



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

5-7 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

Edition No.12 | June 2017

PRESIDENT'S MESSAGE



It's hard to believe that we are approaching the middle of the year already. It's once again been a busy year for the executive with the opening

of the membership to allied health professionals, work on our new website, finalising the program for the 2017 Annual Scientific Meeting and preparing for the 20th Anniversary of the Australasian Society of Breast Disease. Twenty years ago, a group of clinicians involved in the treatment of breast cancer and other breast diseases formed the ASBD to facilitate the management of these conditions, educate other clinicians and bring like-minded professionals together. The Society has grown from strength to strength with increasing numbers of members from all disciplines and now including allied health professionals.

In this edition of the newsletter, Mr Daniel De Viana reports on the proceedings of the 2017 American Society of Breast Surgeons(ASBrS) including some very interesting findings relating to patients who present with axillary nodal involvement from an occult breast primary. In addition, my report from the European Society of Radiation Oncology (ESTRO) highlights the recent presentation of the 5 year results of 2 major randomised trials of partial breast irradiation in selected women. There is also a report from Dr Reena Ramsaroop from the 15th St. Galen's Breast Conference

With the theme of *'Quandaries and controversies for the multidisciplinary team'* for our October meeting, we are very thrilled to have such an array of both national and international specialists including Monica Morrow, Christiane Kuhl, Charlotte Coles, Sunil Badve, Arlene

Chan and Jemma Gilchrist as Keynote speakers. The addition of pre-meeting workshops means that you have a chance to "learn from the expert" in a smaller and less formal group setting.

I hope you will join me and the rest of the ASBD executive for the 2017 Annual Scientific Meeting at the Sheraton Grand Mirage Resort on the Gold Coast. It is shaping up to be a very exciting meeting and a chance to celebrate the 20th anniversary of the ASBD.

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



European Society of Therapeutic Radiation Oncology (ESTRO 36) Annual Scientific Meeting

Report from Dr Yvonne Zissiadis

This year the ESTRO ASM was held in beautiful Vienna in May. The pre-meeting workshop focused on Patient Reported Outcomes which have gained increasing momentum over the last few years. There is an increasing body of literature showing that the collection of Patient Reported Outcomes (PROs) will become an important way for future comparisons of value-added health care.

The highlight of the Breast session was the update from the International Partial Breast Radiation Trials showing non-inferiority of partial breast radiation therapy (PBI) in selected patients.

Dr Charlotte Coles, from the Cambridge Trials' Unit, presented the 5 year results of the UK IMPORT- LOW trial. In this trial, over 2000 patients with early breast ca (<3cm, LN negative, non-lobular, >=50 years old) were randomised to whole breast radiation (40Gy in 15 fractions) OR reduced breast radiation (40GY in 15 fractions) OR partial breast radiation, PBI, (40Gy in 15 fractions). There was no significant difference in local recurrence rates between the groups with a reduction in the severity of the overall change in breast appearance with partial breast (patient reported). The UK RCR Breast RT Consensus Statement 2016 states that Partial Breast Irradiation can be considered for patients at least 50 years old, with tumours <=3cm, grade 1-2, Node



negative, ER +, Her 2-, minimal margin of resection 1mm and excluding lobular ca and LCIS.

Professor Birgitte Offersen subsequently presented the results of the Danish CONSORT trial which compared whole breast RT (40Gy in 15 fractions) TO partial breast RT (40Gy in 15 fractions using forward-planned IMRT). Eligible patients were aged >= 60 years, tumours <2cm, non-lobular ca, L Node negative, ER +, Her 2-, grade 1-2 with retention margins of >=2mm. With 882 patents randomised, there was no significant difference in

local recurrence rates but the PBI was associated with significantly less dose to the heart and lung as well as less breast induration at 5 years.

Although these trials have a relatively short FU period (5 years), they do support the use of PBI in a very select group of patients with early breast cancer. We eagerly await the next reports with longer followup.

Notice of AGM

ASBD's Annual General Meeting will be held during the 11th Scientific Meeting at 7.30am on Saturday 7th October at the Sheraton Grand Mirage Resort. All members are invited to attend.

Advertise Medical Positions

Members are able to advertise medical positions vacant and trainee fellowships in the ASBD newsletter and on the new ASBD website free of charge. Non-members and Medical Institutions can place advertisements for a fee. For information or to make a submission contact Kerry Eyles kerrye@asbd.org.au



The American Society of Breast Surgeons Annual Meeting (ASBrS 17)



Report from Dr Daniel de Viana

The American Society of Breast Surgeons' annual meeting is usually held at a difficult time for Australian surgeons, being the week prior to our own Annual Scientific Congress. This year was no different with it being held at the palatial Bellagio Hotel in Las Vegas. For those that have the opportunity to make the trip, it is definitely worthwhile with a comprehensive program attracting over 1600 surgeons with an interest in breast cancer surgery. Preconference activities included workshops on breast ultrasound, oncoplastic surgery including a cadaver lab and advanced imaging for breast surgeons.

The main program was largely delivered by local speakers, presenting generally impressive data, with high volume cohorts. For example Lindsay Hessler spoke on "Factors Influencing Management and Outcome in Patients with Occult Breast Cancer with Axillary Lymph Node Involvement" accessing the National Cancer Data Base of 2.03 million breast cancer cases! She concluded that for patients presenting with axillary metastases, without clinical or radiologic evidence of a primary breast tumour (approximately 0.1% of breast cancer patients) had significantly better overall survival if treated with radiotherapy and ALND rather than mastectomy and ALND.

Monica Morrow, Chief, Breast Surgical Services at Memorial Sloan Kettering Cancer Centre is well known to Australians from her previous visits here, and a keynote speaker for the ASBD Scientific Meeting in October on the Gold Coast. She spoke on "DCIS and the ongoing margin controversy". She discussed managing the spectrum of disease from pure DCIS to EIC with invasive disease. Monica Morrow was panel Co-Chair for the new SSO, ASTRO, and ASCO Joint DCIS Consensus Guidelines which reviewed DCIS margins through a meta-analysis included 20 studies, having at least 50 subjects and a minimum follow up of 4 years (median 78 months). To briefly summarise there was a reduced hazard ratio (HR) in breast tumour recurrence (IBTR) for margins of at least 2mm compared with lesser margins, and no benefit for 10 mm versus 2mm. In regard to local excision of DCIS without radiotherapy (RT) the point was made that IBTR rates

are substantially higher regardless of margin width, even in predefined low risk patients. For example in the RT0G 9804 trial, RT versus observation for good risk DCIS, including margins of at least 3 mm had a local failure rate of 7.2% (obs) v 0.8% (RT). To understand further how to manage the spectrum of mixed disease including microinvasive DCIS and invasive disease with EIC make sure you catch Monica Morrow at our upcoming Scientific Meeting.

The program consisted mainly of short, punchy 10-12 minute presentations too numerous to mention individually. Examples included Jeffery Ascherman, Professor of Surgery at Columbia Medical Centre who spoke on novel approaches to breast reconstruction. He discussed their experience with a new tissue expansion technique using a carbon dioxide tissue expander (Aeroform expander). This delivers CO₂ from a canister within the expander via a hand held, patient controlled remote. In the XPANDER trial 168 CO₂ expanders were compared with 88 traditional saline filled expanders for breast reconstruction. The gas expander demonstrated faster expansion with shorter time to completion of reconstruction and no increase in complication rates with the air expansion technique. He also outlined their experience with prepectoral direct to implant reconstruction after nipple sparing mastectomy. Aesthetic outcomes with a median follow up of 55 months appeared acceptable with 85% having either a good or very good result based on a 3 point scale. The technique involved thick skin flaps without acellular dermal matrices. Although concerns about local recurrence may be raised with thick skin flaps, they reported an acceptable tumour recurrence rate of 2.6%. Brittany Murphy, from the Mayo Clinic Rochester discussed a new nomogram tool to predict preoperatively the likelihood of invasive disease when DCIS is diagnosed on core biopsy. Although other attempts have been made to provide such nomograms this was the first to be tested on an external validation set of 579 patients. They initially developed the model from a data set of 827 patients using well accepted risk factors including DCIS grade, mass



lesion, size, and multifocal disease to create a nomogram to provide individual patient risk, as a percentage. In the validation set 11% of patients were upstaged to invasive disease. The nomogram performed almost identically in the external validation set (C statistic, 0.71; 95% CI, 0.63-0.79). The researchers hope to provide an online nomogram tool in the near future. It will be interesting to see if and how this may change management practices in regard to performing SLN biopsy up front when excising DCIS.

The trade display was interesting from an overseas perspective as there were a number of new and sometimes novel products on display. Despite the many reconstructive biological and synthetic meshes already available, a new mesh from LifeCellTM, potentially marketed as ArtiaTM in Australia, is based on a porcine extracellular matrix and promoted as performing better than Strattice or Alloderm. Time will tell. Amongst the various breast tumour localisation devices was a new probe using RADAR technology. A tiny RADAR reflector can be placed at the tumour site for an approved 30 days but likely ultimately for many months to allow subsequent localisation for excision biopsy. It is promoted as radiation free and providing a 1mm accuracy by allowing the surgeon to directionally lock on the reflector with a hand held probe at the time of surgical excision. It is not yet available down under and cost may be an issue; several hundred USD for the reflector.

Overall this is a good conference that I would encourage breast surgeons to attend. Next year's ASBrS is in Orlando, Florida May 2 – 6, at the JW Marriott Grande Lakes Resort – see you there!

EXECUTIVE OFFICER'S REPORT



ASBD ACHIEVEMENTS

I have been the Executive Officer for ASBD for just over two years and in this time we have seen some major positive changes and achievements for ASBD. On our 20th anniversary I'd like to mention some of these:

- Development of a new ASBD Constitution
- A 10% increase in membership in 2017
- Introduction of a new Associate level of membership
- Development a new enhanced online system for members (released soon)
- Introduction of a paperless system of membership notice of renewal and receipting also allowing members to access their own receipts
- Implementation of the audio recording of meetings to ensure thorough minutes can be recorded post meeting
- Management of two educationally and financially successful conferences.
- Introduction of the use of a conference app at ASBD conferences.
- Establishment of a new stable, unified and structured accounting system with MYOB
- Establishment of new banking facilities and merchant accounts.

NEW CONSTITUTION

The Executive have been working with a lawyer to review the ASBD's Articles of Association to bring them up to date with current company law. This has culminated in the development of a new constitution that has been approved by the current executive. This document will be forwarded to all members in early July before being formally voted on by the membership at the AGM in October.



Amendments include:

Executive Structure:

- A maximum of 9 directors
- Four office bearer positions: president, vice president, secretary and treasurer
- The removal of co-opted positions

Membership:

- New membership applications will be formally approved by the board at each executive meeting
- Inclusion of Associate Member category

NEW WEBSITE

Over the last year I have managed the development of a new website for ASBD. That project is nearing completion. The new website should go live in late July. Membership renewals for the 17-18 financial year will be processed through the existing membership portal in June. All members will be advised of new login details to access the new secure members' area once the web is live.

The new website will be much easier to update and include new features such as an events calendar and the ability to join ASBD as a member online (subject to approval at an ASBD Executive Meeting). The secure members' area will have enhanced membership facilities including:

- Members' contact list
- Blog for case discussions
- Conference resource library
- Other resources for members
- Ability to update your details and download receipts.

I look forward to an exciting future for ASBD. Initiatives such as the new website and the introduction of Associate level membership should see our society grow, allowing us to provide more extensive services to members in the future. The 11th Scientific meeting has some outstanding speakers and some exciting social events planned as well. I look forward to seeing you on the Gold Coast!

Kerry Eyles
Executive Officer



11TH SCIENTIFIC MEETING 2017 Update

The 11th Scientific meeting is shaping up to be an exceptional conference. The latest addition to our invited speakers list is medical oncologist Prof Arlene Chan from Perth. She works solely in the area of breast cancer and has a strong commitment to breast cancer research, having personally recruited over 1100 patients to more than 80 clinical trials and has served on the academic steering committee of three international studies. She has been an invited speaker to over 130 national and international breast cancer meetings. She is a founding member of Breast Cancer Research Centre-WA and was responsible for the establishment of the Helen Sewell Breast Cancer Tumour Bank. We look forward to her contribution to the meeting.

The workshop Breast MRI for Radiologists with Christiane Kuhl will provide a unique opportunity for radiologists. They will be able to read and interpret breast MRI with Christiane Kuhl as she presents an array of her own cases in an interactive session. She will discuss her protocols and how she interprets breast MRI. Christiane is internationally renowned for her knowledge, skill and research. She is highly published and a pioneer in the concept of rapid MRI for high risk women.

ASBD's 20th anniversary will be celebrated during the Scientific Meeting, and we invite you to come along and participate in the celebrations.

[Visit the conference website here.](#)

CONFERENCE ACCOMMODATION

A special conference rate has been negotiated at Sheraton Grand Mirage Resort, 71 Seaworld Drive, Main Beach, QLD, 4217. (Mirage Room \$275 includes breakfast for one in Terraces Restaurant). Special rates have been extended for conference delegates for three days before and three days after the conference dates should you wish to extend your stay. To ensure you receive the special conference rates, online reservations are preferred and can be made using our secure web link: <https://www.starwoodmeeting.com/Book/ASBD>.

If you prefer to book by phone, contact Vanessa Waters, Catering & Events Specialist on (07) 5577 0097, Monday - Friday between 8:30am - 5:00pm, NOT the main bookings desk. Advise that you are part of the Australasian Society for Breast Disease conference group.



Accommodation must be booked prior to 5:00pm, 2nd September 2017 to ensure availability and the negotiated rate. Bookings after this date will be subject to availability.

ASBD MEMBERSHIP AND CONFERENCE FEES

Memberships are due for renewal by 26th June 2017. Renewals have been emailed. Please check your junk mail if you have not received yours.

Discounts on conference registration fees and workshop fees are offered to financial ASBD members and associate members. Make sure your membership is up to date before you register for the conference. Renew your membership by logging into your ASBD account and paying online.

REGISTRATION FEES		2017		
	EARLY BIRD (before 14/8)		REGULAR (from 14/8)	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
Full delegate	\$850.00	\$950.00	\$950.00	\$1,050.00
Day delegate	\$500.00	\$600.00	\$550.00	\$650.00
Trainee/ Registered Nurse/ Allied Health	\$550.00	\$650.00	\$650.00	\$750.00
Day Trainee/ Registered Nurse/ Allied Health	\$350.00	\$400.00	\$400.00	\$450.00
Exhibitors		\$400.00		\$450.00
Half day optional workshops				
2 MRI for Radiologists	\$100.00	\$450.00	\$100.00	\$450.00
3 Radiation Oncology	\$100.00	\$150.00	\$100.00	\$150.00
4 BCN/Supportive Care	\$30.00	\$50.00	\$30.00	\$50.00
5 Psychology	\$30.00	\$50.00	\$30.00	\$50.00
6 Pathology	\$100.00	\$150.00	\$100.00	\$150.00
7 Radiation Symposium	\$30.00	\$50.00	\$30.00	\$50.00
Full day optional workshop				
1 Applied ultrasound for clinicians	\$500.00	\$600.00	\$500.00	\$600.00

11TH SCIENTIFIC MEETING 2017 Update *continued*

APPLIED ULTRASOUND FOR CLINICIANS

This course will be held on Thursday 5th October preceding the 10th Scientific Meeting, at the Sheraton Grand Mirage Resort. This is the same course that ASBD has held over the last few years in Melbourne.

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

The course program will include:

- Physics of ultrasound
- Practical breast ultrasound optimisation
- Breast ultrasound anatomy, pathology and clinical applications
- Integration of office ultrasound into (surgical) practice
- Ultrasound guided biopsy
- Perioperative ultrasound techniques

The course will include a practical workshop (Live scanning of patients; core, fine needle, and novel biopsy techniques on phantoms).

This educational activity will be submitted to the RACS CPD Program. The course is

accredited towards CCPU by the Australian Society for Ultrasound Medicine.

Register for this course through the 11th Scientific Meeting registration website in conjunction with your conference registration or as a stand-alone event.



ASBD celebrates 20 years

This year marks 20 years since the Australasian Society for Breast Disease was incorporated in 1997 as a new multidisciplinary society to bring together all those interested in the prevention, diagnosis, treatment and research aspects of breast disease.

A Steering Committee was formed in 1995 with a view to form an Australian Society of Senology. The Steering Committee consisted of Dr Cherrell Hirst (Chair), Dr Michael Bilous, Dr John Boyages, Dr Colin Furnival, Dr Jack Jellins, and Dr Mary Rickard.

A number of similar societies were in existence in different countries but no comparable group was present in Australia. The formation of such a society in Australasia was encouraged by the Senologic International Society (SIS) which had shown that a multidisciplinary approach to breast disease provided the best medical management for the patient.

On the recommendations of the Steering Committee, the Australasian Society for Breast Disease (ASBD) was established in 1997. Dr Cherrell Hirst from Brisbane was the first President of the Society, and the inaugural scientific meeting was held in September 1998 at the Marriott Surfers Paradise Resort on the Gold Coast in

Queensland. More than 200 registrants attended the Meeting, and the speakers covered a variety of topics devoted to developing best practice in the medical management of patients with breast disease.

Since 1997 we have held ten biennial ASBD Scientific meetings across Australia and New Zealand and co-hosted several other conferences and events with associations such as BreastSurgANZ, New Zealand Breast Cancer Foundation and Breast Cancer Network Australia. ASUM accredited ultrasound courses have been held in March 2011 in Sydney and in February for four consecutive years (2013-16) in Melbourne.

In 2004, the Australasian Society for Breast Disease was accepted as an Honorary Member of the Scientific Centers Network of the Senologic International Society, enabling the Australasian Society for Breast Disease to participate and collaborate to a greater extent in international activities relevant to improving the management of breast disease.

Current ASBD membership truly reflects the multidisciplinary nature of the society with approximately 15 different disciplines being represented. Membership is

growing. Current membership, at 255 members, represents a 10% increase on last year. In 2016 membership was extended to include allied health, nurses, registrars and interns in a new membership category, Associate member. It is anticipated that membership will continue to grow, given the extension of membership to allied health and the introduction of new enhanced member services via the website.

We hope that you can join us at the Sheraton Grand Mirage Resort 5-7 October for special celebrations to mark our 20th year!



ST. GALEN'S BREAST CONFERENCE 2017

Report from Dr Reena Ramsaroop and Dr Richard Harman



The 15th St. Gallen's Breast Conference

was held for the second time in Vienna, 15-18 March 2017.

Experts from virtually all major breast groups and centres from around the world actively engaged in basic, clinical research and clinical treatment of breast cancer.

The major theme of the conference was "Escalation & De-Escalation of Treatment" – from maximum tolerable to the minimum effective treatment, it is essential to escalate treatment when necessary and de-escalate when unnecessary.

There were close to 3000 delegates from 105 countries; with good representation from New Zealand and Australia.

The main themes of the conference were:

1. Surgery

- Primary tumour and margins
- Surgery of axilla

2. Radiotherapy

- Hypofractional radiation to tumour bed
- Partial breast radiotherapy
- Regional node radiotherapy after mastectomy
- Advanced technology

3. Pathology

- Subtypes
- Tumour infiltrating lymphocytes
- Multi-gene signatures and therapy

4. Endocrine therapy

- Pre and post menopausal and duration

5. Chemotherapy

- In subtypes
- In different stages
- Neo-adjuvant therapy

6. Anti HER2 therapy

Several awards were presented:

- The Foundation Council of St. Gallen International Oncology Conference (SONIC) Award - Prof. Med. Martine J. Piccart-Gebhardt, Head of Department of Medical Oncology, Institut Jules Bordet, Brussels, Belgium
- Best Poster Award – E. Mamounas et al. WRG Oncology / NSABP, Pittsburg, USA and UF Cancer Centre, Orlando. Effect of extended endocrine therapy with Letrozole in post menopausal women with HR-receptor positive breast cancer after prior adjuvant therapy with an aromatase inhibitor

Satellite Symposia included:

- The coming of age for CDK4/6 inhibitors
- Genomics in breast cancer: raising the bar with strong evidence – Genomic Health
- Nanostring technologies – Prosignia Gene Signature Assay – Current and Future Treatment Decisions for Early Breast Cancer
- Closing in on the end cause for HER2 post breast cancer
- Expanding horizons: Current and emerging treatment options for breast cancer

One of the highlights of the conference is on the Saturday morning, the last day, with the International Consensus Panel, which involves a panel of 70 experts worldwide. Guidelines for areas of controversy are voted on by each of the 70 panel members.

Some examples are:

In a women undergoing breast conserving surgery after neoadjuvant chemotherapy and proceeding to standard radiation with or without additional systemic therapy.

Should the whole area be resected?

Yes 14.3%

No 82.1%

Abstain 3.6%

In patients with macro-metastases in 1-2 sentinel nodes, completion axillary dissection can safely be omitted following conservative resection with radiotherapy using standard tangents.

Yes 78.1%

No 18.8%

Abstain 3.1%

[A Brief Summary of some of the consensus discussion is available here.](#)
We will link to the final manuscript on the ASBD website when it becomes available.

Another good overview of some of the highlights is already published and free on line-[Highlights from the 15th St Gallen International Breast Cancer Conference 15-18 March, 2017, Vienna: tailored treatments for patients with early breast cancer, Consuelo Morigi, Division of Breast Cancer Surgery, European Institute of Oncology, Via Ripamonti 435, 20146 Milano, Italy. Correspondence to: Consuelo Morigi. Email: \[consuelo.morigi@ieo.it\]\(mailto:consuelo.morigi@ieo.it\)](#)

SAVE THE DATE!

5th - 7th October 2017
Sheraton Grand Mirage Resort,
Gold Coast



11TH SCIENTIFIC MEETING

Quandaries and Controversies for the Multidisciplinary Team



International speakers:

Monica Morrow, Surgical Oncologist, Memorial Sloan-Kettering Cancer Center, New York
Sunil Badve, Pathologist, Indiana University School of Medicine, Indiana
Christiane Kuhl, Radiologist, Bonn University, Germany
Charlotte Coles, Radiation Oncologist, Cambridge University Hospitals, Cambridge

National Keynote Speakers:

Jemma Gilchrist, Psychologist, Sydney.
Arlene Chan, Medical Oncologist, Perth

Thur 5th October-Sat 7th October 2017

Multidisciplinary Scientific Meeting of the Australasian Society for Breast Disease

Pre-conference Workshops: Thursday 5th October

- Radiology - case review with Christiane Kuhl 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).
- Radiation Oncology
- Supportive Care
- Psychology
- Pathology
- Radiation Symposium

Introducing an
exciting new
“Leadership Workshop”
for all attendees, to assist
in handling difficult
situations, guiding
patients and effectively
working with staff.

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:

Kerry Eyles, ASBD Executive Officer

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