The Breast Cancer Treatment Group

The Breast Cancer Treatment Group has been meeting regularly now for 6 years with the data collection being in place for the past 5 years.

I would like to thank all of the clinicians who contribute to both the success of the group and the quality of the data being collected.

There have been many improvements in cancer care in general and breast cancer care in particular in the ACT and surrounding region over the last few years, and I am sure that the role the group and its individual members have played have contributed to that.

The breast cancer nurse is now well established, a lymphoedema clinic has opened, and additional funding has been provided for radiation oncology and for psychosocial support for people living with cancer in the last ACT Government budget.

The quality of the data is extremely high and is now starting to be used for many conference presentations and papers, which keeps Yanping and Sally very busy.

I look forward to another year of interesting meetings and discussion in 2003.

Jenny Brogan
Chair of the ACT & SE NSW Breast Cancer Treatment Group

Report from the data management sub-committee

The sub-committee met on several occasions since the last newsletter to consider changes to the data collection processes and to the data set. In addition, many committee members have spent a considerable amount of time assisting with data cleaning and record interpretation. Their assistance has been invaluable.

The Group continues to collect unique, community based, audit data describing breast cancer treatment in the region. As the data set has grown, it has become more useful in terms of examining factors influencing treatment and in detecting changes in practice over time. The sub-committee supports analysis of the data to answer research as well as audit questions. We hope that, as the follow-up data become mature, the project will allow for the examination of some outcomes of care.

I would like to thank the sub-committee members for their work in supporting the data collection project, and also especially Yanping Zhang and Sally Naylor, for their dedication and perseverance.

Paul Craft
Chair of the Data Collection Sub-committee
FIVE YEARS ON AND STILL GOING STRONG!
A Five-Year Perspective from the Project Co-ordinator

Yanping Zhang

looking back over the past five years, the project has made considerable progress. We commenced data collection in May 1997 and to date approximately 1450 patients have been notified to the database with 30 major clinicians participating throughout the ACT and SE NSW region. We have collected a large amount of data on breast cancer, which is extremely important for the improvement of breast cancer treatments and the quality of life of patients in our region.

Our project is a unique prospective study. It has a very high participation rate. Our comprehensive database has generated various reports and provided individual feedback for clinicians involved in treating breast cancer patients. Our data has been used in the scientific study of breast cancer, and the results have been reported in a number of conferences and published in the Medical Journal of Australia.

All this would not be possible without the effort of all participants. As the project co-ordinator, I have enjoyed working with you. I would like to take this opportunity to thank all participating members for your great contribution and consistent support to the project. I would also like to acknowledge Bosom Buddies for their generous contribution to the project.

While impressive achievements have been made, I am looking forward to some new challenges with your continued support. We are now in the process of producing a five-year progress report and collecting follow-up information to analyse the outcome of implementation of the national guidelines.

Finally, I would particularly like to thank Sally Naylor who has provided important administrative support and data management assistance to the project since she joined us two years ago.

We have moved offices several times, data collection forms have had a number of changes but the commitment from all has never changed. I hope support for the project will remain as strong for the next five years as the last five years!

ANOTHER QUALITY ASSURANCE PROJECT

Ian Davis

In part, as a follow on, from the success of the ACT and South East NSW Breast Cancer Treatment Project the ACT Government has supported interested clinicians in the ACT and Southern Area Health Service, who are establishing a treatment group to look at the treatment of colo-rectal cancer in this area.

We have obtained funding to provide IT support to start a computer database to look at the treatment results of patients with colo-rectal cancer. As has been the case with breast cancer we would hope that as the data bank becomes established treatment protocols will become more standardised along guidelines already put in place by the NH&MRC.

It also provides an instrument by which treatment results can be assessed and individual clinicians provided with useful feedback on treatment outcomes. This would also enable the implementation and assessment of any changes in therapy, which would be expected in the future.

Rather than duplicate the infrastructure it seems logical to take advantage of the system already in place through the Breast Cancer Treatment Project. Yanping Zhang has agreed to oversee the data collection process. We would expect to appoint another project officer to the unit in the near future.

For this project to be a success we are again reliant on the goodwill of all clinicians involved in the treatment of colo-rectal cancer. This will involve an added burden of paper work to collect the information.

I would expect however this should be offset by the benefits, which would accrue in providing a more comprehensive and streamlined treatment program.
A primary aim of the breast cancer treatment group is to describe the treatments offered to patients around the time of diagnosis. In this inaugural report, due to be released in April 2003, we describe the various distributions associated with the patients’ demographics, clinical and pathological indicators of the disease, the surgical procedures undertaken, and adjuvant therapies offered. In breast cancer treatment there have been some major shifts over the last five years, especially in relation to the use of adjuvant therapies. In the report we document the combinations and sequence of surgical procedures by the various demographic, clinical and pathological indicators. We describe the rise in the use of radiotherapy post surgery (50% in 1997 to 63% in 2002). And we examine the changing role of adjuvant systemic therapies over the last five years.

More detail can be obtained from Dr Bruce Shadbolt, Centre for Advances in Epidemiology & IT, ph: 6244 4288 or email: bruce.shadbolt@act.gov.au

### Summary of patients presenting with breast cancer and their treatment

#### Breast Cancer in ACT & SE NSW (N= 1294) (July 1997 - June 2002)

<table>
<thead>
<tr>
<th>Year of registration</th>
<th>ACT</th>
<th>SE NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>97-98</td>
<td>150</td>
<td>100</td>
</tr>
<tr>
<td>98-99</td>
<td>170</td>
<td>120</td>
</tr>
<tr>
<td>99-00</td>
<td>190</td>
<td>140</td>
</tr>
<tr>
<td>00-01</td>
<td>210</td>
<td>160</td>
</tr>
<tr>
<td>01-02</td>
<td>230</td>
<td>180</td>
</tr>
</tbody>
</table>

#### Characteristics of Patients & Tumour (N= 1294)

<table>
<thead>
<tr>
<th>Age (median)</th>
<th>56 years</th>
<th>Range 25-95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1286</td>
<td>99%</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Menopausal status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>352</td>
<td>27%</td>
</tr>
<tr>
<td>Post</td>
<td>782</td>
<td>60%</td>
</tr>
<tr>
<td>Pac</td>
<td>149</td>
<td>12%</td>
</tr>
<tr>
<td>Unknown/Male</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invasive carcinoma</td>
<td>1149</td>
<td>89%</td>
</tr>
<tr>
<td>In situ disease only</td>
<td>145</td>
<td>11%</td>
</tr>
<tr>
<td>Tumour extent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distant metastases at diagnosis</td>
<td>24</td>
<td>2%</td>
</tr>
<tr>
<td>Synchronous bilateral tumours</td>
<td>19</td>
<td>2%</td>
</tr>
</tbody>
</table>

#### Breast Cancer Treatment in ACT & SE NSW (N=1294) July 1997 - June 2002

- Early breast cancer n= 1086 (83.9%)
- Ductal carcinoma in situ n= 138 (10.7%)
- Bilateral n=38 (2.9%)
- Metastatic disease n=24 (1.9%)
- Male n=8 (0.6%)

- Surgery n=1077 (99%)
  - Breast conserving only n=519 (48%)
  - Mastectomy n=558 (52%)
  - Adj. treatment n=515 (48%)
- Adj. treatment n= 129 (13%)
- Adj. treatment n= 30 (40%)
- Adj. treatment n= 10 (16%)
  - Radiotherapy n=500 (67%)
  - Radiotherapy n=37 (47%)
  - Chemotherapy n=199 (30%)
  - Chemotherapy n=233 (44%)
  - Hormonal n=411 (68%)
  - Hormonal n=292 (43%)

- Surgery n=137 (99%)
  - Breast conserving only n=75 (55%)
  - Mastectomy n=62 (45%)

- Surgery n=15 (62.5%)
  - Adj. treatment n= 15 (100%)
  - Chemotherapy n=12 (80%)
  - Hormonal n=10 (67%)

- Surgery not done n=9 (37.5%)
  - Adj. treatment n= 9 (100%)
  - Radiotherapy n=1 (11%)
  - Chemotherapy n=2 (22%)
  - Hormonal n=9 (100%)
Summary results (continued)

### Tumour Size and Method of Detection (N=1077)

<table>
<thead>
<tr>
<th>Tumour Size</th>
<th>Breast Screen</th>
<th>Other Screen</th>
<th>GP</th>
<th>Patient Self</th>
<th>Specialist/Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10mm</td>
<td>408 (77.2%)</td>
<td>16 (3.3%)</td>
<td>10</td>
<td>52 (9.9%)</td>
<td>6 (1.1%)</td>
</tr>
<tr>
<td>11-20mm</td>
<td>222 (41.1%)</td>
<td>12 (2.3%)</td>
<td>20</td>
<td>100 (18.5%)</td>
<td>10 (1.9%)</td>
</tr>
<tr>
<td>&gt;20mm</td>
<td>152 (28.0%)</td>
<td>10 (1.9%)</td>
<td>12</td>
<td>78 (14.6%)</td>
<td>5 (0.9%)</td>
</tr>
</tbody>
</table>

### Early Breast Cancer Surgery

<table>
<thead>
<tr>
<th>Surgery procedures</th>
<th>N</th>
<th>Last operation</th>
<th>Mastectomy</th>
<th>Breast Conserving</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Operation</td>
<td>751</td>
<td>410 (54.6%)</td>
<td>341 (44.8%)</td>
<td></td>
</tr>
<tr>
<td>Two Operations</td>
<td>305</td>
<td>104 (34.1%)</td>
<td>201 (66.1%)</td>
<td></td>
</tr>
<tr>
<td>Three Operations</td>
<td>21</td>
<td>5 (23.8%)</td>
<td>16 (76.2%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1077</td>
<td>519 (48.4%)</td>
<td>558 (51.6%)</td>
<td></td>
</tr>
</tbody>
</table>

### Early Breast Cancer

Post-operative Adjuvant Therapy (N=1077)

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiotherapy</td>
<td>49.8%</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>32.6%</td>
</tr>
<tr>
<td>Hormone</td>
<td>72.7%</td>
</tr>
</tbody>
</table>

### First Year Follow-up Results

<table>
<thead>
<tr>
<th>Follow up form status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>1010</td>
<td></td>
</tr>
<tr>
<td>Return &amp; completed</td>
<td>991</td>
<td>98.1</td>
</tr>
<tr>
<td>Last to follow-up</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>NA</td>
<td>15</td>
<td>1.5</td>
</tr>
</tbody>
</table>

### Lymphoedema Service Calvary Health Care ACT

Gemma Arnold

The Lymphoedema Service is a multidisciplinary service which was established at Calvary Health Care ACT in November 2001 with funding from the ACT Department of Health and Community Care. People who have lymphoedema or at risk of developing lymphoedema in the ACT and surrounding region can now access a specialist service which is available in most other major centres across Australia.

There is a monthly diagnostic and treatment planning clinic at which clients are seen by Vascular Surgeon, Associate Professor David Hardman, a physiotherapist/lymphoedema therapist, a nutritionist and a counsellor.

Patients require a referral from their GP or specialist to attend this clinic.

From here patients may refered for treatment. Most patients will receive treatment from a physiotherapist/lymphoedema therapist.

Treatment may include instruction in skin care, self massage, exercises and measure, supply and fit of compression garments.

Sometimes more intensive treatment including compression bandaging and lymphatic drainage massage three times a week for several weeks is required. Thanks to the generous donation of Bosom Buddies we will also be able to add the scanning laser to our treatment options in 2003.

Patients may be assisted with weight management or reduction by the Nutritionist. Counseling services may be accessed to assist in helping clients cope with the psycho-social aspects of the condition.

Regular monthly education services are held for patients at risk of developing lymphoedema.

To date the monthly clinics have been well attended with 60 people attending the monthly clinic and 175 people attending the education sessions.

Patients presenting to their GP or specialist with initial onset of symptoms of Lymphoedema can be referred directly to the physiotherapist/lymphoedema therapist at Calvary.

Contact phone numbers:

- Monthly Multidisciplinary Clinic bookings - 6201 6627
- "AT Risk" Education Session bookings - 6201 6627
- Physiotherapy Department - 6201 6190

### RURAL SURGEON'S PERSPECTIVE

Margaret Beever

I have always had a major interest in the treatment of breast cancer and have treated patients in Goulburn over the past nine years.

There are now certain criteria we as surgeons must meet to remain membership of the breast section of the Royal Australasian College of Surgeons.

My involvement with the ACT & SE NSW Breast Cancer Treatment Group has helped me to do this. The Audit Project has proved invaluable to me, especially the regular feedback from Yarning.

I am also very grateful for the opportunity to attend ACT BreastScreen on a monthly basis where I always feel I gain more than I contribute.

I intend to continue my commitment to treating breast cancer in Goulburn, as I believe it is beneficial for most women to have their surgery close to home and I also believe that many breast cancer patients like to be treated by a female surgeon if the option is available to them.

### WORDS FROM RADIATION ONCOLOGY

Ken Sunderland and George Jacob

Since the inception of the Breast Cancer Treatment Group in 1997, a significant data base of approximately 1400 patients has been established. This is due to the efforts of a committed group.

The regular meetings of the group and the data collected has given the Radiation Oncology Department the opportunity to:

- benchmark with other centres
- determine patterns of care in the ACT and compare this with national guidelines.
- develop and review treatment protocols.

As a result, clinical practice has become increasingly evidence based.

Data has been collected for over five years now, so the next phase is to record follow up information so that treatment outcome can be determined and compared with national and international figures.

### THE BREASTSCREEN ASSESSMENT CLINIC

Robin Jenkins

The BreastScreen clinic identifies approximately 1/3 of cancers diagnosed in the ACT and South East NSW region. Women with a mammographic abnormality (approximately 5% of screened women) are recalled to the assessment clinic.

This is a multidisciplinary clinic with two radiologists, a surgeon, a pathologist, nurses and radiographers, all working in a team.

The clinic sees approximately 20 women a week and the identified mammographic abnormality is worked up to conclusion. The clinic is both a learning environment for the team and a rigorous diagnostic clinic. Radiology, surgical and pathology registrars attend for training.

It is important at BreastScreen that we do identify small cancers and our small cancer detection rate is within National Accreditation Guidelines.

The Breast Cancer Treatment Project assists on occasions by reporting statistics back to us, to help us monitor what we do. The enclosed data shows that we detect more small cancers, under 20mm, than larger cancers (see table Tumour Size and Method of Detection P4). After the diagnosis women are seen in the clinic and given their results. If the result is positive the nurse counsellors and myself are able to spend time discussing the treatment pathways. The women are then referred back to the general practitioner and we arrange a follow up consultation to happen within two days. We liaise with the general practitioner by phone to make sure that they are notified prior to the woman turning up in the surgery.

Any doctors and especially general practitioners are welcome to come and look around the clinic, and can contact me on 6215 1552 or 6254444. A final reminder to all general practitioners, we do not see all cancers on mammography and women will present with interval cancers. Therefore remember to workup any new or unusual breast symptoms between breast screens.
SURGICAL PAPER PRESENTATIONS

James Ferguson

A paper entitled "Histopathological Predictors of Primary Failure of Breast Conserving Therapy" was presented at the 2001 ACT Breast & Radiological Oncologists' Annual Scientific Meeting and the 2001 Clinical Oncological Society of Australia Annual Scientific Meeting.

The paper sought to examine reasons why patients with breast cancer who underwent local excision of their tumour should subsequently require conversion to mastectomy. Over a four-year period 498 patients enrolled in the ACT & SE NSW Breast Cancer Treatment Project underwent local excision of their breast cancer. One hundred and thirty-five of these patients required conversion to mastectomy. Reasons cited for conversion were clinical (126), patient choice (4) and unknown (6). Factors, which predicted conversion to mastectomy, included tumour size, presence of multiple cancers in the tumour specimen and involved or close pathological margins.

With such a high rate of conversion to mastectomy amongst our breast cancer patients the challenge remains to select patients for breast conservation based upon pre-operative factors, which predict a high rate of success for this strategy.

A Study of Systemic Adjuvant Therapy in Node Negative Early Breast Cancer: work in progress

Paul Craft

Members of the Group led by Dr Bruce Shadbolt and A/Prof Stuart-Harris have studied the patterns of chemotherapy and endocrine therapy offered to women treated in the region.

The study has focussed on women with node-negative early breast cancer. Because of the overall prognosis in this group is better, when compared with women with node-positive tumours, decision making can actually be more difficult. Of course, as the underlying prognosis improves, the absolute benefit for women of adjuvant treatment becomes less.

The NH&MRC 1995 and the St Gallen 1998 guidelines were used to assess treatment decisions. The study relies on complex statistical modelling, comparing treatment recommendations actually made, with prognostic factors, and with expected treatment according to the two published guidelines. Data collected by the Group from July 1997 to June 2001 form the basis of the study. The St Gallen document formed the basis of the updated NH&MRC Clinical Practice Guidelines for the Treatment of Early Breast Cancer, published in 2001 (that is, at the end of the study period). There were 461 women with node-negative breast cancer included.

When comparing the two guidelines in the context of our patient population, use of the more recent St Gallen guidelines was much more likely to give a recommendation for treatment than the 1995 NH&MRC guidelines, and less likely than the St Gallen 1998 guidelines recommended. Over time actual practice became increasingly similar to the more recent St Gallen guide.

Treatment practices (and guidelines) change over time. Updating treatment practice through appraisal and discussion of new evidence by a professional group, allows for accurate treatment decisions well before the national guidelines process can be completed.

ACKNOWLEDGEMENTS:
We would like to give a special thanks to all those who help us obtain the data. Would especially like to mention the Medical Secretaries who give their precious time to answer our requests and when needed prompt the clinicians for us! A thank you must also go to the GP's in the community for their continued support in completing and returning follow-up forms. We appreciate your time.

DATA MANAGEMENT TIPS
Data Collection Forms: New forms were revised in September 2002. The chemotherapy treatment section was updated to include new treatment options and there is now a DCIS margin of excision item. Please use the new revised form.

Data Definitions: A set of data definitions for the new form have been finalised and will be sent out for your reference soon.

FAREWELL AND WELCOME TO MEMBERS

Over the past year we have had a few members leave. We would like to say a big thank you for their support and contributions whilst they were members of the Group.

We also have new members participating, and we welcome you all and look forward to working with you on this ongoing Project.

FAREWELL FROM MORUYA

John Groome

I have been working in the Eurobodalla area since December 1991 as a general surgeon for both Batemans Bay and Moruya Hospitals. I first arrived here and joined Dr Peter Gough and later we were fortunate to obtain the services of Dr David Thomson. I have been involved in the Breast Audit since its inception. It is very good to have the information when you work in an isolated setting to be able to compare results. Since 1997-2000 three surgeons in Moruya have been involved in breast surgery and with the audit.

Peter Gough left in 2000 to work as a general surgeon/breast surgeon in the UK. Both David and I decided to leave this area at the end of 2002. David has already taken up a new position at Westmead in breast surgery and I will be taking up a position in the UK early in 2003.

Initially I came here for six weeks, stayed for six months and the rest as they say is history. However I have decided that I now wish to move on and will settle in the UK with my family for at least the next ten years of my working life.

LOOKING FORWARD

Peter Barry

I recently commenced surgical practice in the ACT. My main interests include the management of breast cancer, melanoma and soft tissue tumours.

I spent 18 months as part of the team at the Breast Cancer Institute at Westmead Hospital in Sydney.

I developed protocols for sentinel node biopsy and regularly attended screening clinics in Parramatta. I then spent two years at the Royal Marsden Hospital in London as a fellow in surgical oncology.

I was impressed not only with the standard of care in the clinical management of breast cancer in the ACT, but also with the expertise in data collection and the statistics available regarding treatment of breast cancer in the ACT and surrounding areas.

I look forward to supporting the superb work being done at ACT & SE NSW Breast Cancer Treatment Group and working closely with the highly experienced team here.
EVENTS OF THE LAST YEAR.....

A number of presentations at conferences were given using the Projects data:

   • Breast Cancer Treatment in ACT and SE NSW Region – A Community Based Audit of Breast Cancer Treatment.
   • Which Node Negative Patients Require Adjuvant Treatment?

   • Histological Predictors of Primary Failure of Breast Conserving Therapy.

3. ACT Branch of Royal Australasian College of Surgeons, November 2001, Canberra.
   • Primary Failure of Breast Conserving Therapy.

   • Node negative breast cancer - to treat or not to treat? That is the question.

5. A number of smaller presentations using some of the Project’s data:
   • GP Seminar and Meeting, March 2002
   • ACT BreastScreen National Accreditation, June 2002
   • Certificate Course in Sexual and Reproductive Health for Nurses, conducted by Family Planning ACT, August 2002.
   • GP Seminar Screening for Women in Health, September 2002.

   • Quality Initiatives in Cancer Care.

CONTACT DETAILS:

If you have any enquiries or comments about the project, please contact the Project Co-ordinator. Any clinical questions should be directed to Dr Paul Craft at The Canberra Hospital on (02) 6244 2220.

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ACT HEALTH