



2016 at a Glance

13 February

ASBD Executive Strategic
Planning Meeting, Sydney

27 February

Applied Ultrasound for
Clinicians, Melbourne

9 July

Annual General Meeting, Auckland

7-10 July

2nd Australasian Breast
Congress, Auckland

Dedicated to promoting knowledge in the areas of prevention, diagnosis and management of breast disease

Issue No.9 | February 2016

PRESIDENT'S REPORT



This past year has been very busy for the ASBD Executive with many changes and new challenges.

We welcomed our new Executive Officer,

Kerry Eyles, to ASBD and she has not stopped since joining.

2015 was an exciting year with a very successful Annual Scientific Meeting held in Brisbane in September. We were thrilled to have a number of respected invited International Speakers who proved to be very approachable and eager to share their vast knowledge with attendees. Professor Philip Poortmans, President of the European Society of Therapeutic Radiation Oncology, updated us on the current status of radiation therapy in both advanced and early breast cancer. Mr Pat Whitworth, surgical oncologist & Director of the Nashville Breast Centre, discussed minimally invasive breast cancer as well as other surgical updates. Professor Fraser Symmons made even the non-pathologists in the audience appreciate and understand current pathological controversies and issues. Dr Sophia Zackrisson, Lund University Hospital,

enlightened us on digital tomosynthesis and current issues with breast screening. The programme attracted a record number of attendees from a number of oncological disciplines.

The excitement and momentum will continue this year with an Advanced Ultrasound workshop for clinicians to be held in Melbourne on February 27.

This will be followed by the 2nd Australasian Breast Congress which will be held in Auckland. Save the dates of July 7-10 to attend the Oncoplastic Surgical workshop (July 7-8) followed by the multidisciplinary meeting (July 9-10). This event will be the first of this calibre for New Zealand with live oncoplastic surgery workshops, hosting a record 5 international speakers and involving a consumer component supported through a relationship with New Zealand Breast Cancer Foundation. This meeting heralds a renewed partnership with BreastSurgANZ which sets the scene for an exciting relationship in future.

Best wishes for 2016 and I look forward to seeing you in New Zealand.

Dr Yvonne Zissiadis
President ASBD

TREASURER'S REPORT



It is my great privilege to take on the role of Treasurer. I have been a member of the ASBD Executive for several years and it is exciting to play a bigger role in

ASBD in this position. I would like to thank Dr Kerry McMahon, the outgoing Treasurer, for her tireless work over recent years. She saw ASBD through some difficult times and she stayed on for an additional year to see us through the 2015 conference in Brisbane. Kerry was instrumental in introducing an overhaul of the financial and accounting systems to make these more robust and transparent. She oversaw a move to electronic banking and accounting, an essential step, especially given the fact that the ASBD Executive members are located in all parts of Australasia.

I am pleased to report that ASBD made a profit of approximately \$35,000 from the 2015 meeting. This follows on from a financially successful Australasian Breast Congress, the joint meeting with BreastSurgANZ, held in 2014. This has offset losses from previous conferences and ensured that ASBD is in a sound financial position heading into the future.

A/Prof Meagan Brennan

TELL US WHAT YOU THINK

We want to hear from you!

ASBD wants to remain relevant to its members' needs. If you have any comments on meetings, membership or other issues please take a few moments to email Kerry at: kerrye@asbd.org.au



Report from Dr Kerry McMahon, Past Treasurer

At the AGM in September I stepped down from the role of Treasurer, handing over to A/Prof Meagan Brennan. Over the last 12 months Meagan has provided enormous support to me with many issues to address, and many further changes we need to implement in returning ASBD to a profitable and rewarding society for all medical practitioners who work in the field of Breast Disease. Meagan, I have very much appreciated your advice and emotional support over the past 12 months and know the society will be in excellent hands.

The 2015 Scientific Meeting in Brisbane has been an outstanding success, particularly considering that Kerry Eyles came to the society at such short notice in March 2015 to take over the organisation of the event. To see the meeting make a profit of over \$30,000 in these circumstances is outstanding and a very impressive result for Kerry Eyles, and the society in general. Kerry also has excellent computer and IT skills, smoothing out any issues we have had in the transition to a web based database and electronic payments. In addition we have been transitioning the financial records to a much more robust and professional level.

Although the last 3 financial years have not been the best, I am certain the changes we have implemented will bring significant advantages to the society and reinvigorate ASBD to be one of the most useful and rewarding multidisciplinary societies of Australia. I look forward with enthusiasm to future meetings and AGMs.

Dr Kerry McMahon

EXECUTIVE OFFICER'S REPORT



As I approach the end of my first 12 months in this role I reflect on what I've learnt and the experiences I've had and realise how diversified this role is! It has been an exciting and challenging year for me, but I have really

enjoyed working with you, the members and the supportive ASBD Executive.

Over the last year we have achieved a lot:

- Moved the ASBD office from Brisbane to Sydney
- Consolidated the change of membership year to a financial year (July to June) in line with Elsevier Subscriptions so that members can receive a full 12 month subscription
- Converted all ASBD payments to online transactions
- Replaced membership mail outs with email correspondence for membership renewals and other communication
- Distributed conference registration brochures in a digital format
- Set up online conference registrations to accept credit card payments via the conference website or a direct deposit made to the ASBD bank account
- Moved from a paper based conference program to a conference USB containing all abstracts
- Developed a conference App containing all program information as well as speaker photos, biographies and abstracts, and enabling live polling during sessions
- Moved to a more sophisticated online accounting system enabling the tabling of up to date and accurate financial documents.

My biggest challenge in 2015 was to organise the 10th Scientific Meeting in Brisbane. This multidisciplinary conference was well attended with 283 delegates. The largest discipline groups were surgeons (70), Radiologists (31) and Radiation oncologists (25).

I am now deeply involved in the organisation of the 2nd Australasian Breast Congress along with Diane Harapin of BreastSurgANZ, which promises to be an outstanding educational event. I urge you to attend this meeting. Special registration discounts are offered to ASBD members, and accommodation is offered at a very reasonable rate. As well as surgical sessions broadcast live to the lecture room at North Shore Hospital Auckland, we have five renowned international speakers including:

Mr R Douglas Macmillan Oncoplastic Breast Surgeon, Nottingham, UK

Mr Stephen J McCulley Consultant Plastic Surgeon, Nottingham, UK

Mr Krishna Clough Consultant Plastic Surgeon, Paris, France

Prof Andy Evans Breast Radiologist, Dundee, UK

Prof. Frederik Wenz Radiation Oncologist, Mannheim, Germany

During 2016 I hope to focus on the following:

- Working collaboratively with BreastSurgANZ to host a first class educational event in Auckland – The 2nd Australasian Breast Congress
- Growing the ASBD membership and making access to The Breast subscription seamless.
- Improving services to members including:
 - Rebuild of the ASBD website to provide a beneficial members only area
 - Regular Newsletters and communication with members
 - Exploring workshop and training opportunities for members.

The ASBD 11th Scientific Meeting will be held on The Gold Coast from 5th to 7th October 2017. This is the weekend after the long weekend. Mark the date in your diary!

Best wishes for a happy and successful year!

Kerry

ASBD BREAST ULTRASOUND COURSE, FEBRUARY 27 2016

ASBD continues to hold regular breast ultrasound courses with the next introductory course planned for Saturday February 27th at the Melbourne Marriott. This one day course is designed for breast surgeons and other clinicians with limited prior experience in the use of ultrasound. In 2015, ASBD held successful workshops at both an introductory and advanced level.

The February 2016 course outline will follow a full day format with morning lectures on physics, optimisation of the ultrasound system, and the clinical aspects such as lesion characterisation and interventional techniques. The afternoon will consist of

3 hours of practical, including hands on scanning with patients, exposure to various biopsy techniques (FNAC, core, vacuum) and the chance to try out various current model ultrasound systems. Course instruction will be from breast surgeons, radiologists and sonographers and will contribute to ASUM requirements for obtaining CCPU (breast).

Please note that numbers are limited, but there are still several vacancies available. It's also a good opportunity to spend a weekend in Melbourne.

Register online at: Applied Ultrasound for Clinicians



Delegates from the 2015 Ultrasound course practicing biopsy techniques with chicken breasts.

10th Scientific Meeting, Brisbane 17-19 September, 2015

This was a successful meeting for ASBD. Feedback was extremely positive regarding all aspects of the conference, particularly in relation to the conference app. It was the first time an app was used extensively during an ASBD conference to replace the conference program book, and to provide live polling during sessions.

Best proffered paper was awarded to Dr Farid Meybodi for his presentation- **Implant selection in immediate breast reconstruction**. A detailed report on the presentations of two of our invited international speakers and our national keynote speaker follows.

International Speakers

Sophia Zackrisson, from Lund University Hospital, Malmo, Sweden was the guest radiology speaker. Sophia heads the major Malmo Trial of Tomosynthesis and devoted one full day to tomosynthesis



workshops, sponsored by Siemens Medical. This was an excellent opportunity for radiologists, and some attending surgeons to obtain experience in practical tomosynthesis reading cases. Two workshops were held giving attendees two hours of practical cases to review. She also presented her keynote address on the topic of tomosynthesis in breast screening populations. Preliminary results of this trial released in May suggest single view breast tomosynthesis may be feasible as a stand alone screening modality, performing better than 2-view digital mammography. Sophia also gave an interesting lecture on the future of molecular imaging, looking particularly at Photoacoustic Imaging – this technique looks at using non ionizing laser pulses to induce molecular vibrations returned as sound waves, detected by ultrasound. Although some time off from being used as a practical imaging technique, this theme reflected the many changes occurring in all specialties. Stephen Rose also delivered a very interesting lecture on “New Modalities in assessing Metastatic Disease”, with the work in PET MRI rapidly advancing and offering reduced radiation in

comparison to PET/CT. Professor Zackrisson enjoyed her stay in Australia very much, taking the opportunity to explore some of the local beaches, enjoying one of the most spectacular days of whale watching in Moreton Bay, followed by five days in Sydney, providing additional educational workshops with Siemens in Sydney.



Pat Whitworth is a breast surgical oncologist and Director of the Nashville Breast Center. His research interests include targeted treatments

based on tumour genomic analysis as well as image-guided, minimally invasive surgical techniques for the diagnosis and management of breast cancer.

Pat had a heavy commitment during the week, including helping out in the Advanced Ultrasound Workshop prior to the conference.

In the main program Pat gave a presentation, during the proffered paper session, on the Prospective Neoadjuvant Breast Registry Symphony Trial (NBRST). This evaluated a multigene classifier, BluePrint, with conventional immunohistochemistry (IHC)/fluorescence in situ hybridization (FISH) subtyping to predict chemosensitivity as defined by pathological complete response (pCR). BluePrint (BP) 80-gene functional molecular subtype is based on mRNA expression associated with intact translation to protein. NBRST enrolled over 1,000 US patients between June 2011 and December 2014 and this analysis presented the results for IHC/FISH Her2-positive patients. Interestingly, of 169 ER+/HER2+ tumours, classified on immunohistochemistry, 49% were re-classified as BP Luminal, 43% as BP HER2, and 8% as BP Basal. The main conclusions were that BP:

1. Re-classifies over half of all IHC/FISH ER+/Her2+ patients;
2. Predicts treatment response or resistance in Her2+ patients not segregated by conventional IHC/FISH classification and
3. Identifies ER+/Her2+ tumours that are sensitive to chemo/trastuzumab/pertuzumab but resistant to chemo/trastuzumab.

In addition to speaking during the Locoregional Controversies session, on the balance of surgery and radiotherapy, as well as surgical issues in the neoadjuvant therapy session, Pat gave an insight into the possible future direction of breast surgical oncology with his presentation on “Minimally invasive stereotactic and ultrasound-guided lumpectomy”. In this study 90 women age 43-86 had percutaneous removal of DCIS or small breast cancers using a 20mm (Intact BLES®) radiofrequency basket capture technique with stereotactic or ultrasound guidance. The advantages of this approach includes smaller volumes of tissue excised, improved morbidity including pain and better pathological lesion assessment. Inadequate margins (20%) were comparable to standard open excision reported in the literature. Obviously this is a highly selected patient group and assessment of this technique for malignant disease is at a very early phase. It will certainly be helped by the planned release of a 30 mm basket! An animation of the technique for the uninitiated can be viewed here on YouTube.



National Keynote Speaker

Professor Nehmat Houssami (Breast Physician and Professor of Public Health, University of Sydney)

Prof Houssami's Keynote Address was presented in the session 'Controversies in Loco-regional Management' and was titled 'Does preoperative MRI reduce local recurrence?' Prof Houssami discussed the evidence of surgical outcomes (re-excision, recurrence and survival rates) in the setting of pre-operative MRI in newly diagnosed breast cancer. Her conclusion was that overall, pre-operative MRI for local staging does not reduce the risk of local recurrence. There was, however, some evidence that in the subgroup of invasive lobular carcinoma, the re-excision rate may be lower in women who undergo MRI compare to those who do not. Prof Houssami also Chaired the outstanding Proffered Papers session where a number of innovative projects were presented.

ABC₂
2nd Australasian
Breast Congress



*Advances &
Controversies in
Breast Cancer*

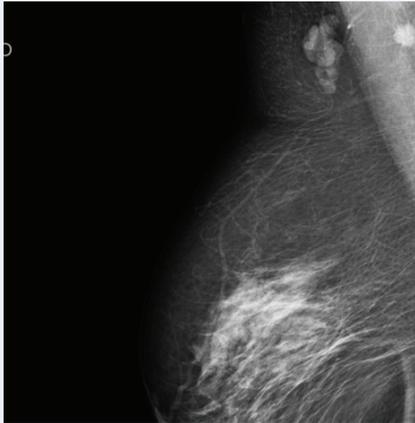
7th-10th July 2016
Auckland, New Zealand
North Shore Hospital
& The Langham

www.breastcongress.org

CASE STUDY

Mrs DH was a 48 year old woman who presented for a routine screening mammogram. She had a previous mammogram reported as normal 2 years prior. She was asymptomatic and in good health otherwise. There was no significant family history of breast cancer.

Routine 2-view mammography revealed a new 1cm stellate density in the right axillary tail. It was felt to be suspicious for malignancy.



Right MLO view with stellate mass in axillary tail



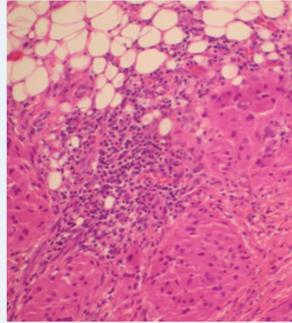
Close up of stellate mass with adjacent benign axillary nodes



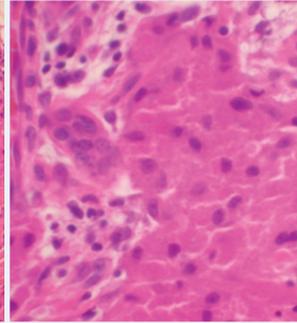
Can you think of a possible non-malignant diagnosis?

Targeted ultrasound was performed showing a 9 mm irregular hypoechoic lesion, also suspicious for malignancy.

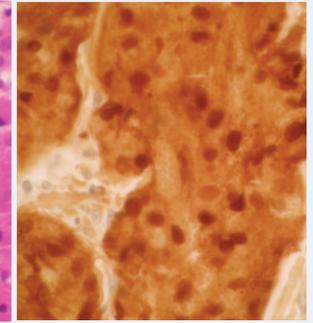
Core biopsy under ultrasound guidance was performed. Histology revealed nests and sheets of large epithelioid cells with abundant granular eosinophilic cytoplasm. The nuclei were round with prominent nucleoli. Subsequently excision biopsy was performed.



Medium power



High power



S100 positive cells

What is the diagnosis and what is the management?

Discussion

Granular cell tumours (GCT) of the breast are rare benign neoplasms thought to be of Schwann cell origin. Their clinical relevance relates to the potential to be confused with malignancy based on their clinical and radiological appearance.

GCTs occur in a wide variety of visceral and cutaneous sites, most commonly the tongue and oral cavity, with breast lesions making up about 5% or so of the total.

GCT's of the breast may clinically present as a painless mass, commonly in the upper inner quadrant. Large series support a preponderance in African American women and these tumours are more common in the 30-50 age group.

The suspicious radiological features mandate biopsy. Fine needle biopsy features may be confused with apocrine lesions. In this patient, core biopsy was diagnostic.

The histologic features typically include aggregates of loosely infiltrating large round or polygonal cells with abundant eosinophilic granular cytoplasm and variable amounts of collagenous stroma. This infiltrative pattern accounts for the similarities to malignancy on imaging. Some tumours may present as a more expansile mass correlating with a more benign appearance on imaging. Tumour cells showed diffuse cytoplasmic and nuclear reactivity for S100 protein consistent with their nerve sheath origin and often are reactive for vimentin. GCT are not positive for epithelial markers (cytokeratins) and are ER /PR negative.

Granular cell tumours are very rarely malignant, but if so are usually very large (>50mm) and markedly atypical with mitoses and necrosis.

GCT may be multifocal, either synchronous or metachromous with reports ranging from 8-17% of all cases. Co-localisation of GCT's with malignant tumours (within 2cm) has been reported. Collision tumours with a component of the GCT being invaded by adenocarcinoma have also been described. These unusual scenarios emphasise the importance of excision biopsy to establish an accurate diagnosis. Although a clear margin on these tumours is desirable, cases reports suggest that close or involved margins have low long term risk of recurrence and that re-excision can be avoided. Excision alone is adequate and there is no role for radiation or chemotherapy.

References

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AGM REPORT

The ASBD AGM was held on Saturday 19th September during the 10th Scientific Meeting in Brisbane. Both the Daniel De Viana, the outgoing president and Kerry McMahon the outgoing treasurer commented on what a tumultuous year it had been, particularly given the change in executive officer, and praised Kerry Eyles for her impressive enthusiasm and hard work since she had commenced in the role. Given that the 2015 conference has made a profit ASBD is now better placed moving forward.

ASBD membership was discussed. Current membership is at 223. The option of including allied health members was raised, and this is to be further discussed at the ASBD Strategic Planning Meeting in February. Any changes would need to be in line with the ASBD Articles of Association.

Wendy Raymond, Ros Drummond and Sue Fraser all retired from the ASBD executive. ASBD thanks them for their continued and dedicated contribution to ASBD over a number of years.

The next AGM will be held on Saturday 9th July at the Langham, Auckland, during the 2nd Australasian Breast Congress.

ASBD WELCOMES TWO NEW EXECUTIVE MEMBERS



Dr Deborah Pfeiffer, BM, BS, FASBP

Debbie is a Breast Physician and has been Director of a new Breast Clinic

at the Sunshine Coast Private Hospital at Buderim since February, 2015. Prior to this, she was the Medical Director of the BreastScreen Queensland Sunshine Coast Service from 2005- 2015.

Originally from Montreal, Canada, Debbie undertook pre-medical studies at McGill University, then completed Medicine at the Flinders University of South Australia in Adelaide in 1979. She completed a Masters in Psychological Medicine at UNSW in 2000.

Debbie had a background in Family Medicine and Obstetrics in rural NSW and in Adult Mental Health and Medical Administration on the Sunshine Coast in Queensland prior to her appointment to BreastScreen. She earned her Fellowship of the Australasian Society of Breast Physicians (ASBP) in 2009, and was an accredited reader and surveyor for the BreastScreen Queensland and Australia programs. In June 2015, Debbie was elected President the Australasian Society of Breast Physicians.



Clinical Associate Professor Donna Taylor MBBS, FRANZCR, AMusA, FRCP(C)

Donna graduated with MBBS from the

University of Western Australia (UWA) in 1984 and undertook radiology training in Perth and Toronto. She has attended numerous courses in Breast MRI in the USA and UK and currently works as a consultant radiologist at Royal Perth Hospital (RPH) and BreastScreen WA.

Research projects include: sonographically visible breast biopsy markers, non-contrast MRI for quantification of breast tissue composition, radio guided occult lesion localisation (ROLLIS) and contrast enhanced spectral mammography, with grants obtained from The NHRMC, State Health Research Advisory Committee, Cancer Council WA, ASUM and The Breast Cancer Research Center, WA.

Donna is a member of the RANZCR Clinical Radiology and Radiation Oncology Research Committees, an Associate Editor for the Journal of Medical Imaging and Radiation Oncology and the American Roentgen Ray Society Lee Rogers Fellow in Radiology Journalism for 2015.

ASBD EXECUTIVE 2015-16

| NAME | DISCIPLINE |
|---|----------------------|
| Dr Yvonne Zissiadis President | Radiation Oncologist |
| A/Prof Meagan Brennan Secretary/Treasurer | Breast Physician |
| Dr Daniel de Viana | Breast Surgeon |
| Dr James French | Breast Surgeon |
| Mr Richard Harman | Breast Surgeon |
| Dr Catherine Shannon | Medical Oncologist |

| NAME | DISCIPLINE |
|--------------------------------|------------------|
| Dr Kerry McMahon | Radiologist |
| Dr Michelle Reintals | Radiologist |
| A/Prof Nirmala Pathmanathan | Pathologist |
| Dr Reena Ramsaroop | Pathologist |
| A/Prof Donna Taylor (co-opted) | Radiologist |
| Dr Debbie Pfeiffer (co-opted) | Breast Physician |

