

IMPORTANT DATES

8 March 2019

Communication Skills

9 March 2019

Applied Ultrasound for Clinicians

10 -12 October 2019

12th Scientific Meeting

Friday 11th October 2019

ASBD AGM

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

Edition No.15 | February 2019

ASBD co-hosts a successful Melbourne International Joint Breast Congress

In October 2018 ASBD co-hosted the successful Melbourne International Joint Breast Congress (MIBC) with Breast Surgeons of Australia and New Zealand and the Controversies in Breast Cancer conference group. The congress attracted 1075 delegates from 32 countries.

More than 120 abstracts were received. Oral and poster presentation were of a high standard. The Young Scientist Award was awarded to Dr Christina Kozul (The Royal Melbourne and Royal Women's Hospital, Parkville) for her poster "Identification of breast cancer survivors' side effects and supportive care needs". Best poster awards went to Patrick Cook, Nepean Hospital for "Does immediate breast reconstruction lead to a delay in adjuvant chemotherapy for breast cancer? a meta-analysis and systematic review" and Trisha Khoo, Breast Cancer Research Centre WA, for "Impact of vitamin D on breast cancer outcome"

As per the tradition, the ASBD contributed a series of outstanding optional Pre-Congress Workshops to the MIBC's program. One of the highlights of the workshops was the **Radiation Oncology workshop**. The attendees for this event were not disappointed with the opportunity to interact with two world-renowned radiation



The Young Scientist Award for the best free paper was presented to Christina Kozul (right) by ASBD president Yvonne Zissiadis (left) and BreastSurgANZ president Prof Christobel Saunders

oncologists, **Professors Reshma Jagsi** and **Lori Pierce**. The focus of the workshop was on post-mastectomy radiotherapy and cardiac toxicity: two inter-related and most topical areas in radiation therapy for breast cancer in the modern era. The audience enjoyed intimate conversations with Lori and Reshma who were most engaging in their discussions of the topics with the Australian radiation oncology audience. Lori shared her experience of cardiac sparing radiotherapy

at Ann Arbor, Michigan, where there exists a state-wide consortium for quality control in breast radiotherapy and heart dose monitoring. The workshop concluded with Lori's presentation on the cardio-oncology program, with a strong suggestion that now is the prime time that cardio-oncology should be part of our quality control in breast cancer radiotherapy.

CONTINUED OVER >

TELL US WHAT YOU THINK

We want to hear from you!

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

ASBD co-hosts a successful Melbourne International Joint Breast Congress continued

The Tortuous Road to Diagnosis workshop

looked at difficult and controversial aspects of breast cancer diagnosis from a multidisciplinary point of view. Speakers included a breast physician, BreastScreen radiologists, pathologist and breast surgeon, with an active panel and chairperson. Speaker topics were targeted to grey areas in guidelines, criteria, and approaches to management.

Dr Nick Repin addressed (lamented?) variability in approach to lesion assessment in BreastScreen context, showing how surprisingly wide the variation really is - confirmed by straw poll of the audience, and identifying that this probably represents more variation in access to resources e.g. VAB or tomosynthesis, than individual clinician preference.

Controversies in diagnosis and management of benign and borderline lesions was a particularly hot topic with a wide variety of current approaches highlighted, including a lively panel and audience discussion on the lowly fibroadenoma.

Dr Nirmala Pathmanathan and A/Prof Elisabeth Elder discussed uncertainties and grey areas in breast pathology, and the difficulties associated with determining when surgical intervention is needed. Dr Pathmanathan presented a 5-level classification scheme from Westmead that offers a potential way to begin to structure decision making for borderline lesions.

This workshop was billed as an interactive workshop and delivered in spades with audience participation. Clearly we are all tortured in various ways!



Jane Mahoney from the McGrath Foundation with Kerry Eyles, drew the ASBD new member prize at the ASBD stand



ASBD offered a prize for one lucky member who joined ASBD at the conference, Dr Yvonne Zissiadis presented the prize.



Dr Norman Swan chairs The Challenging Patient workshop.



The main plenary sessions attracted a full house.

The Challenging Patient was a fascinating workshop that explored "The challenging patient" and how to manage them.

Prof Christobel Saunders began by asking 'Who are the challenging patients and how do they challenge us?', while Dr Jane Turner gave some insights into what might be going on in the lives and minds of patients who refuse conventional treatment, present late with "denial", want "over treatment", go "doctor shopping" or repeatedly miss appointments and then present in crisis.

Ian Freckleton QC outlined our legal obligations with regard to these patients, and Prof Reshma Jaggi gave us an interesting account of the US experience.

Dr Leslie Stafford then presented some strategies for helping patients with decision-making.

This workshop provided invaluable and practical information for all attendees, with a focus on maximising treatment acceptance; working with patients within the limitations of agreement and minimising patient and clinician stress.

PRESIDENT'S REPORT



Welcome to a new exciting year with the ASBD! I'm delighted to have been elected as president for the society and look forward to working with you all. I believe that ASBD has an important role to play into the future as the only organisation in Australia and New Zealand that brings together practitioners from all medical, nursing and allied health disciplines involved in the care and science of breast cancer and other breast disease.

I would like to sincerely thank Yvonne Zissiadis, our past president for her inspiring leadership and longstanding

service to the Society. I would also like to acknowledge the significant contributions of Michelle Reintals, who is leaving the executive committee after many years of hard work - we will miss you! It's my pleasure to welcome Patty Connor, specialist radiologist from Brisbane, as new director and member of the executive.

The joint meeting with CoBrCa and BreastSurgANZ - the Melbourne International Breast Congress - was a big success featuring insightful presentations from the many international and national speakers, lively discussions and well attended workshops. We are hoping to continue this collaboration and organise similar joint meetings in the future.

The ASBD 12th Scientific Meeting on the Gold Coast from 10-12 October this year is looking very promising, with a jam-packed program of topics ranging from the latest in tailored therapy to ethics and law - please make sure you put the dates in your calendar!

And finally, if you still haven't registered for the one-day course "Applied Ultrasound for Clinicians", and / or the half-day communication skills course for medical professionals being held in Melbourne in early March - it's still not too late! See the details in this newsletter.

I hope to see you at one of the ASBD events in 2019.

Elisabeth Elder, President ASBD

UPCOMING EDUCATION EVENTS



WORKSHOPS

ASBD will host two workshops for medical professionals at the Melbourne Marriot on 8th and 9th March 2019. [Register here.](#)

Applied Ultrasound for Clinicians

This 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
- Practical workshop (Live scanning of patients; core, fine needle, and novel biopsy techniques on phantoms)

Facilitators: Dr Daniel de Viana, Prof Ian Bennett, Dr Michael Law, Dr Daniel Lee, and Dr Brian Starkoff .

Communication Skills Workshop

Good communication skills are seen as fundamental to clinical practice and many professional bodies mandate some training as part of professional development. Training typically focuses on core topics such as "Breaking bad news" and "Discussing treatment options". These are fundamental areas, however

in clinical practice the communication challenges are often more nuanced. Challenges range from responding to the person who repeatedly asks for reassurance, to the person who is angry or entitled. Being confronted with people who have difficulty making treatment decisions or who openly reject evidence-based treatment recommendations can also be enormously difficult.

This half-day workshop provides a theoretical framework for understanding the complex determinants of personality and adult adjustment, including discussion of the role of past experiences in shaping response to illness and disease. The workshop is based on a series of illustrative case vignettes in which participants will work in small groups to devise strategies for responding to communication challenges. Although there will not be role plays, there will be demonstrations of practical ways of communicating and opportunities for participants to discuss their own clinical experiences.

Facilitator: Prof Jane Turner is a consultation-liaison psychiatrist who has worked clinically in oncology for over 25 years. She has extensive experience in communication skills training and has worked with diverse professional groups including nurses, surgeons, allied health professionals and oncologists. She is President-Elect of the International Psycho-Oncology Society and chairs the IPOS-WHO committee which aims to promote psychosocial care in low and middle-income countries.

Membership Reminder

Membership renewal is due in May/June. ASBD membership is from July 1 to June 30 each year due to Elsevier's requirements for The Breast subscription. Renew your membership by 24th June to ensure that you receive the August edition of The Breast. Renewal is done online via your member's portal at www.asbd.org.au

2019 AGM

All members are invited to attend the Annual General Meeting of the Australasian Society for Breast Disease. The 2019 AGM will be held during the 12th Scientific Meeting at RACV Royal Pines Resort on Friday 11th October at 12.45 pm.

Executive Structure

The executive structure for 2018/19

A/Prof Elisabeth Elder - PRESIDENT
Dr Yvonne Zissiadis - VICE PRESIDENT
Dr Catherine Shannon - SECRETARY
Dr Minjae Lah - TREASURER
A/Prof Nirmala Pathmanathan
Dr Reena Ramsaroop
Dr Jennifer O'Sullivan
Dr Nicholas Repin
Dr Peter Chin
Dr Patricia Connor

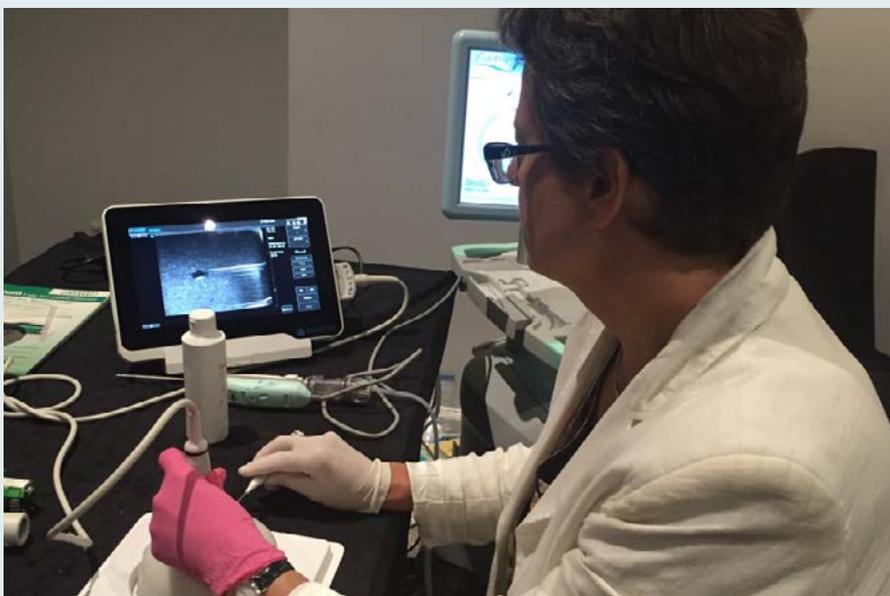
END OF LIFE LAW FOR CLINICIANS

End of Life Law for Clinicians ('ELLC') is a free national training program for clinicians and medical students about the law at end of life. ELLC aims to improve participants' knowledge and clinical practice, and enhance their capacity to manage legal issues in end of life care.

The training comprises ten 30-minute online training modules and national workshops. Topics addressed include capacity and consent to medical treatment, withholding and withdrawing treatment, Advance Care Directives, substitute decision-making, providing palliative medication, futile or non-beneficial treatment, emergency treatment, end-of-life decision-making for children, and managing disputes.

The ELLC training will be available from 31 January 2019. CPD points may be claimed.

[To register visit ELLC](#)





A/Prof Elisabeth Elder – The new ASBD president

Established in 1997, the Australasian Society for Breast Disease (ASBD) was formed to provide a multidisciplinary forum for discussion on the prevention, detection, diagnosis and management of breast disease and research into this area of medicine. It's founding was based on the concept that a multidisciplinary approach to breast disease provides the best outcome for patients. The ASBD now participates and collaborates regularly in international activities relevant to improving the management of breast disease.

"I look forward to continuing the excellent work ASBD has achieved over the years," explained Elisabeth. "Our aim has always been to bring together individuals throughout Australia, New Zealand and other Pacific Rim countries with the purpose of promoting better knowledge of biology, medicine and human sciences related to the breast. As we continue to achieve this, we are determined to advance multidisciplinary understanding and cooperation in the prevention, detection, diagnosis and management of breast disease."

In her role as President, A/Prof Elder will focus on a number of the key issues that she believes crucial to managing breast disease. The main aim of ASBD is to provide high quality education and a forum for multidisciplinary discussion. One focus is on the promotion and refinement of



oncological surgery to achieve improved and measurable patient-level outcomes. "With the great improvements that have been made to patient survival after a diagnosis of breast cancer, it has become even more important that women of all ages are given the opportunity that oncological surgery can often provide; to have removal of their breast cancer and to have breasts after surgery that allow them to retain their body-image and sense of femininity. So many women expect that will be lost, but in many cases, refinements to cancer surgery are allowing us to offer them these options," said Elisabeth.

Another issue for which she has a particular passion is value-based health care and the introduction of electronic health records. "Value-based health care

is a concept of restructuring care delivery around outcomes and promoting superior outcomes with financial incentives," she explains. "In an ideal world, this will lead to improved quality, curb inefficiencies and lower costs. The patient's experience is set in relation to the cost of delivering those outcomes. However, one of the critical missing pieces in many current health care systems is reliable and validated outcome measurements. With the introduction of electronic health records we gather more data than ever before, but little attention has been given to measuring and analysing outcomes that really matter to patients."

The ASBD membership and directors welcome A/Prof Elder to the position of president and look forward to working with her and growing the society under her leadership.

ASBD and the Senologic International Society



Global Federation of Breast Healthcare Societies

The Senologic International Society (SIS) was founded in 1976 and today SIS is a unique worldwide federation of breast societies, scientific societies, associations and groups with a priority mission: to improve breast health. The SIS-International School of Senology promotes educational activities in collaboration with about 100 affiliated institutions. SIS has implemented an accreditation program for breast centres giving an international accreditation. The SIS World Congress every two years highlights the progress of scientific knowledge in the domain of breast health.

In 2018 the ASBD was approached to consider joining SIS and to consider the

option of hosting a SIS World Congress at some point in the future. At the recent 20th SIS World Congress in Strasbourg, France a position of Vice-President Oceania was created.

In Strasbourg the SIS board discussed many ideas for the next executive tenure of 2019-20, including a revamp of the SIS website <http://www.sisbreast.org/> and the establishment of an official scientific publication. Negotiations are now underway with the European Journal of Breast Health

The ASBD board is considering the benefits of ASBD joining the SIS and will discuss this issue at the Strategic Planning meeting for directors on 23rd February. ASBD welcomes input from members. Please email Kerry at info@asbd.org.au with your comments and opinions prior to Friday 22nd February, so that they can be shared at the meeting.

ASBD welcomes new director Dr Patty Connor



Dr Patty Connor
Diagnostic radiologist
BSc, MBBS (UQ), FRANZCR

After graduating from the University of Queensland Medical School, Dr Patty

Connor went on to complete her radiology registrar training at Royal North Shore Hospital where she gained experience in plain film reading, ultrasonography, CT, MRI and fluoroscopic procedures. Dr Connor went on to undertake fellowships in breast imaging at Royal North Shore Hospital's BreastScreen service and paediatric radiology at the Children's Hospital in Westmead.

Dr Connor also holds a special interest in MSK and oncology imaging conducting the upper limb and orthopaedic oncology multi-disciplinary team meetings. She is a staff specialist radiologist at Lady Cilento Children's Hospital and a VMO at the Wesley Breast Clinic.

Post Radiation Breast Angiosarcoma – Case Report

In March 2010 a 69 year old female patient was diagnosed with a 15 mm infiltrating duct carcinoma, Nottingham Grade 1, ER/PR positive and HER2 negative. Two of seven axillary lymph nodes showed metastatic carcinoma. Treatment consisted of a right partial mastectomy, level 2 axillary node dissection followed by radiotherapy and Aromatase inhibitor therapy.

The patient had side effects of the radiotherapy, presenting acutely with erythema and oedema. This resolved and in October 2010 there was no evidence of skin changes or local recurrence.

Three years later, in 2013, she presented with a left sided breast lump, which was a benign cyst. At this time the right breast showed no local recurrence.

In October 2018, eight years after the original diagnosis, the patient presented with skin changes over the right breast. Clinically there was thickening and a 'peau d'orange' appearance. There was also a small pigmented lesion visible. The pigmented lesion (0100) and thickened skin (0300) were biopsied.

On histology, the 'pigmented' lesion represented an atypical vascular lesion, composed of anastomosing vascular channels, lined by plump endothelial cells showing focal tufting. There was minimal endothelial atypia and very infrequent mitoses were present (Fig 1 and 2). At this time the differential diagnosis was an atypical vascular proliferation versus a low grade angiosarcoma.

In recent literature, amplification of the MYC gene has been described in secondary angiosarcoma as a result of previous radiation therapy. This amplification is not seen in atypical vascular proliferation, which is regarded as a benign lesion (1,2), or in primary angiosarcoma.

Cytogenetic studies showed MYC (8q24) amplification in this case, confirming the diagnosis of a low grade angiosarcoma.

Treatment consisted of a total mastectomy. An ill-defined vascular lesion within the breast was mapped out with extensive sampling and multiple blocks. This lesion covered an area of approximately 80 x 40mm in between the 12-2 o'clock position. The lesion invaded the superficial subcutaneous tissue. Histologically the features were similar to those seen in the biopsy. There

were no high grade features or spindle cell component. The lesion was clear of excision margins.

The final diagnosis was low grade angiosarcoma, secondary to the previous radiation therapy.

Discussion:

Radiation induced angiosarcoma of the breast (RIAS) is a rare and late complication. The estimated incidence is 0.05 – 0.3%. Mery et al (3) reviewed the SEER data and found an incidence of 0-9/1000 cases – (560,000 cases with a 15 year FU reviewed)). The incidence appears to be increasing probably due to early diagnosis of primary breast carcinoma, increasing incidence of conservative surgical management with radiotherapy, and long survival rates.

Stewart FW and Treves N (4) described the first angiosarcoma in post mastectomy skin with chronic lymphedema in 1948. Now it is established that radiation is a potential risk factor/inducer for angiosarcoma.

In their article, Mery et al (3) estimated that adjuvant radiotherapy increased the risk of RIAS of the breast by nine-fold compared to those who received no radiotherapy. The risk of developing RIAS is highest ten years post treatment (5) and remains high for the following ten years.

Presentation of RIAS is predominantly skin changes, which can be subtle and include discolouration, dimpling and thickening. The presence of a palpable mass is uncommon and suggests recurrent breast carcinoma. Awareness is crucial for early diagnosis.

Diagnosis of low grade angiosarcoma versus atypical vascular lesions in a biopsy sample can be challenging due to overlapping clinical and microscopic features. Adjunct cytogenetic testing is helpful, especially in small biopsies. The testing is based on finding that the most frequent, recurrent genetic alterations in secondary angiosarcoma include amplification on chromosome 8q.24.21 (50%), 10p12.33 (33%) and 5q35.3 (11%) (1). The 8q 24.21 region contains the MYC oncogene. Several subsequent studies have shown that MYC amplification is specific for RIAS versus atypical vascular lesions and primary angiosarcoma.

Treatment usually involves radical surgery – mastectomy with resection of as

much of the radiated tissue as possible. Chemotherapy has a limited response rate. More recent treatment options include targeted agents – VEGF inhibitors (current clinical trials ongoing).

The prognosis is poor and correlates with time of onset, age of patient and depth of tumour invasion (6). They also reported that RIAS of the breast had a poor prognosis with an overall five-year survival of 38%.

More importantly, studies have shown that the overall risk of radiation induced angiosarcoma is extremely low and does not outweigh the benefits of adjuvant radiation therapy for breast carcinoma.

Photomicrographs of the vascular lesion in the mastectomy specimen.

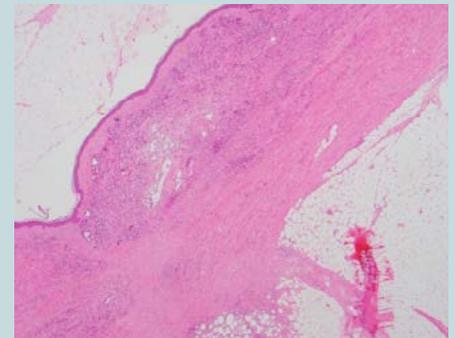


Fig 1 (x20) – ill-defined lesion beneath the skin

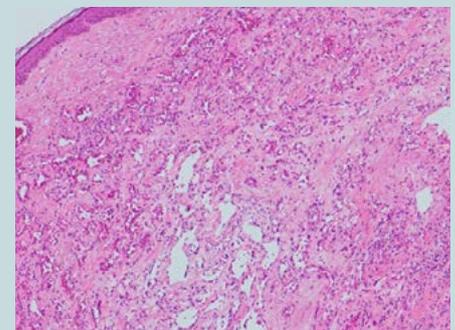


Fig 2 (x 200) – irregular cleft like spaces

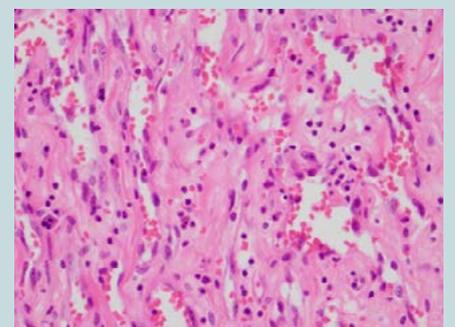


Fig 3 (X400) - lining endothelial cells with mild cytological atypia

References:

1. Manuer J, Radlwimmer B et al (2010) MYC high level gene amplification is a distinctive feature of angiosarcomas after irradiation or chronic lymphedema. *Am.J (?)*, 176: 34-39.
2. Mentzel T, et al (2012). Post radiation cutaneous angiosarcoma after treatment of breast carcinoma is characterised by MYC amplification in contrast to atypical vascular lesions after radiotherapy and control cases: clinicopathological, immunohistochemical and molecular analysis of 66 cases. *Mod Pathology* 25: 75-85.
3. Mery MC et al, (2009). Secondary sarcoma after radiotherapy for Breast Cancer – sustained risk and poor survival. *Cancer*; 115 (18). 4055 – 4063.
4. Stewart FW, Treves N: (1948). Lymphangiosarcoma in post mastectomy lymphedema: a report of six cases in elephantiasis chorionica. 1(1): 64-81.
5. Yap J et al I (2002): Sarcoma as a second malignancy after treatment for breast cancer. *Int J (?) Oncol. Biol. Pugs.* 52(5) 1231-7.
6. D'Angelo SP et al: High risk features in radiation associated breast angiosarcoma (2013). *Br J Cancer* 109 (9): 2340-6.



PRECISION, INNOVATION AND THE FUTURE – ASBD'S 12TH SCIENTIFIC MEETING

REGISTRATION IS NOW OPEN

We return to the Gold Coast in October 2019 for ASBD's 12th Scientific Meeting. This year we are meeting at RACV Royal Pines Resort, 10 minutes from Broadbeach. We have secured a lot of accommodation at Royal Pines and the ASBD rates can be accessed from the link on the [conference website](#).

Our international speakers include Dr Terry Mamounas from Orlando Health, Florida who will deliver a keynote

address in The Changing Landscape of Breast Surgery session. Pathologist, Dr Guiseppe Viale will discuss *Molecular and pathological insights into TNBC* in the New Frontiers in Systemic Therapy session. Radiologist, Dr Debra Ikeda from Stanford and radiation oncologist Dr Anne Koche from the University of Toronto will present workshops and deliver keynote addresses during the conference.

Of interest at this conference will be a keynote address by Prof Shaun Holt from New Zealand on *Complementary therapies for people with breast cancer*.

ASBD will also offer a range of optional workshops including:

- 1 Breast Imaging in screening and diagnosis
- 2 Radiation Oncology - PMRT Masterclass
- 3 Ethics & Law – End of life/Bioethical dilemmas
- 4 Multidisciplinary approach to oligometastatic disease
- 5 Leveraging pathology in the management of breast cancer and other conditions
- 6 Survivorship & living with cancer

To find out more or to register [click here](#).



12TH | SCIENTIFIC MEETING | 2019

Precision, Innovation and the Future



**Australasian
Society for
Breast Disease**

**10-12 OCTOBER 2019
RACV ROYAL PINES RESORT, GOLD COAST
www.asbd2019.com**



**5th World Congress
on Controversies in
Breast Cancer**
When is Less More?



**September 4-6, 2019
San Francisco, CA, USA**

Submit articles to the ASBD newsletter

We welcome submission of articles from ASBD members for consideration for the ASBD newsletter. If you have a report on a conference you have been to, a case you'd like to share or information on a new drug or procedure please email it to info@asbd.org.au with the subject line ASBD Newsletter Content.

All submissions will be subject to review and selection by the ASBD executive members.

Executive officer
Kerry Eyles
PO Box 1004 Narellan NSW 2567
Ph 0477 330054
kerrye@asbd.org.au



ASBD | 12TH | SCIENTIFIC MEETING | 2019

10-12 OCTOBER 2019 | RACV ROYAL PINES RESORT, GOLD COAST

Precision, Innovation and the Future

SAVE THE DATE



INTERNATIONAL SPEAKERS

Dr Terry Mamounas

MD, MPH, FACS, University of Florida, USA

Medical Director of the Comprehensive Breast Program at the UF Health Cancer Centre at Orlando Health and Professor of Surgery at the University of Central Florida and Florida State University College of Medicine. Chairman of the Breast Committee at the National Surgical Adjuvant Breast and Bowel Project (NSABP) and Co-Chair of the NRG Oncology Breast Committee. Also an accomplished artist of watercolours and oil paintings.

Dr Debra Ikeda

MD, FACR, FSBI, FSMR, Stanford University School of Medicine, USA

Founder and leader of the California Breast Density Information Group. Areas of research include analog and digital mammography, digital breast tomosynthesis (DBT), computer-aided detection, breast ultrasound, breast cancer screening, high-resolution dynamic contrast-enhanced MRI and MRI-guided breast biopsy.

Dr Giuseppe Viale

MD, FRCPath, University of Milan, Italy

Director of the Division of Pathology and Laboratory Medicine at the European Institute of Oncology in Milan. Chairman of the Central Pathology Office of the International Breast Cancer Study Group (IBCSG), lead pathologist of the Breast International Group (BIG), and co-chair of the Translational Research Committee of the BIG2-98 trial (Trans-TAX). A member of American Joint Committee on Cancer (AJCC) working group for the TNM classification of breast cancer and the lead pathologist involved in the central laboratory testing for a number of seminal clinical trials.

Dr Anne Koch

MD, PhD, FRCPC, University of Toronto, Canada

Assistant Professor of Departments of Medical Biophysics and Radiation Oncology. Staff Radiation Oncologist, Princess Margaret Cancer Centre. Lead for the Breast Radiation Oncology Team and world renowned for research and innovative practices such as the QuickStart Breast Radiotherapy Program.



**Australasian
Society for
Breast Disease**

www.asbd2019.com