Australasian Society for Breast Disease

ASBD UPDATE

IMPORTANT DATES

Applied Ultrasound for Clinicians Melbourne,
29 August 2020

Leura 2020 International Breast Cancer Conference,
27-31 October 2020

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

Edition No.17 | March 2020

CONTENTS

12TH SCIENTIFIC MEETING ROUNDUP

Cancer Australia launch at ASBD conference

Cancer Australia chose ASBD's most recent conference, the 12th Scientific Meeting held at RACV Royal Pines in October to launch the statement *"Influencing best practice in metastatic breast cancer"*

Cancer Australia CEO Prof Dorothy Keefe PSM, was in attendance to launch the document.

The best practice statement aims to deliver better care across the health continuum and ensure people living with metastatic breast cancer know what their treatment options are and are involved in the decisions around that treatment.

The Statement also acknowledges that multidisciplinary care is particularly important for people with metastatic breast cancer due to their complex management and supportive care needs. Ten key appropriate and inappropriate metastatic breast cancer practices are highlighted to ensure that patients receive consistent breast cancer care. Access the statement here.

Collaboration - Cancer Australia CEO Dorothy Keefe, ASBD Executive Officer Kerry Eyles, ASBD President Elisabeth Elder, BCNA CEO Kirsten Pillati at the reception following the launch.

ASBD'S LARGEST SCIENTIFIC MEETING

The 2019 conference was our largest scientific meeting to date with over 600 delegates and was an example of strong collaboration between key groups in the breast cancer diagnosis, treatment and care domain including Cancer Australia, BCNA, BreastSurgANZ, McGrath Foundation, Sydney University, Breast Physicians of Australia and New Zealand and the GP's Breast Interest Group. As a multi-disciplinary society ASBD is pleased to provide the framework to encourage many groups to come together in the interest of providing better diagnosis, treatment and overall care of breast cancer patients.

TELL US WHAT YOU THINK

We want to hear from you!

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

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Complementary Therapies

One of the highlights of the Evidence Based Supportive Care session was the presentation by Professor Shaun Holt on the topic of complementary therapy in patients with breast cancer. Prof. Holt is a medical doctor, researcher and an adjunct professor at Victoria University in Wellington, New Zealand. He is widely regarded as an expert in complementary therapy and has featured on TV, radio and Ted Talk on this topic.

Complementary and Alternative Medicine (CAM) is commonly used by cancer patients and studies indicate that 25% of patients may use 7 or more different types of CAMs in addition to conventional treatment in an effort to leave no stone unturned. Prof. Holt gave a comprehensive, thoughtful and often humorous account of the myriad of CAMs available. He categorized the CAMs into Alternative medical systems (e.g. acupuncture, homeopathy), Manipulative/ Body based systems (e.g. chiropractic, massage), Mind-Body Intervention (e.g. yoga, meditation), Biologically based therapies (e.g. vitamins, supplements) and Energy therapies (e.g. TENS, crystals, magnets). Although CAMs do not cure cancer, a surprisingly large number of CAMs have been shown in studies to reduce symptoms and improve quality of life.

Prof Holt discussed CAMs that can be beneficial such as acupuncture, massage, aromatherapy, meditation, art/music therapy, yoga, tai chi, hypnosis, ginger and TENS. On the other hand, a wide variety of CAMs can cause harm by delaying or substituting conventional treatment as well as psychological harm and financial harm. His talk is a useful reminder for healthcare professionals to be aware of the different types of CAMs available in the community and to be understanding of the patient's anxiety and needs. Only then can we offer advice and guidance for our patients to use CAMs that are beneficial and avoid those than can cause harm.

Dr Peter Chin, ASBD Director; Dr Debra Ikeda and her husband; Prof Shaun Holt at the conference dinner.

Imaging endpoints in neoadjuvant therapy

One of the highlights of the conference was a fantastic lecture session on the topic of neoadjuvant therapy for breast cancer, where Dr Debra Ikeda presented on the imaging assessment of disease in this setting and discussed imaging endpoints.

Neoadjuvant chemotherapy/endocrine therapy has historically been performed in women with inflammatory or advanced breast cancer in order to improve operability or to enable breast conservation therapy but has been extended to women with early stage breast cancer due to studies from the EBCTCG showing no difference in survival for women receiving adjuvant or neoadjuvant therapy.

Dr Ikeda discussed the imaging assessment of disease prior to commencement of treatment, including disease within the breast and regional nodes. She outlined a technique to identify nodal disease with a marker or tattoo in addition to placing a marker in the main tumour mass within the breast.

Debra Ikeda presenting on pretreatment tattoo marking of suspicious axillary lymph nodes.

She discussed the utility and accuracy of mammography, tomosynthesis, ultrasound, and MRI in assessment of treatment response at the end of treatment with MRI shown to have a high positive predictive value. Dr Ikeda discussed advantages and pitfalls of imaging the patient prior to commencement and at the end of neoadjuvant treatment. Her presentation covered many of the questions that radiologists, surgeons, oncologists and radiographers face in assessment of disease in this setting and was a highlight of the meeting.

Dr Ikeda is a Professor of Radiology and Breast Imaging Fellowship Director at Stanford University School of Medicine, Stanford, California. She has published over 110 original articles and is a nationally and internationally recognised speaker on the topics of breast imaging and image guided biopsy.

RADIATION ONCOLOGY WORKSHOP

The workshop was led by A/Professor Anne Koch of Princess Margaret Cancer Centre, Toronto. Attendees at the workshop made good use of the opportunity for up close and personal discussions with the world expert in the indications of regional nodal irradiation in the post mastectomy setting. Anne showed multiple examples of planning cases to illustrate the clinical issues and technical challenges relevant to the regional nodal radiotherapy. In her presentation, Anne highlighted the trend for de-escalation of the use of nodal irradiation in low risk node positive breast cancers and recommended for risk adaptive strategy to guide patient selection. She illustrated the technical aspects of hypofractionation for regional nodal radiotherapy as per the clinical trials MA-39 and MAC-23, currently active in Canada and the North America.

ETHICS AND LAW WORKSHOP

"Ethics & Law – End of life/Bioethical dilemmas in cancer treatment and research" was one of the most interesting and thought-provoking pre-conference workshops offered at the last ASBD Scientific Meeting. Two very engaging speakers, Professor Ben White and Dr David Kirchhoffer, gave compelling presentations on the delicate issues around the voluntary assisted dying and ethical concerns in medical research. The meaning and value of the concept of human dignity always takes the precedence in patient care.

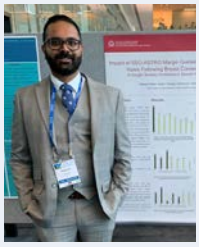
2019 PROFFERED PAPER WINNERS

Over fifty abstracts were submitted from all disciplines and the judges selected the top eight for oral presentations.

Jennifer Xu's presentation "First do no harm": Significance of delays to surgery in patients with non-metastatic breast cancer, was the winning oral presentation judged by Dr Torsten Neilsen, a clinician-scientist at the University of British Columbia, and Dr Reena Ramsaroop, a pathologist and former ASBD director from Auckland , New Zealand. Jennifer Xu is completing her final year of medical school at the University of Melbourne. She has a keen interest in surgery and oncology. Over the past 6 months she has been working with the team at ONJCRI to complete her project on wait times to breast cancer surgery.

Dr Ranesh Pallen's winning poster was titled: *Impact of SSO-ASTRO Margin Guidelines and intra-operative imaging on re-operation rates following breast conserving surgery: A single tertiary institution's six-year experience.* Ranesh is a PGY4 unaccredited general surgery registrar working at Sir Charles Gairdner Hospital. He completed his undergraduate studies at The University of Western Australia and has a Postgraduate Diploma of Surgical Anatomy from the University of Otago. Ranesh's research interests lie within Surgical Oncology and Trauma Surgery.

Jennifer Xu, University of Melbourne.



Dr Ranesh Pallen with his poster.

The conference exhibition and poster area.

President's Report

The ASBD 12th Scientific Meeting on the Gold Coast in October was a great success. Thanks to all of you who participated and contributed to the meeting! We were very pleased to see a large number of breast care nurses attend the meeting, many of them sponsored by the McGrath Foundation. This is in line with the society's greater recognition of the important role nurses and other allied health practitioners play in the management of patients with breast disease. I have been very happy to welcome Jenny Gilchrist as a new member of the executive board and the first representative of breast care nurses/ allied health practitioners.

It's an exciting time to be a clinician dealing with breast disease. Many new agents are becoming available for treatment of breast cancer, which opens new opportunities and leads to changes in our practice. For example, it is now standard practice to consider neoadjuvant systemic therapy in patients with HER2 positive disease. There are many reasons for this but perhaps most importantly, patients only have access to certain drugs, such as T-DM1 (Kadcyla), in case of residual disease after neoadjuvant systemic therapy and surgery. Interestingly, Kadcyla has now been recommended for listing on the PBS.

This year, ASBD is collaborating with Westmead Breast Cancer Institute and BreastSurgANZ in organising the Leura conference in the Blue Mountains outside Sydney in October 2020. It's going to be a truly multidisciplinary meeting with outstanding international guests such as medical oncologist Eric Winer, oncoplastic breast surgeon Douglas MacMillan, pathologist Stuart Schnitt, radiologist Michael Linver, radiation oncologist Tom Buchholz and many distinguished speakers from Australia and New Zealand. The program will offer a mixture of plenary sessions and interactive workshops, both general and specialty specific, and there may be time for a bushwalk in the beautiful surroundings as well!

ASBD is also planning some new smaller and more targeted workshops later in the year including lymphoedema early intervention, an allied health-oriented exercise science and practice workshop and financial planning for medical practitioners. Don't miss out on the Applied Ultrasound for Clinicians and Communication workshops later in the year. Workshops around breast diagnostics combining radiology and pathology expertise are in the pipeline.

We certainly live in times of change. The COVID-19 pandemic affects so many aspects of our lives privately as well as professionally. However, through this crisis, maybe we will find other ways of practicing medicine as well. We might find that some of those meetings and consultations are just as easy to do by video link or over the phone as in person. On the other hand, we may also develop a greater appreciation of situations when the dynamics of a personal meeting is invaluable.

At this stage, we're still planning for the Leura conference to go ahead in October. This is of course dependent on how the COVID-19 situation unfolds, but hopefully by then, we will be able to get together again to enjoy stimulating discussions and exchange of ideas.

In these uncertain times, it's important we look after each other and show patience and kindness. Stay well. Keep smiling!

A/Prof Elisabeth Elder,
ASBD President

New treatment paradigms in HER2+ early breast cancer – how will this affect the role of the surgeon?

Prof Bruce Mann

MANAGEMENT OF EARLY BREAST CANCER

Early stage breast cancer treatment is complex, involving a combination of local modalities, systemic therapies and supportive measures, each of which can be delivered in a variety of possible sequences.[1, 2] Decision-making therefore now involves not only the selection of specialty services, but a consideration of the sequence in which they are administered.[3] Neoadjuvant systemic therapy (NAT), including combinations of cytotoxic chemotherapy and targeted molecular agents, has significantly improved patient outcomes.[3,4]
It is therefore emerging as a preferred treatment approach for many patients bearing aggressive forms of breast cancer such as the human epidermal growth factor receptor 2 positive (HER2+) subtype and the triple negative subtype.[1, 5, 6]

Neoadjuvant Therapy in HER2+ Breast Cancer

The approval of anti-HER2 targeted molecular therapies, has changed the outlook for patients with HER2+ breast cancer.[7] The combination of these drugs with chemotherapy in the neoadjuvant setting has been shown to significantly improve patient outcomes.[4]

Benefits of Neoadjuvant Therapy

Breast-conserving surgery is considered the primary surgical choice for breast cancer.1 Neoadjuvant therapy may help reduce tumour size and can thereby facilitate breast conservation.[3] Avoiding mastectomy and reducing the extent of surgery provides benefits of quicker recovery and fewer post-operative complications.[3] Another advantage of NAT is the ability to safely delay surgery in some circumstances to help obtain optimal post-operative results.[3] This may include patients for whom the results of genetic testing may influence their local therapy decisions.[3] The option of neoadjuvant therapy provides women with adequate time to have genetic counselling and testing, to more carefully consider local therapy options, consult with reconstructive surgeons and radiation oncologists and consider the most appropriate local therapy for themselves.[3]

It has been suggested that NAT could also provide a way to assess the in vivo response of the tumour to treatment, with the tumour's response acting as a surrogate for that of invisible micrometastases.[9] The absence of residual invasive disease in the breast and axillary nodes, defined as pathologic complete response (pCR), correlates with fewer future relapses.[9, 10] A pooled analysis showed that patients who attain pCR have improved survival, with the prognostic value greatest in aggressive subtypes of breast cancer, although it could not validate pCR as a surrogate endpoint for improved overall survival or event-free survival in all breast cancer subtypes.[11]

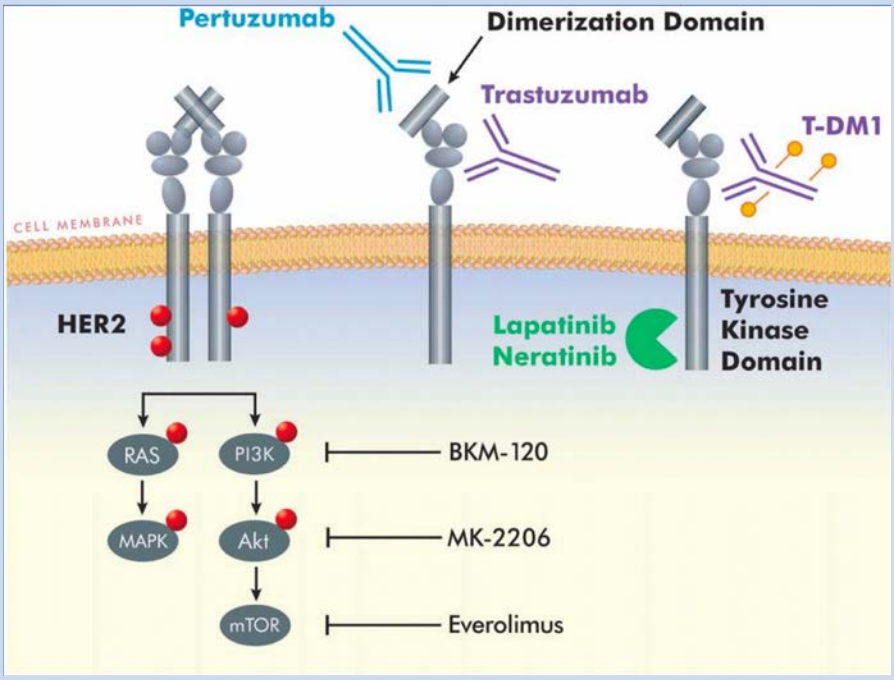


Figure 1. Schematic for HER2+ directed agents.[8]

Adapted from Zelnak AB, Wisinski KB. Management of patients with HER2- positive metastatic breast cancer: is there an optimal sequence of HER2-directed approaches? Cancer. 2015;121(1):17-24.

Article reproduced with permission MD Briefcase, Prof Bruce Mann.

Read the entire article and see references listed here.

New rebate guidelines for breast MRI & PET From 1st November 2019

PET:

Item 61524

Whole body 18F-FDG PET study where the patient is referred by a specialist or consultant physician, performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.

Item 61525

Whole body 18F-FDG PET study, where the patient is referred by a specialist or consultant physician, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy. Referred by a specialist or consultant physician -No annual limit

MRI:

Item 63531

MRI of both breasts where the patient has a breast lesion, the results of conventional imaging examinations are inconclusive for the presence of breast cancer, and biopsy has not been possible.

Item 63533

MRI of both breasts where the patient has been diagnosed with breast cancer, discrepancy exists between clinical assessment and conventional imaging assessment, and the results of breast MRI may alter treatment planning. Referred by a specialist or consultant physician -No annual limit

MEMBERSHIP CHANGES

MEMBERSHIP LEVELS

ASBD has made changes to their constitution so that all members have the same rights and entitlements. From Jan 1 2020 there will no longer be an Associate Member category and all members will have voting rights.

THE BREAST JOURNAL

Elsevier made changes to the production of The Breast journal from January 1 2020 (see announcement below). The hard copy journal is no longer published, and the online journal is now open access. We no longer need to charge a subscription for journal access, as it can be accessed for free online.

As part of our ongoing arrangements with Elsevier, ASBD members will receive a 30% discount on the article publishing charge (APC) listed below. ASBD will still publish a selection of submitted abstracts from our Scientific Meetings in *The Breast* free of charge.

ANNOUNCEMENT FROM ELSEVIER

From January 2020 *The Breast* is an open access journal. Authors who publish in *The Breast* will be able make their work immediately, permanently, and freely accessible. *The Breast* authors will pay an article publishing charge (APC), have a choice of license options, and retain copyright to their published work.

***The Breast* continues with the same aims and scope, editorial team, submission system and rigorous peer review.**

The APC will be requested after peer review and acceptance and will be required for all accepted articles submitted after 1 October 2019. The APC for *The Breast* is USD 1800 (excluding taxes) for Original Research Articles and Review Articles, USD 800 (excluding taxes) for Short Format Articles (Short Communications, Viewpoints and Debates). Correspondence is free of charge for all authors.

NEW MEMBERSHIP FEES

As a result of the journal changes new cheaper membership fees have been introduced for membership renewals for the 2020-2021 financial year.

Nurses and Allied Health: $80 + GST

Doctors: $160 + GST

The Membership Join and Renew section of the website is currently being updated to reflect these changes. This work is scheduled to be completed by late April. Members will be advised by email when the site is ready to accept renewals for 2020-2021.

Any members who have joined or renewed their membership and paid under the old fee structure from 1st January 2020 up until the website is updated with the new fees will have their membership extended until 30th June 2021.

ASBD MEMBERSHIP BENEFITS:

- Priority access to workshops (early notification to members)
- Cross discipline connectivity and collegiality
- Discount on conference and workshop fees
- Conference dinners included in registration
- Multidisciplinary forum on the website for members (coming soon)
- Member's area of website – expanding to include - updates, forum, resources
- ASBD newsletters

AGM UPDATE

The 2019 AGM was held during the 12th Scientific Meeting at RACV Royal Pines Resort on 11th October 2019. 29 members attended.

The members present voted unanimously to accept the following changes to the constitution:

1 Removal of the Associate level of membership

2 Changes to the definition of a full member to include Allied Health. Allied health will have the same privileges as a full member including to vote at General Meetings and Annual General Meetings.

Full member:

Any individual person who is a qualified practising medical practitioner registered on any national medical board who may in the opinion of the Board promote or advance industry and assist the Company in relation to the Objectives;

· Any individual person who was a qualified medical practitioner registered on any national board but who no longer practises and who may, in the opinion of the Board, promote or advance industry and assist the Company in relation to the Objectives;

· Any individual person who is an Allied Health Professional; or

· Any entity, partnership or body corporate who employs Allied Health Professionals.

3 Changes to the composition of the board to include an allied health professional:

Composition

(1) The Board will have a maximum of eleven (11) positions, comprised as follows:

(a) ten (10) Directors; and

(b) one (1) other Director who must be an Allied Health Professional.

(2) The Company, from time to time, may by Ordinary Resolution passed at a General Meeting, increase or reduce the number of maximum Directors.

ASBD WELCOMES OUR NEW DIRECTORS

Gavin Harris

Gavin is an Anatomical Pathologist with specialist interest in breast pathology. He trained in Nottingham, UK with a period of subspecialist breast pathology training under Professors Chris Elston and Ian Ellis who developed the international grading system in use today, together with Professor Sarah Pinder. He emigrated to Christchurch, New Zealand in 2003 to lead the development of a specialist breast pathology service, which he continues to lead today, working closely with the Cancer Society Tissue Bank and Breast Cancer Foundation National Register, for which he Chairs the Clinical Advisory Group and is a member of the Board of Trustees. He is passionate about how optimising pathology assessment can improve diagnosis and more accurately predict prognosis for breast cancer patients, reflected in his interest in the molecular and computational aspects of breast cancer pathology. He is currently enrolled as a part-time MD student at the University of Auckland.

Jenny Gilchrist

Jenny Gilchrist is a Nurse Practitioner in Breast Oncology at Macquarie University Hospital and one of only three nurse practitioners dedicated to breast oncology in Australia. She has over fifteen years nursing experience in oncology and palliative care, of both pediatric and adult patients in the private and public healthcare systems. Jenny also holds a position as Clinical Leader – Metastatic with the McGrath Foundation.

Jenny completed a Graduate Certificate in Cancer Nursing in 2004 and completed a Masters of Nursing (Nurse Practitioner) at the University of Sydney in 2016. She is currently undertaking a Graduate Certificate in exercise medicine (oncology) via Edith Cowan University.

Jenny is appointed as a Senior Lecturer at Macquarie University, and is the first nurse to hold an academic position in the Faculty of Medicine. She is heavily involved in the medical program at Macquarie, as both a lecturer and coordinator of the cancer blocks. In her current position as Nurse Practitioner she is the first nurse in Australia to be delegated as a sub-investigator on multiple international clinical trials, a role usually reserved for medical practitioners.

Jenny is a member of multiple national and international organisations and is the co-chair of the breast specialist network within the Cancer Nurses Society of Australia. She has been an invited speaker at numerous national and international conferences including MASCC and COSA. Jenny has recently been involved in a number of national breast cancer projects including the development of the Model of Care for the McGrath Foundation and the development of Cancer Australia's best practice statements for metastatic breast cancer.

Her clinical interests and passions include breast cancer, supportive care and the prevention of burnout in healthcare professionals. Jenny also has a strong interest in clinical research, particularly that

ASBD CONFERENCE VIDEO SITE

ASBD CONFERENCE VIDEO SITE

With the support of our partner Hologic, ASBD has developed a secure post-conference video website for delegates who attended the 12th Scientific Meeting in October 2019 to further enhance the learning opportunities of this conference. The complete presentations of Sessions 1 -7 are available to delegates on this site for the duration of 2020. Username and password details were emailed to all full delegates on 14th January 2020.

This website is exclusively for the use of delegates who attended the whole conference. ASBD hopes to provide this service for all ASBD Scientific Meetings going forward.

If you have any feedback or questions about this service please contact kerrye@asbd.org.au

MESSAGE FROM HOLOGIC:

"Hologic is proud to support the ASBD in delivering quality education to medical professionals with an interest in the prevention, diagnosis, treatment and research aspects of breast disease. In support of the ASBD, this portal aims to provide further educational information relevant to medical professionals working in the Breast Health space."

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FUTURE ASBD EVENTS*

2020 LEURA INTERNATIONAL BREAST CANCER CONFERENCE.

ASBD is partnering with Westmead Breast Cancer Institute to present this multidisciplinary conference from October 27-31 at the Fairmont Resort, Leura. Register online

2021 CONFERENCE

ASBD will partner with the Controversies in Breast Cancer group and BreastSurgANZ to present an international joint breast congress (exact title TBA) at the Brisbane Convention Centre, October 14-16 2021. More information will be available on the ASBD website soon.

WORKSHOPS

ASBD is planning to introduce some new workshops over the next 12-18 months to be held at various locations throughout Australia and New Zealand. All workshops will offer discounted registration fees to ASBD members. These workshops are in development and will be promoted on the website and via email to members when they are available. Workshops will include:

- Lymphoedema
- Exercise
- Communication
- Diagnostic workshop for radiologists
- Radiology for non-radiologists.
- Diagnostic workshop for pathologists
- Pathology for non-pathologists

ASBD AGM 2020

Onsite during the Leura International Breast Cancer Conference.
Date and time TBA

*NOTE: All planned ASBD events are subject to Australian Government health advice in relation to COVID-19.

LEURA 2020

International Breast Cancer Conference
27-31 October 2020

Leura 2020 registrations are now OPEN. Proudly hosted by the Westmead Breast Cancer Institute (BCI) in collaboration with the Australasian Society of Breast Disease (ASBD) and supporting our Breast Surgical program Breast Surgeons of Australia and New Zealand (BreastSurgANZ).

International key note plenary speakers attending:

Professor Eric Winer, *Hematology & Breast Oncologist.* Boston, Massachusetts, USA
Professor Thomas Buchholz, *Radiation Oncologist.* San Diego, California, USA
Professor Dame Lesley Fallowfield, *Professor of Psycho Oncology.* Brighton, UK
Adjunct Professor Michael N Linvers, *Radiologist.* New Mexico, USA
Professor Stuart Schnitt, *Breast Oncologic Pathologist.* Boston, Massachusetts, USA
Mr R Douglas Macmillan, *Consultant Breast and Oncoplastic Surgeon.* Nottingham, UK

Topics will include

- Novel Options for treatment sequencing in ER positive breast cancer
- Role of radiation therapy and the management of Locally Advanced Breast Cancer
- How to use PROMS to improve the patient journey and clinical outcomes
- Technological advances in breast imaging (an update on MRI, mammography and PET/MRI), when should we use these?
- Updated classification of TNBC (morphology, molecular phenotypes, implications)
- Re-defining Breast Conservation Surgery (updated indications and approaches)

Registration is now open at www.leura2020.com or for further information
Contact VMS Event & Conference Logistics Pty Ltd
Email: operations@vmscoferences.com.au

BCI westmead breast cancer institute

Australasian Society for Breast Disease

ASBD WORKSHOP: APPLIED ULTRASOUND FOR CLINICIANS*

SATURDAY 29TH AUGUST 2020, MELBOURNE MARRIOT HOTEL

The ASBD Applied Ultrasound for Clinicians workshop facilitated by Prof Ian Bennett, Dr Daniel de Viana and Mr Michael Law is designed for breast surgeons and other clinicians with limited prior experience in the use of ultrasound. This educational activity will meet BreastSurgANZ requirements for trainees and will be submitted to RACS CPD Program. The course is accredited towards CCPU by the Australian Society for Ultrasound Medicine (ASUM).

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)

Registration fees include lectures, hands-on workshop, workshop USB and morning tea, afternoon tea and lunch :

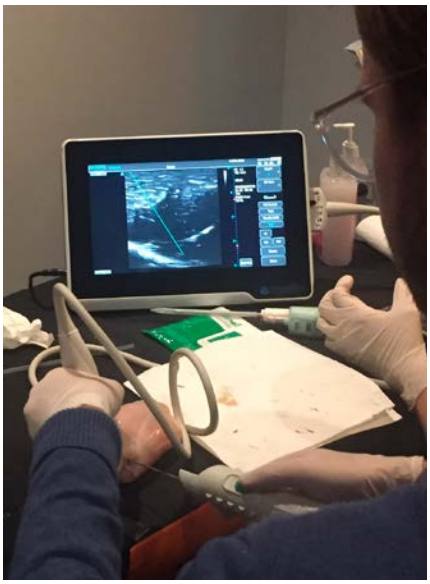
Members: $625

Non-members: $725

Email kerrye@asbd.org.au for more information and to add your name to the interest list.

Registration will be via the ASBD website. The interest list will be contacted as soon as the registration is live.

*NOTE: All planned ASBD events are subject to Australian Government health advice in relation to COVID-19. In the event that this course cannot proceed in August it will be moved to an alternative date later in 2020.



Case Study: Recurrent triple negative

This is a case of a 46-year-old female with a recurrent triple negative breast cancer. This case was discussed at the ASBD 12th Scientific Meeting 2019 at the concluding session for multidisciplinary panel discussion with audience participation. This has been reprinted in the Newsletter for your reflection of the management issues highlighted in the MDT discussion.

In 2014, the patient presented with a mammography screen detected right breast lesion at the age of forty-two. She has been previously well with no significant medical history to note. Positive family history of breast cancer was reported with her maternal grandmother with an early stage breast cancer diagnosis in her forties. No other cancers in the family were reported.

Core biopsy was performed of the right breast lesion in July 2014. (Fig A and B) This confirmed the presence of an invasive ductal carcinoma. H&E staining of the specimen and the E-cadherin staining slide are presented as below.

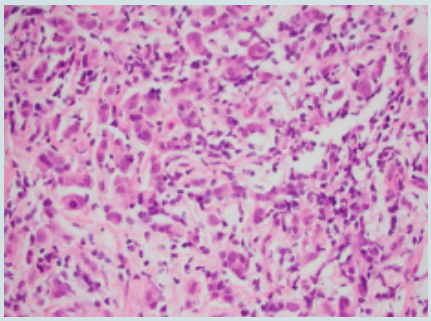


Fig A. H&E staining

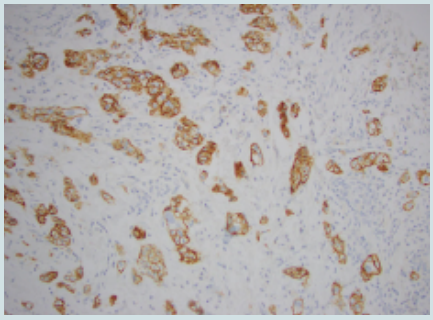


Fig B. E-cadherin staining

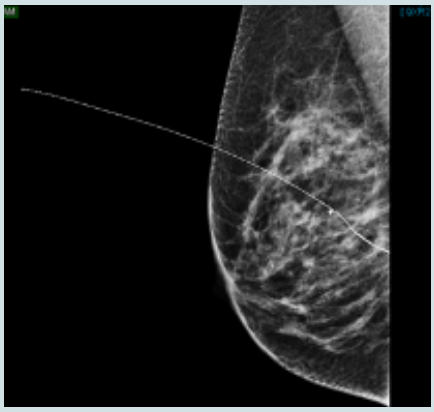


Fig C. Right MLO

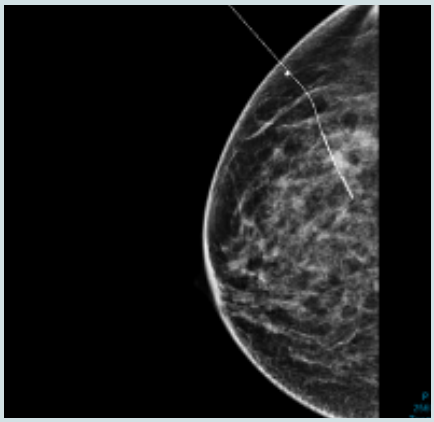


Fig D. Right CC

She underwent a wire localisation, wide local excision and sentinel node biopsy with the surgical histology revealing a 6mm, Grade 2 invasive ductal carcinoma with clear resection margins. The hormone receptors were negative for estrogen, progesterone and Her2 receptors. The sentinel node showed no malignant involvement (0/1).

Post-operatively, she was recommended for adjuvant treatment by the local MDT. She received combination chemotherapy with taxotere and cyclophosphamide and completed right breast radiotherapy to dose of 50Gy in 25 fractions with 10Gy boost to the tumour bed.

In March 2018, she re-presented with a right breast swelling. She was investigated with repeat mammograms and ultrasound examination of the right breast and axilla. There was diffuse skin thickening and edema of the right breast. In the right axilla and interpectoral region, there were multiple pathological lymph nodes.

Core biopsy of one of the suspicious axillary lymph node showed poorly differentiated metastatic carcinoma, staining positive for the GATA3 staining, confirming the breast origin. Consistent with the previous histology, the receptor status was triple negative.

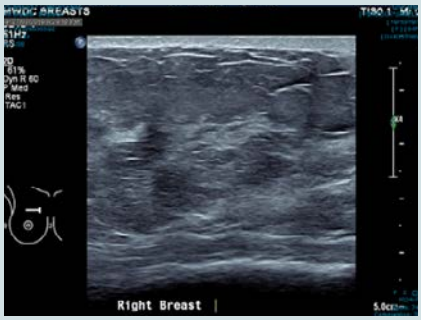


Fig E. Right breast ultrasound

Re-staging investigations included the CT/PET scans demonstrating extensive predominantly right thoracic disease involving internal mammary nodes throughout the length of the chest with involvement of the right anterior superior mediastinum, subpectoral axillary nodes and a 17 mm breast lesion with low grade uptake.

She was commenced on Abraxane with a view to enrolling into a clinical trial for immunotherapy in metastatic triple negative disease (Aztec trial with Atexolizumab). Later, weekly carboplatin was added and the chemotherapy continued for three months. Re-staging CT/PET scans in September 2019 reported metabolic and morphologic regression of the mediastinal and right axillary disease.

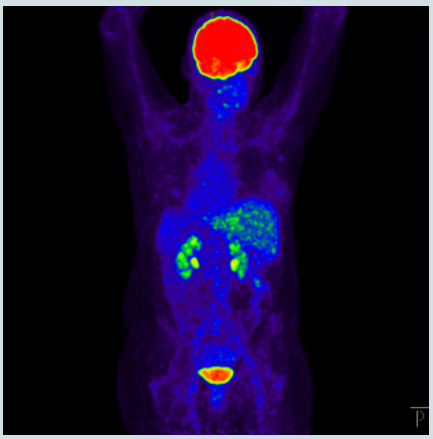


Fig F. Post-chemotherapy restaging PET.

Questions and reflections

What further management would you recommend for this patient? What would you consider as;

1. the role of loco-regional therapies following complete response?
2. the optimal systemic therapy for recurrent triple negative breast cancer?
3. the best supportive measures for the psychological impact of cancer recurrence for this patient