

All of the talks were thought provoking and certainly provided the Treatment Group with ideas for future directions in breast cancer management. Cancer treatment has changed significantly since the Project started. Many of these changes are captured on the Database but there are also many features of a high quality service that are not. The Cancer Australia report "A National Cancer Data Strategy for Australia" identifies a number of fields that would ideally be included in a cancer database including extent of participation in clinical trials, use of multidisciplinary care, provision of palliative care, referral for psychosocial and other support services, and extent of care coordination and integration.

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Data Management Sub-Committee Chair's report



*A/Prof Paul Craft
Medical Oncologist
Chair, Data Management
Sub-Committee*

The ACT and SE NSW Breast Cancer Treatment Group's data collection project has now entered its seventeenth year of work. As has been emphasised elsewhere in the Newsletter, the data now

provide a unique window into the outcomes of breast cancer care in a modern environment. We can see changes in treatment over these years with innovations such as the introduction of sentinel lymph node biopsy, and improved systemic therapies. The results will be highlighted in the 15-year report currently being prepared by our staff and various "volunteers", drawn primarily from the data management subcommittee.

Breast cancer care continues to evolve. For example, results of the SOFT Trial were reported in December showing enhanced cure rates with the use of Aromatase inhibitors instead of Tamoxifen (in combination with some form of ovarian function suppression) in younger women with early breast cancer. The rationale for a group focused on quality of care in breast cancer remains strong in this dynamic environment.

With completion of the 15-year report, the subcommittee hopes to bring to the Group as a whole a plan for the future. While the strength of the project has been its resilience and longevity, allowing long term outcome information to be gathered and casting light on trends in care over time, sustainability is always an issue. As the data collection grows, the task of follow-up increases at an exponential rate. A review of the project and its goals would seem timely.

We have been very fortunate to have such reliable and diligent staff, led by the redoubtable Yanping Zhang, who has been with us from the beginning. I thank Yanping and other staff members, Thet Khin and Jenny Green. Also I acknowledge the contribution of Yvonne Epping from BreastScreen and Denise Lamb from CACHS who have provided crucial support for the project. We have received valuable financial aid from the John James Memorial Fund during the past year.

It is important to recognise the contribution from our clinician members and their staff, who work to help us get the data together. General Practitioners generously provide us with follow-up information and surgeons provide us with much of the baseline information. The Data Management Subcommittee members continue to spend their evenings working for the project. Finally I would like to thank the women and men who consent to participate in the project and trust us to securely store and manage their information.

THANK YOU!

To John James Memorial Foundation for their funding of \$5,000 to support the BCTG Quality Assurance Project in 2014/2015.

This support will assist the continuing valuable work of the BCTG Quality Assurance Project's 15 Year Report.

BCTG Quality Assurance Project: 17 years of data collection

A message to participating clinicians

Our 17 years of data collection shows a patient participation rate of over 90%, the participation rate for the 15 year report being 95.6%.

We are now facing new logistic challenges to maintaining this participation rate in the future.

Your ongoing support is vital to ensure the continuing success of this unique and important project.

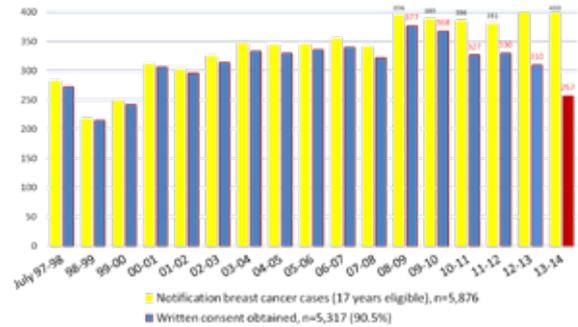


Figure 1: 17 years of data collection, July 1997 – June 2014

A sneak peek of the 15 year report

The BCTG 15 Year Report is currently in progress with the authors from the Data Management Subcommittee working on writing the relevant chapters. The report is planned to be published in 2015.

Dr Paul Craft recently presented the 15 year summary results at the Clinical Oncology Society of Australia's 2014 Annual Scientific Meeting in Melbourne. Conclusion: Long term follow-up of a breast cancer cohort is feasible. Overall, there was a high concordance of treatment received with published guidelines.

For more details relating to these results please contact: Yanping Zhang, Coordinator/Data Manager (yanping.zhang@act.gov.au).

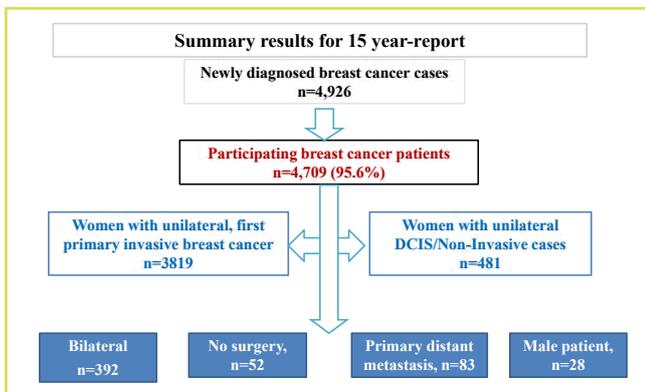


Figure 2: 15 years results with 95.6% patient participation

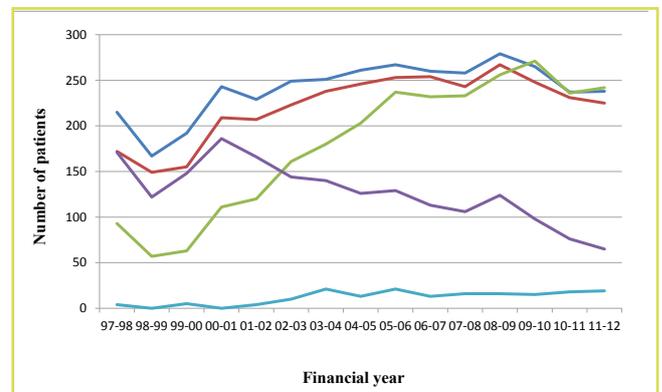


Figure 4: Pre-operation method of cancer detection

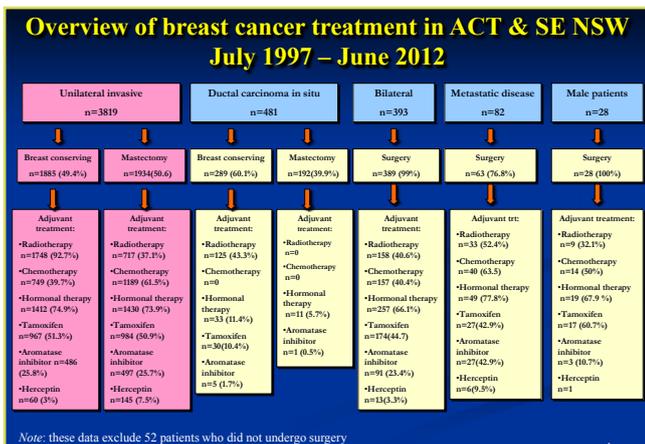


Figure 3: Over view of breast cancer treatment

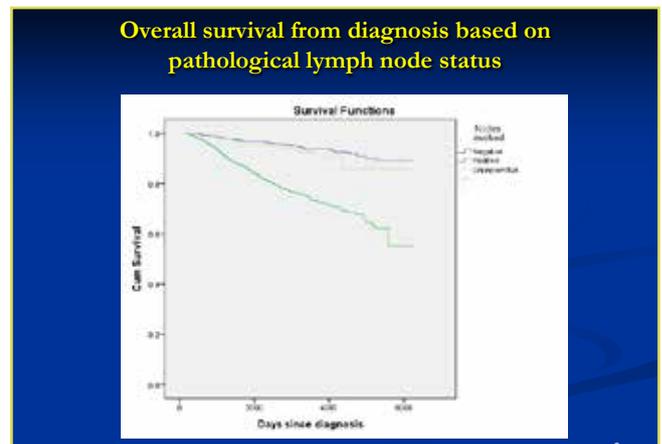


Figure 5: Overall Survival

It's a trust thing

I have the privilege of working every day with cancer patients, talking with them, and building relationships with them.

Some days when things are going well, it is easy to organise what they need and chat effortlessly about everyday life.

Other days it is harder to keep up a smile for them and help them through a particularly difficult time and organise things quickly so it will make their journey a little easier. One of the most important things I have realised in talking to patients every day is how important trust is to the relationship, to their experience as a patient, and how they ultimately feel about their care on their journey.

This trust is highlighted to me when I explain to patients about the BCTG project and how their de-identified information is important to be collected and then examined by clinicians treating the disease to make progress in the outcomes and treatments of all breast cancer sufferers. They have so far without exception, smiled and enthusiastically agreed to participate. People are generally altruistic, but it helps even more if they feel like they are helping other people who might one day find themselves in the same situation. They have great trust in the clinicians who support the project and in the people compiling and analysing the data. They have trust that something worthwhile can come of their experience and by contributing to the project; their experience can somehow help others.

This is a great trust that breast cancer patients place in everyone involved in the project, at a point in their lives when they feel very vulnerable. As we look at each patient who is identified only with a number, we remember that each one also has a story to tell that is unique and important for all the community who works with improving the outcomes and everyday lives for breast cancer patients, and we thank them for trusting us.

It has been a pleasure to bring that knowledge of trust into play in my work with the BCTG Project under the funding provided by the Radiation Oncology Private Practice Trust Fund during 2013/2014 financial year.

Mary-Claire Tryon,
Practice Manager Deakin Specialists

In the first person

Since working with Dr Majeed in Calvary Clinic I have had the chance to meet some very courageous and hardworking people. Our patients are usually quite overwhelmed with information given to them on the day of their consultation.

Once diagnosed, our patients usually have numerous appointments within a very short period of time. This can become very overwhelming but thankfully there are a variety of support systems in place. These support groups provide considerable help, guidance and support and I have received considerable positive feedback from our patients when they return for a review.

I find most patients are only too happy to help, and participate in the BCTG project, especially if it may help someone else down the line.

The journey that these people are on leads them down many roads but the most amazing thing I hear about is the people and groups that are in our community who work hard and diligently support our patients at a time when they are certainly in need. Most of these groups fly under the radar but are certainly looked upon as heroes by our patients. I enjoy working with Yanping Zhang's team. I have met some really great people.

Kim Groothoff, Secretary to Dr Usama Majeed

...BCTG Chair's Report (contd.)

As we finalise the 15-year report early this year, careful consideration will need to be given as to whether other information that are indicators of a holistic and research-driven service can also be captured.

As with any other government-funded organisation, the BCTG needs to face the challenges of doing more with less. The project has been supported by numerous grants from our generous supporters including Bosom Buddies, The John James Memorial Foundation, The Radiation Oncology Private Practice Fund, and on behalf of the Group I would like to thank all our generous supporters and especially ACT Health for the foresight to support such an important project.

The future direction of the group depends on seizing opportunities to collaborate, innovate and at the same time continue the focus on delivering high quality treatment to our patients.

REFERENCES:

- Australian Institute of Health and Welfare 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.
- Australian Institute of Health and Welfare 2008. A National Cancer Data Strategy for Australia. Commonwealth of Australia 2008 ISBN: 1-74186-794-0

Post-Fellowship training in breast surgery

Dr Usama Majeed's association with the Breast Cancer Treatment Quality Assurance Project commenced in 2011 and since that time he has contributed to the continuing success of the BCTG project via the collection of data by the BCTG Project for his patients.

Operative surgery is a technical field that is ever expanding and breast surgery is no exception to this. It requires constant learning, refining of already learned skills and incorporating new skills in to one's practice.

One of the exciting and relatively new developments in the field of breast surgery has been the concept of the 'oncoplastic and reconstructive breast surgeon'. The idea is to provide a holistic approach to surgery carried out for breast cancer. Oncoplastic techniques are extending the role of breast conservation for larger and at times 'awkwardly located' tumours, providing oncological safety but achieving a good cosmetic outcome to provide a much needed psychological boost to many who have to endure the stress of the diagnosis of breast cancer. This approach allows the treating surgeon to pre-empt many aesthetic issues that may arise from surgery as well as adjuvant treatment such as radiotherapy and advise patients accordingly on an appropriate approach.

There has been much need to train surgeons of the future with these principles in mind. The usual pathway to breast surgery has been via 'General Surgery', with added further training at 'Fellowship' level in breast oncological surgery. Increasingly these fellowships are offering more and more training in the principles of Oncoplastic and Reconstructive surgery.

In the ACT there was a need to formalize the concept of formal training for Oncoplastic Surgeons for some time. With this in mind I, in consultation with other colleagues, started our local 'post-FRACS' Fellowship program in Oncoplastic and Reconstructive Breast Surgical Training 2 years ago.

The first fellow was recruited in 2012, based primarily at Calvary Hospital, working under the supervision of the existing team of Breast Surgeons.

Outpatient clinics dedicated to Breast Cancer patient care, with support from a team of Breast Care Nurses were set up and continue to evolve catering for a variety of needs of cancer patients.

The Fellow is responsible for attending the outpatient clinics, seeing new patients and discussing their cases with the Consultant, and making clinical decisions under supervision. They attend all breast cancer operating sessions, assisting, as well as performing different types of surgical procedures under consultant supervision. The last fellow was involved in over 250 breast surgical procedures, ranging from simple wide local excisions and mastectomies to Level I and Level II Oncoplastic procedures, Axillary Surgery, Breast reconstruction in both immediate and delayed setting with implants as well as tissue based flaps. We have been able to present several papers at conferences locally as well as overseas, and some of these are in the process of being published in a variety of prestigious peer reviewed surgical journals. The fellows are encouraged to attend breast screening sessions via BreastScreen Australia. They also participate in the Breast Multi-disciplinary Team meetings held every fortnight presenting and discussing patient management.

Needless to say the Fellowship program has been a great success and will continue to attract high quality candidates in the future. It is part of the network of 'post-FRACS Fellowships' in Breast Surgery under the auspices of Breast Surgery ANZ. Special thanks are due to Calvary Healthcare ACT for helping us create this position and providing the necessary funding.

Dr Usama Majeed
Consultant General, Breast & Endocrine Surgeon

Is it, or is it not? A General Practitioner's personal story

My experiences as a doctor with breast cancer.

I was 46 when I was diagnosed with breast cancer in March 2001. I found the lump in my left breast when I reached behind to turn off the bed lamp and a pain shot momentarily through my breast.

With four of my patients diagnosed with breast cancer within the previous few months, I kept feeling myself and thinking, "Is it, is it not?"

Six weeks later, I had an ultrasound with a needle biopsy that was positive; I had a very aggressive small tumour, 13mm, with one positive gland.

I received the diagnosis at work on a Monday morning, with a full day of patients ahead of me. I kept working. I felt stupid crying in front of a 20-year-old male patient and, when he tried to help, I brushed my tears off with an explanation that I just heard some bad news. It's just one example of the way in which so many of my patients also care for me as their doctor, much in the same way I care for them.

I was still upset when I went to have my mammogram. The radiology receptionist said, "Now you know what your patients feel." I was hurt by her throwaway comment then but, in hindsight, I'm not sure if I should have been. It is true; I am a better doctor because of my experience.

Three weeks after this my husband, Michael, was diagnosed as having stomach cancer and we started chemotherapy on the same day. He died three weeks later. The months that followed were the hardest in my life.

I hated going to the oncology clinic, where I waited for an hour or more amongst very ill people. So, I said goodbye to my oncologist after my treatment finished, telling him I would come back only if I needed. I imagined I would be all right for at least three years. I have not seen him now for 13 years.

I have a special bond with my cancer patients, especially those diagnosed with breast cancer around the same time as me. One lady, in particular, who was diagnosed with breast cancer thirty-plus years ago, knows she is welcome to come and see me every week. A mastectomy and radiotherapy have left her with a claw hand and she is also a bowel cancer survivor now. Life is not easy with her ulcerated chest wall but she is always optimistic, perhaps with a little dementia settling in (which helps!).

A HIV positive patient with breast cancer still visits me occasionally, and I enjoy hearing about what she's up to and how she continues to live a happy and fulfilling life; I was happy to hear she is currently completing a Masters degree.

What these experiences have taught me is that women are amazingly resilient.

My son won me a bouquet of flowers on Mother's Day this year by entering a 20-words-or-less competition on 'the best advice your mother has ever given you'. He wrote: "If there is a problem, fix it."

My patients are only allowed to cry for a day then we have to set about fixing the problem.

Expecting to die of breast cancer has stayed with me until recently. Most of the time, I forget I ever had breast cancer. I've also figured I might live long enough to have to think seriously about superannuation.

This year I diagnosed breast cancer in two women, both in their mid-forties, who each had mothers with breast cancer. Their MRIs showed that they both had very small (<5 mm tumours) and, after quibbling about the cost of the MRI, one lady came back to me, gave me a 'thank you card' and said, "That was the best \$500 I have ever spent."

But as a doctor you can never develop an ego. In 2000, I 'failed to diagnose' lobular breast cancer in a woman of forty with a normal mammogram. I recall the dread I felt when I got Slater and Gordon's letter asking for a copy of my patient's file.

A doctor who trained with me in Tasmania had a higher profile 'failure to diagnose' than me, with his case reported in the Australian Doctor. He failed to diagnose breast cancer in a specialist colleague who was a young mother. He lost 10 kilos and, to make it worse, gained prostate cancer.

I contacted him and told him how I was handling my experience in a similar situation. He wrote back, saying, "You have to focus on all the good that you do. It far out-weighs the bad."

I try. We all do.

**Dr Elizabeth Pickup,
General Practitioner**

A 21st Century General Practitioner

As GPs in the 21st century Australia, there is an enormous pressure to practice flawlessly. This is especially true regarding diagnosis and management of cancers. Our society has enjoyed increasingly higher standards of medical care over the past half century with resultant higher life expectancies and overall better health. The diagnosis of cancer certainly springs up insurmountable anxiety in the patient as well as their treating doctor. A delayed or misdiagnosis as well as mismanagement of cancers is almost unacceptable in the eye of our society.

So as doctors diagnosing or treating cancers, including breast cancer, we strive towards perfectionism, making sure there are no flaws for any scrutiny. As a result, we perform well physic-methodically and medico-legally but we tend to forget (or not have enough time for) the psychological, social and spiritual aspects of someone living through treatment of cancer.

Recently, I was very privileged to be at a women's dinner meeting where a friend reflected about her experiences going through breast cancer treatment. It really dawned on me how big the difference is between what the patient feels is important and what the doctor thinks is important to the patient. Of course, everyone agrees the ultimate goal is 'cure', but in reality, that's not something we can 'give out' as a guarantee, and our patients are also fully aware of this. So it's the deeper questions that they then face each following day, such as life, mortality and beyond.

Within a space of a few months, my friend faced many stages of surgical procedures followed by chemo and hormonal therapy. She likened chemotherapy to morning sickness except without the hope and joy of having a baby at the end. She described the whole experience as very 'lonely' throughout. Although she had a very supportive husband and family, they could not take the burden on her behalf. She had to go through it herself.

She was not complaining about the treatment she received, in fact, I know she was most grateful, but what she was describing was the feelings of fear, loneliness and anxiety that I am sure every single person who experiences cancer treatment goes through. They may not always show these feelings during consultations with their doctors but they experience it daily for many months or years.

My friend reflected in her speech how she would rather that people were not afraid to express their empathy. That should very much apply to us as doctors as well. I think that a brief moment spent to express our sincere and genuine empathy towards the patient on a regular basis (it may only take 1 or 2 minutes at each consultation) can make an immense difference to how the patient feels and copes with their cancer journey. It is also highly likely that the experience will also enrich us in return.

*Dr Joanna Mya,
General Practitioner*

Thank you to all GPs

Your response does make a difference!

The information collected from the 'Follow Up' forms, be it the first follow up or the ninth, is vital to the success of the Project, and in producing valuable statistics, which will in turn lead to improved treatment outcomes for patients with breast cancer.

Generally, a specialist clinician may see a patient for between 1 to 5 years.

Any time after one year, the GP may be the only source

of contact with the patient. The project does not contact the patient directly but it depends on the goodwill in time and effort from the General Practitioner to obtain data and provide feedback.

So a huge thank you to all the GPs who contribute towards the pursuit of improved breast cancer treatment for their patients.

From the Breast Cancer Treatment Quality Assurance Project Team.

Working together with the McGrath Breast Care Nurse



My position with the McGrath Foundation commenced in June 2009, after a successful application for joint funding with ACT Health. It was the 44th position in the country and the McGrath Foundation now has 113 nurses with the aim of having 150 in total around the country.

The other BCN (mostly in regional settings) care for patients with breast cancer

across the entire disease trajectory, with a major focus on EBC, but my position is funded to provide care coordination and support for patients with metastatic breast cancer.

In this role, I try my best to make life easier for these patients and their families, by coordinating visits to hospital, spending time with them after reviews to discuss treatment options and, when the patient has died to being there for the family. I find there are times when they come in to visit me and just want to talk about what their loved one went through and what their experience was.

I aim to link them to services such as Palliative Care, Cancer Council for financial assistance and cancer counseling services in a timely manner to improve their quality of life. I also refer patients who are seen in the ACT to their regional BCN so they can receive support closer to home.

I have established the ACT and Region Breast Cancer Nurses Special Interest Group, who have met quarterly since 2012. The purpose of the SIG is to provide a forum for professional networking and collaboration, provide opportunities for educational and research activities and to act as a point of reference for nursing practice issues. The group comprises of nurses from in-patient and out-patient oncology wards, Radiation Oncology, BreastScreen ACT, Goulburn Chemotherapy Suite and McGrath BCN, palliative care, Regional McGrath and Calvary Breast Care Nurses.

I have also helped re-establish the local support group for patients with advanced breast cancer. 'Nicky's Group' meet monthly at Rodney's in Pialligo to support each other, learn more about secondary breast cancer, and to generally spend time with others who simply understand that they are 'living with' breast cancer. The group is facilitated by members of Bosom Buddies.

I also have responsibilities with the McGrath Foundation such as attending Media Announcements at Parliament House, planting trees in the National Arboretum and accepting cheques and donations from groups in the region (usually sporting clubs and schools). I have also taken patients for dinner at the Boathouse for the Women in League launch, entered a team in the Dragon's Abreast Regatta and hosted hydrotherapy 'pool party' for breast cancer awareness month activities.

I have also recently joined the ACT Bereavement Network Group after identifying a need for patients with younger children to have access to specialized bereavement support.

The McGrath Foundation are a wonderful organization to be a part of as they provide educational opportunities, including paid attendance at conferences and workshops, networking with other BCN, access to their educator who works closely at the BCI and other benefits, such as public engagements!

My role as BCN has enabled me to support the Breast Cancer Quality Assurance Project in many ways, not the least of which is assistance with data collection. This is particularly relevant when that data is difficult to obtain, for example due to change in clinician or other practitioner status.

The role of McGrath BCN is widely recognized and patients and their families are very welcoming to having me involved in their care.

***Kerryn Ernst, Breast Care Nurse,
McGrath Foundation***

The Breast Cancer Tissue Bank

The Breast Cancer Tissue Bank Project in Canberra has been running since 2009. The central management hub is at the Westmead Millennium Institute in NSW and there are 10 affiliate sites across Australia. The ACT is still active along with Westmead, Royal North Shore, Liverpool, John Hunter, St John of God, Perth and Royal Brisbane Hospitals in enrolling new patients. As of the end of December 2014, 6610 have been recruited onto the Australian Breast Cancer Tissue Bank project with 658 of these participants from our region. The operation of the ACT collection centre is funded by a research grant from the Radiation Oncology Private Practice Trust Fund. Elaine Bean of ACT Pathology is the local Tissue Bank Officer responsible for processing of biological samples and maintaining the database. Jenny Chen has assisted over the last two years in collecting the treatment information for the cases working in collaboration with the Breast Cancer Treatment Group. Rowena Penafiel is taking over this role in 2015.

www.abctb.org.au | A/Prof Desmond Yip | Principal Investigator, Breast Cancer Tissue Bank, ACT Collection Centre

BCTG Publications & Presentations 2014

Meetings 2014

March

Dr Anne Bicknell, Clinical Coordinator, BreastScreen ACT “Shared Care Guideline for the Management of Patients with Early Breast Cancer”.

- The use of Cancer Australia Shared Care templates when available
- Whether it is feasible to include NSW patients. GPs in some regions are already seeing all women who have completed adjuvant chemotherapy and radiotherapy.
- The need for a Database/Register for follow up and how this would be managed was discussed.
- Provision of follow up service for women who find it difficult to access private services for financial or other reasons
- Engagement with general practitioners.

July

Dr Verity Ahern, Radiation Oncologist and Clinical Senior Lecturer, Medicine, Westmead Clinical School, and Chairperson for the TROG trial 12.02 PET LABRADOR study “PET Scans for Locally Advanced Breast Cancer and Diagnostic MRI to Determine the Extent of Operation and Radiotherapy

The hypothesis of this study is that breast MRI and a PET-CT scan can accurately predict which woman with Locally Advanced Breast Cancer treated by initial Primary Systemic Therapy (PST), can undergo Breast Conserving Surgery without compromising local control or Disease Free Survival. This is a Phase II study.

November

Dr Anneke Blackburn from Cancer Metabolism and Genetic Group, Department of Molecular Bioscience, The John Curtin School of Medical Research, ANU

Dr. Blackburn spoke about current genetic research on Breast Cancer at John Curtin School of Medical Research and implications for treatment of breast cancer in the future. She explained about a new drug being researched which halts the growth of cancer cells, but does not kill the cell.

The main advantage is that it stops the growth of breast cancer, although it can enhance the toxicity of other anti cancer drugs.

Conferences 2014

BCTG members continue to utilise the data collected and stored by the BCTG Project for publication of articles as well as for oral presentations at conferences and meetings.

Dr Yada Kanjanapan

“Benefit of adjuvant Trastuzumab with chemotherapy (ATWC) in T1N0 HER2 positive breast cancer – interim results” August 2014.

Dr Roopa Lakhanpal

“Predictive value of Immunohistochemical 4 plus Clinical Treatment Score in determining risk of Loco Regional Recurrence in Early Breast Cancer” August 2014.

“Predictive value of Immunohistochemical 4 plus Clinical Treatment Score in determining risk of Loco Regional Recurrence in Early Breast Cancer” December 2014.

Posters

Dr Roopa Lakhanpal “Combined IHC4 score and local recurrence in breast cancer” - - the American Society of Clinical Oncology. Chicago, Illinois. May 30 – June 3, 2014.

Dr Yada Kanjanapan “Benefit of adjuvant Trastuzumab with chemotherapy (ATWC) in T1N0 HER2 positive breast cancer – interim results” – the Medical Oncology Group of Australia, Sydney. 2-4 August 2014.

Dr Paul Craft “A 15 year longitudinal study of breast cancer treatment outcomes in a region” – Clinical Oncology Society of Australia, 41st Annual Scientific Meeting, Melbourne. 2 December 2014.

Acknowledgements

Special thanks go to all the surgeons and general practitioners, breast care nurses, radiologists, oncologists for their time, patience and continuing hard work. The considerate and generous involvement of all contributors ensures the continuing success of the BCTG data collection.

Special thanks to the medical practice staff for their patience and continuing support and hard work. In addition we wish to thank ACT Pathology, Capital Pathology, BreastScreen ACT and Tissue Bank Project for their support.

To Amgen Australia, and Novartis for sponsoring the Breast Cancer Treatment Group meetings and speakers this year.

Also thanks go to Lyn North and staff at University House, ANU for providing the venue and resource for our meetings.

Collaboration with The National Breast Cancer Audit

The Breast Cancer Quality Assurance Project (BCTG) has been providing data to the National Breast Cancer Audit (NBCA) on behalf of its participating breast surgeons for a number of years, relieving those surgeons of the workload that it entails. This provides support for breast surgeons with an extremely busy schedule guaranteeing improved time management.

The BCTG was advised earlier in 2014 of mandatory additional data which needed to be provided to the NBCA in order for it to be accepted. This additional data includes information on private/public hospitals, margin size, tumour size and lymph nodes. This data had previously not been collected by the BCTG but is regarded as being highly valuable to the BCTG data collection in the future. To this end, the additional data for the preceding year has been collected and recorded albeit necessitating many additional hours of work.

Full data collection is in place and changes made to the Data Collection Form accordingly.

All data requirements are on the BCTG database, thus it is a simple exercise to directly submit data to the NBCA on a regular basis.

Alone we can do so little.
Together we can do so much.

– *Helen Keller*



Yanping Zhang, Thet Khin, Jenny Green.

Breast Cancer Treatment Quality Assurance Project Team.

Gathering of the Breast Cancer Treatment Group at one of the 2014 meetings



BCTG 2015 meetings

BCTG meetings will be held in the Drawing Room, University House, ANU at 6pm on:

- 23rd March 2015
- 29th June 2015
- 2nd November 2015

The BCTG newsletters, reports, publications and information of interest can be found at:

<http://www.health.act.gov.au/Research/breast-cancer-research>

Contact Details

Any clinical questions should be directed to Dr Paul Craft at the Canberra Hospital on (02) 6244 2220.

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