

IMPORTANT DATES

26 June 2017

Membership renewals due for 2017-18 financial year to ensure continuity of "The Breast" Subscription.

5 October 2017

Applied Ultrasound for Clinicians, Gold Coast

5 – 8 October 2017

11th Scientific Meeting, Sheraton Mirage Gold Coast

7 October 2017

Annual General Meeting, Gold Coast

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

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FUTURE LOOKING BRIGHT FOR ASBD

The Treasurer's Report at the Annual General Meeting confirmed that ASBD is in a good financial position. Several changes have been made in the last two years, including a new cloud-based accounting system using MYOB, establishment of on-line banking systems, including a change from NAB to Commonwealth Bank, and development of robust record keeping with several levels of accountability and oversight. The 2015-16 financial year reported a small profit, including a profit from the successful Brisbane Scientific Meeting in 2015. Looking ahead, the 2016-17 year will include the proceeds from a successful ABC2 in collaboration with BreastSurgANZ. This position allows ASBD to proceed with its plans to invest in a new website which will improve the opportunities for members to connect with the Society and each other. Planning for 2017 Scientific Meeting on the Gold Coast is well underway and will represent a return to ASBD's core multidisciplinary focus.

PRESIDENT'S MESSAGE



What an extraordinary year it has been for ASBD with a very successful multidisciplinary meeting held in Auckland in July 2016.

The second Australasian Breast Congress (ABC2) was our second collaboration with the BreastSurgANZ society and its format once again included a combination of a two day Oncoplastic Surgical Workshop followed by a two day multidisciplinary meeting. This was very well received and attended. It was also the first time that we have held a Radiation Symposium prior to the Multidisciplinary component of the meeting and the response from attendees has been overwhelmingly positive. We were very fortunate that Katherine Gale, the ABC2 Convener, was able to secure a stellar cast of International speakers.

Earlier this year at the Strategic Planning Meeting, the Executive agreed to create a new membership category of Associate

Member for all of our allied health professional colleagues working in the field of breast cancer. The associate membership is at a reduced cost and includes access to the ASBD newsletters, online access to "The Breast" journal, the new members' only website (still in progress) and discounted registration costs for scientific meetings. We welcome our new allied health members and hope that you will encourage your colleagues to join ASBD.

I would like to invite you all to the next ASBD multidisciplinary scientific meeting to be held at the Sheraton Mirage, Gold Coast on October 5-8, 2017. The conference theme is *Quandaries and Controversies for the Multidisciplinary Team*.

I look forward to seeing you on the Gold Coast in 2017.

Dr Yvonne Zissiadis
President ASBD

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

ASBD CO-HOSTS A SUCCESSFUL 2ND AUSTRALASIAN BREAST CONGRESS

ASBD and BreastSurgANZ co-hosted a very successful 2nd Australasian Breast Congress in Auckland in July. The Scientific Convener was Katherine Gale, Oncoplastic and General Surgeon of Waitemata DHB on the North Shore of Auckland. Katherine did a great job and having recently worked as a Breast Fellow in England, was able to bring to Auckland her British colleagues and other leaders in Breast Surgery internationally.

The first two days consisted of surgery in two operating rooms that had telecommunication links to the conference room, and surgery was broadcast live to the auditorium. The faculty consisted of leaders in the oncoplastic movement Douglas Macmillan, Steve McCulley and Krishna Clough together with local faculty. Krishna was an entertaining chair person, fielding and directing questions, and this along with a number of presentations from local faculty filled in the time between operative commentaries. Katherine Gale together with Steve McCulley and Douglas MacMillan did the operating and fielded questions from the conference room as they operated.

Other world leaders who took part were Prof Andy Evans (Radiology), Prof Frederik Wenz (Radiation Oncology) and Prof Pamela Munster (Medical Oncology).

There were 380 multidisciplinary delegates at ABC2 and approximately 140 of these were Australasian surgeons who attended the surgical part of the conference. The feedback was extremely positive.



ABC2 International Speakers: (L to R) Andy Evans, Pamela Munster, Frederik Wenz, Krishna Clough, Douglas Macmillan, Steven McCulley

The surgical section of the meeting was followed by the Multidisciplinary section on the Saturday and Sunday which focussed on lectures and panel discussions at the Langham Hotel. Alongside this was a consumer day on the Sunday, run in conjunction with the New Zealand Breast Cancer Foundation. The feedback from both components of the multidisciplinary conference was

excellent. Some delegates took the opportunity to see international speakers Andy Evans and Krishna Clough speak again at the consumer day.

ASBD was very pleased to co-host this with BreastSurgANZ and we look forward to doing a similar conference in the future.

**Richard Harman,
ASBD Executive**



Reuben Broom, ASBD's new executive member chats with Pamela Munster, international speaker at ABC2.



Douglas Macmillan presents to the surgical audience.



2017 Applied Ultrasound for Clinicians Course

ASBD continues to hold regular breast ultrasound courses with the next introductory course to be held on the Gold Coast as a workshop prior to the ASBD 11th Scientific Meeting in October 2017. This will give attendees the opportunity to complete the Ultrasound Course and stay on for the 11th Scientific Meeting at the same location.

This one day course is designed for breast surgeons and other clinicians with limited prior experience in the use of ultrasound.

The 2017 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, due to the practical nature of the course.

Contact kerrye@asbd.org.au to express your interest and ensure that you will be notified when registration opens.



Executive Officer's Report



ASBD co-hosted a successful 2nd Australasian Breast Congress with BreastSurgANZ in Auckland in July this year. We were excited

to receive 380 registrations for this event including 41 breast care nurses, 38 from New Zealand and 3 from Dubbo NSW. 24 radiologists mostly from New Zealand and 16 radiation oncologists attended the conference, with the Radiation Symposium being a major drawcard. As well as a total of 146 surgeons over the four days, 31 allied health professionals attended the conference giving it a truly multidisciplinary flavour. While this event had its challenges, working in two currencies over two countries, we were pleased to be able to bring this level of expertise to New Zealand, and delighted by the response from New Zealand medical professionals. We look forward to bringing events to New Zealand in the future.

Thank you to those members who were able to attend our AGM held at the Leura 8 Breast Cancer Conference in October. For the first time we also set up dial in access for members who were offsite. It was very difficult this year to find a suitable venue for our AGM given the timing of ABC2. The AGM is usually held during our scientific meeting, or, in the alternate years during a suitable event at which ASBD is

involved. Holding ABC2 at the beginning of a new financial year precluded it as an AGM venue, as the audit on which the AGM financial report is based could not be completed that early in July.

At the AGM we welcomed two new co-opted executive: Dr Kirsty Stuart, radiation oncologist from Westmead Hospital, Sydney and Dr Reuben Broom, medical oncologist from North Shore Hospital, Auckland. We look forward to Kirsty and Reuben's fresh ideas and enthusiasm, and look forward to working with them. We also accepted the resignation of Dr Kerry McMahon who has worked tirelessly for many years in the capacity of director and treasurer.

Our membership form now includes our new Associate Membership. This has been set up to encourage nurses and allied health professionals to join ASBD, so that we reflect the true nature of a multidisciplinary team. Associate members can access the online version of "The Breast" journal and the membership area of the website, along with attractive discounts for courses and conferences.

Work on the new ASBD website is just commencing. It is anticipated that the new website will go live in March next year. Member services will be improved on the new site with access to previous conference sessions, member contacts, member details and conference events. The website

will be updated regularly and become a much more integral part of the Society's communication system.

Planning is well underway for our 11th Scientific Meeting to be held on the Gold Coast at Sheraton Mirage Resort from 5-8 October 2017. International speakers already secured include: Monica Morrow, surgical oncologist, New York; Wendie Berg, radiologist, Pittsburgh; Sunil Badve, pathologist, Indiana. Our local keynote will be Jemma Gilchrist, psychologist from Sydney. ASBD has negotiated competitive conference accommodation rates at Sheraton Mirage, so make sure you book accommodation through the accommodation link once the conference website is live (anticipated to be March 2017) to secure these rates. Our next Applied Ultrasound for Clinicians course will be held at the Gold Coast conference as a workshop on Thursday 5th October.

ASBD is looking to grow its membership over the next 12 months. Please encourage your colleagues to join ASBD by sharing this newsletter with them and also this link to our membership form http://asbd.org.au/docs/ASBD_Mship_form.pdf

Best wishes for a Happy Christmas and a safe and successful 2017!

Kerry Eyles
Executive Officer

CASE STUDY – Fibroadenoma and Malignancy

A 26 year patient presented with a palpable lesion in October 2015. A core biopsy showed features of a fibroadenoma with a focus of epithelial atypia suggesting ADH. Excision of the lesion was advised and this was performed in May 2016. The specimen measured 19 x 13 x 11 mm and weighed 1.74 grams. Histology confirms a fibroadenoma with typical features. In addition there was a small invasive duct carcinoma, 4 mm, with surrounding intermediate grade DCIS, together measuring 19 mm. DCIS extended focally to an inked excision margin. The invasive tumour was composed of tubules, nests and thin cords. The cytology was low grade with minimal nuclear enlargement and pleomorphism. Mitoses were infrequent (Fig 1 and 2) A panel of myoepithelial markers confirmed loss of this layer around these nests and tubules (Fig 3.). Oestrogen and Progesterone receptors were positive and HER2 negative.

A post-surgical MRI showed enhancement in the surrounding breast tissue suggesting residual DCIS. Also identified were several smaller fibroadenomas in both breasts. The patient chose to have bilateral mastectomies with immediate reconstruction. No further in situ or invasive malignancy was identified in the mastectomy specimen. Multiple fibroadenomas were confirmed.

Discussion:

Fibroadenoma is one of the most common benign lesions in the breast. The age range is wide, with highest incidence in second and third decade. Although FA are generally considered benign, there is evidence that they are associated with increased risk of breast cancer – in complex FA, in proliferative disease accompanying fibroadenoma and when there is a relevant family history. Microscopically fibroadenoma is a biphasic tumour, composed of epithelial and stromal components.

The epithelial component within a FA can undergo the full range of changes in surrounding breast tissue, including hyperplasia, apocrine metaplasia, cysts, squamous metaplasia, sclerosing adenosis etc. Carter & Ark (1) identified 0.81% ADH. Malignancy arising within a FA is rare with the incidence of carcinoma ranging from 0.1-0.3% according to different reports (2).

Two types have been described – complex and simple. Complex FA differ from simple

FA due to a continuation of cysts (>3mm), sclerosing adenosis, epithelial calcifications and apocrine metaplasia. They are linked to a higher risk of malignancy (3).

The first case of malignancy arising within a fibroadenoma was published by Cheattle and Culter in 1931 (4). In most reports the malignancy is in situ, with lobular carcinoma in situ accounting for 66.9% and DCIS 12.4%. Invasive duct carcinoma at 11% was more frequent than lobular carcinoma – 3.4%.

The mean age of diagnosis of carcinoma within a FA was 46-9 years (range 27-80 years). The mean size of the FA was 24.6mm (range 8-51mm) (5). Diagnosis is usually incidental and the tumours are usually small; with most confined to the lesion.

Management of the patient with a diagnosis of carcinoma within the FA is not well established. Since the diagnosis is incidental, breast conserving surgery is most common. Mastectomy is needed in limited number of patients – large, multifocal or centrally located tumours (5).

The role of radiotherapy is not well defined in these patients. There is an established rule that radiotherapy after breast conserving surgery in BC patients decrease the recurrence rate, but it is not clear in the literature whether this applies to carcinoma arising within a FA.

Tiu et al (6) stated that breast cancer arising within FA behaves biologically like all other BC and treatment therefore should follow the established guidelines.

A literature review by Yu there are <250 patients reported to 2014 and only 8 were reported to receive radiotherapy. Radiotherapy seems optional rather than mandatory after breast conserving surgery in those patients.

Lymph node metastasis is infrequent, but has been reported, so a sentinel lymph node examination +/- axillary excision should be performed as per guidelines. Prognosis is reported as more favourable (most likely related to early stage). To date there has been one case of recurrent disease (7) and 1 case of lung metastases (8).

In conclusion, this case highlights the need for thorough and adequate examination of all fibroadenoma, especially in large (>20mm) lesions and not only in older patients as this case report illustrates.

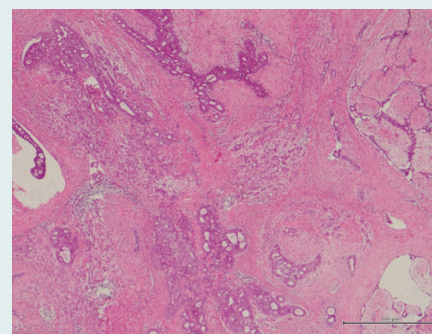


Fig 1. H&E x 40: Photomicrograph of IDC within a fibroadenoma

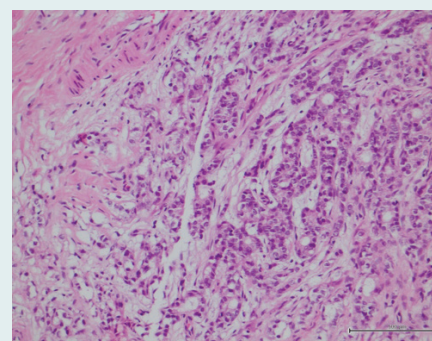


Fig 2. H&E x 200. Photomicrograph of IDC, Grade 1 with tubules and thin cords.

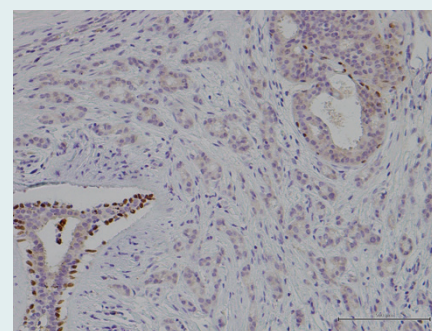


Fig 3. IHC X 200. P63 showing loss of myoepithelial cells around small tubules. Benign ducts are highlighted with positive staining.

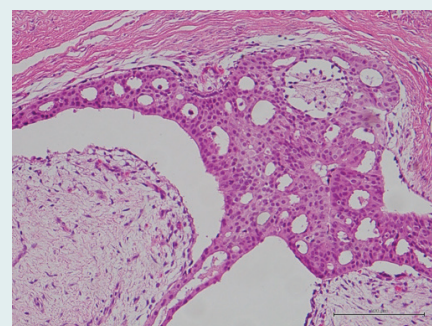


Fig 4. H&E x 100. DCIS, cribriform architecture within the fibroadenoma.

References:

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4. Cheattle GL, Culter M. *Tumours of the Breast. Their pathology, symptoms, diagnosis and treatment.* London: Edward Arnoled & Co. 1931, p483-4
5. Wu YT et al. Breast Cancer arising within fibroadenoma: collective analysis of case reports in the literature and hints on treatment policy. *World J of S.O.* 2014. 12:335-338
6. Tiu CM, Chou YH et al. Development of a carcinoma in a fibroadenoma. Color Doppler sonographic demonstration. *J. Ultrasound Med.* 2006; 25:1335-1338
7. Gashi-Lua LH et al. Invasive duct carcinoma within fibroadenoma: a case report. *Cases J.* 2009, 2:174-10
8. Abu-Rahmeh Z et al. Invasive duct carcinoma within fibroadenoma and lung metastases. *Int J Gen Med.* 2012; 5: 19-21

SAVE THE DATE!

5th - 8th October 2017
Sheraton Grand Mirage Resort,
Gold Coast



**Australasian Society
for Breast Disease**

11TH SCIENTIFIC MEETING

Quandaries and Controversies for the Multidisciplinary Team



International speakers:

Monica Morrow, Surgical Oncologist, Memorial Sloan-Kettering Cancer Center, New York.

Wendie Berg, Radiologist, Johns Hopkins University School of Medicine, Pittsburgh.

Sunil Badve, Pathologist, Indiana University School of Medicine, Indiana.

More to come!

Local keynote speaker: **Dr Jemma Gilchrist**, Psychologist, Sydney

Fri 6th October-Sun 8th October 2017

**Multidisciplinary Scientific Meeting of the Australasian
Society for Breast Disease**

Pre-conference Workshops: Thursday 5th October

- Radiology - case review with interactive discussion for Radiologists.
- Applied Ultrasound for Clinicians – Beginner workshop for Breast Surgeons and other clinicians with limited prior experience in the use of ultrasound. ASUM-accredited workshop for clinicians working towards the Certificate in Clinician Performed Ultrasound (CCPU).
- Breast Care Nursing.
- Others to be announced.

Who should attend?

Breast Cancer Clinicians - Surgeons, Radiologists, Breast Physicians, Medical Oncologists, Radiation Oncologists, Pathologists.

Other members of the multidisciplinary team- Breast Care Nurses, Psychologists, Radiographers, Physio/Occupational Therapists.

All health professionals with an interest the treatment of breast disease are welcome and encouraged to attend.

Join us as we cruise the Gold Coast Broadwater to McLaren's Landing, South Stradbroke Island for a spectacular conference dinner.

Receive updated information about the 11th Scientific Meeting by emailing info@asbd.org.au to join the event mailing list.

ENQUIRIES:

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