



IMPORTANT DATES

30 June 21
Membership renewal due

14-16 October 21
Australasian International
Breast Congress

15 October 21
ASBD AGM

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

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PRESIDENT'S REPORT



Slowly, life seems to go back to normal after the COVID-19 pandemic here in Australia and New Zealand, and with the vaccination program being rolled out, I feel a glimpse of optimism

that it will stay that way. The pandemic has certainly been very challenging for many of us, but trained us in resilience and flexibility.

As with so many organisations, ASBD has increased its online presence and I think this will be a positive move into the future. The webinar 'Pathology Fundamentals' was very successful and will soon be available as an online learning course, free to members and at a cost to non-members, so if you missed the webinar in December, you can still complete the course. This webinar was the first in a planned series of seminars, in which the various specialities involved in the management of breast disease explain fundamental aspects of their specialty for other members of the multidisciplinary team. Keep your eyes open for more to come, you will be notified via email. In addition, a comprehensive series of learning modules about aetiology, prevention and management of lymphoedema developed by Louise Koelmeyer and the ALERT team at Macquarie University, will soon be available to members.

The recent ASBD Strategic Planning Meeting (SPM) was a hybrid online and in person event. The meeting was held via an online

platform with some of the executive members meeting in a Sydney hub and some in a Brisbane hub. The directors in New Zealand and Western Australia connected online individually. Thanks to excellent AV support, this model worked well and will set an example for the future.

The Sydney hub was able to meet our new director Dr Sanjeev Kumar in person for the first time, and our Brisbane hub met with our new Brisbane based director Dr Maree Colosimo. Both are medical oncologists, one replacing our long-serving director Dr Cath Shannon, and the other a new position, created to help us grow our focus and membership in the medical oncology area. Read more about our new directors in this newsletter.

We are very excited about the Australasian International Breast Cancer (AIBC) conference, which is being organised in collaboration with Controversies in Breast Cancer (CoBrCa) and BreastSurgANZ, in Brisbane October 14-16, 2021. Hopefully we will be able to meet in person again at this conference, although our international speakers and delegates will join us via the online platform. The program looks promising for stimulating discussions and will be released soon. If you haven't already, please put these dates in your diary now.

See you in Brisbane in a few months time!

A/Prof Elisabeth Elder

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





The new DCISionRT Test for DCIS

Last week GenesisCare and PreludeDx announced a new partnership which will provide access to a ground-breaking precision medicine test for women with DCIS of the breast. This is the first time that women in Australia with DCIS will have access to this test.

The DCISionRT tool is a tissue-based molecular profiling tool which assesses and quantifies the risk of ipsilateral DCIS or invasive tumour recurrence following breast conserving surgery. It utilises non-linear modelling of tumour-recurrence biomarkers combined with traditional clinicopathological factors (age, palpability, lesion extent and margin status) to generate a score specific to a patient's recurrence risk. In addition, it quantifies potential benefit for the addition of radiation therapy following the surgery. The test is completed on the tumour specimen so no further invasive procedures are required.

The partnership has pledged 1500 tests for Australian women which will be provided as part of a research project in the form of a prospective registry with Principal Investigators Surgeons A/Prof Bruce Mann and Dr David Speakman, and Radiation Oncologist Dr Yvonne Zissiadis.

This is an exciting development for women with DCIS and their treating clinicians as it will help guide more informed treatment decisions.

Meet our New Directors



DR MAREE COLOSIMO

Dr Colosimo is currently a Medical Oncologist working at St Vincent's Private Hospital Northside

and Mater South Brisbane. She has had clinical experience in working in Breast Cancer Oncology both in Private and Public Practice. She is the current Chair of the Breast Multidisciplinary Team at St Vincent's Hospital Northside and has a strong interest in survivorship and clinical research.

She graduated with Honors from Monash University in 1992. In 1995, she moved to Queensland and commenced specialist training in oncology at the Royal Brisbane and Women's Hospital. Dr Colosimo has been in Private practice since 2001.

DR SANJEEV KUMAR



Sanjeev is a Medical Oncologist and Clinician Scientist who grew up in country NSW, before completing undergraduate

medical studies at the University of New South Wales in 2006. He trained as a Medical Oncologist at Royal Prince Alfred Hospital, the Chris O'Brien Lifehouse and in the United Kingdom.

Sanjeev moved to Cambridge (UK) in 2015 to undertake a fellowship in the Addenbrooke's Hospital Cancer Drug Development Unit. He was then awarded a University of Cambridge scholarship in 2016 to complete a cancer molecular biology PhD at the Cancer Research UK Cambridge Institute, with a focus on Oestrogen receptor-positive breast cancer. Simultaneously, he ran a UK-wide clinical trial for patients with ER-positive breast cancer.

Sanjeev has returned to Australia to continue his clinical and academic focus on breast cancer with positions at Lifehouse, The Kinghorn Cancer Centre and the Garvan Institute of Medical Research. He is passionate about improving the education of trainees, public engagement in oncology and clinical trials. His clinical and academic interests are high risk breast cancers, treating young women with breast cancer, neoadjuvant therapy and endocrine therapy resistance.

New Breast Medicare Item Numbers Introduced November 2019

New breast imaging Medicare item numbers have been introduced in order to increase patient access to diagnostic tools in women with suspected or confirmed breast cancer. These item numbers were added after recommendation by the Medical Services Advisory Committee.

PET/CT was found to be more sensitive for disease detection and more cost effective than the previous standard of Bone scans and CT.

The MRI item numbers will be listed for four years in order for the Medical Research Future Fund to assess their benefit and effectiveness and to advise the Medicare Service Advisory Committee on future inclusion in the schedule. In their current form, these item numbers will increase the availability of breast MRI for staging in women who have

dense or complex breast tissue and for whom mammography and ultrasound may underestimate the extent of disease or in women for whom biopsy would be difficult, such as those with an axillary breast lesion.

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.

MRI

Item 63531

MRI of both breasts where the patient has a breast lesion, the results of conventional 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 and conventional imaging assessment, and the results of breast MRI may alter treatment planning.

[Case Study: PET/CT in Breast Cancer](#)

McGRATH MODEL OF CARE



Following a two and half year consultation and development process, the McGrath Foundation proudly launched the McGrath Model of Care across Australia in November 2020.

As the first comprehensive model of care for breast care nursing in Australia to be developed in more than two decades, The McGrath Model of Care defines and guides the delivery of best practice supportive care nursing across the continuum of care.

The Model was established with guiding principles that are patient centric, locally flexible and support equity of access. It supports and enhances the delivery of multi-disciplinary care and evidence-based practices for all people with breast cancer, early or metastatic.

Drawing on 15 years' experience and data from more than 150 specially trained nurses, the Model has been developed in consultation with 25 leading cancer specialists and clinicians including surgeons, oncologists, GPs, and patients.

Breast cancer is now the most commonly diagnosed cancer in Australia with an estimated 19,974 new cases in 2020, significantly higher than twenty years ago. Treatments have advanced considerably, no longer necessarily following a linear pathway, and psychosocial and supportive care now plays a greater role in caring for people with breast cancer.

The McGrath Foundation currently funds 154 breast care nurses throughout Australia and was proud to have led

the development of the McGrath Model of Care to enhance and standardise supportive care nursing and deliver best-practice care to patients across Australia.

The McGrath Model of Care has proudly been endorsed by the Australasian Society for Breast Disease (ASBD), Breast Cancer Network Australia (BCNA), Breast Surgeons of Australian & New Zealand (BreastSurgANZ) and the Cancer Nurses Society of Australia (CNSA).

The McGrath Model of Care is available for download [here](#)

BREASTSCREEN UPDATE 2021

Artificial Intelligence has now moved closer than the horizon, with almost all jurisdictions announcing projects to evaluate performance. At the same time NHMRC has funded a large project looking at Ethics and societal/legal aspects of AI in diagnostics with breast as one of the example diseases, and the outcome of this project is likely to have implications for BreastScreen.

Little else of significance has changed since our last newsletter. Remote assessment clinics continue as a fallback in several jurisdictions, with continued unpredictability of travel.

[Further Information](#)



SPARK Plus Access Program.

How to Access Ribociclib (Kisqali) in Combination with Fulvestrant for Patients with Advanced Metastatic Breast Cancer. A Guide for Health Professionals.

The CDK inhibitors have changed the landscape for ER positive and Her 2 negative advanced breast cancer. Ribociclib (Kisqali), palbociclib (Ibrance) and abemaciclib (Verzenio) are currently available and reimbursed by the PBS in the first line setting in combination with an aromatase inhibitor (either anastrozole or letrozole).

There is currently an unmet need for access to the CDK inhibitors in patients with advanced ER positive and Her2 negative breast cancer who have not had CDK inhibitors in the upfront first line endocrine setting, or who have had progressive disease in the adjuvant setting whilst on an aromatase inhibitor and a switch in endocrine therapy may be warranted.

Under the Novartis Spark Plus Program Novartis will supply ribociclib free of charge when used in combination with fulvestrant in the locally advanced (inoperable) or metastatic breast cancer patients who fit the following criteria.

FIRST LINE patients who have not previously had any endocrine therapy in the advanced or metastatic setting

OR

SECOND LINE setting in patients who have developed disease progression and have not yet had a CDK inhibitor in the advanced setting.

Patients can be enrolled via the spark -plus website www.spark-plus.com.au after giving informed consent and receiving the Patient Fact Sheet.

Kisqali will be supplied after an initial prescription form is signed and emailed to program pharmacy. Details are on the portal. Kisqali will be dispensed from a central pharmacy and treatment continued following monthly assessment of ongoing eligibility and treatment continuation. New prescriptions are required for dose reductions and prescription supply if for six months. The costs of fulvestrant will also be reimbursed.

If there are any questions or difficulties contact your local state Novartis representatives.

Save the Dates!

2021 AUSTRALASIAN INTERNATIONAL BREAST CONGRESS (AIBC)

A joint congress with ASBD, BreastSurgANZ and CoBrCa • Brisbane Convention and Exhibition Centre QLD, October 14-16, 2021



2022 3RD AUSTRALASIAN BREAST CONGRESS (ABC3)

A joint conference with ASBD and BreastSurgANZ • Te Pae Convention Centre Christchurch New Zealand, October 6-8, 2022



2023 ASBD 13TH SCIENTIFIC MEETING

Adelaide Convention Centre SA September 14-16, 2023



ASBD Plans for 2021



ASBD directors held their 2021 Strategic Planning Meeting on 27th February. This is normally a full day of planning for the coming year, and with all directors in attendance is the one day in the year when we get together face-to-face. Unfortunately, with some COVID restrictions still in place this year's meeting was a little different – reduced in hours and with a virtual component. The NSW based directors met at Chris O'Brien Lifehouse while interstate and New Zealand based directors participated via a virtual connection.

Planning at the meeting included:

- 1 **Confirming dates and venues for conferences in 2022 and 2023**
- 2 **Discussing membership fees and strategies for attracting new members**
- 3 **Prioritising ideas and planning new online learning courses.**
- 4 **Planning the members' newsletter**
- 5 **Discussing executive position changes for the 2021 AGM**
- 6 **Prioritising policies and procedures for development**
- 7 **2021 AIBC planning - developing workshops and planning a members' dinner**



The Sydney group

Online Courses

ASBD is developing online learning modules. As a multidisciplinary society we are perfectly placed to provide cross-discipline learning modules for members and others to help enhance the understanding of what disciplines require from each other to enhance patient outcomes and experience.

The first of these, the **ALERT Lymphoedema modules** were developed by Louise Koelmeyer and the ALERT Education Team at Macquarie University. ASBD has entered into an agreement with Macquarie University to provide these modules free for ASBD members and at a fee to non-members. This course will be available later in March. Members will be notified by email.

Pathology Fundamentals is based on the pathology webinar delivered in December by A/Prof Nirmala Pathmanathan and Dr Gavin Harris and will be available in April. This project has been supported by a ROCHE Education grant and will also be free to members. CPD accreditation is available for both courses.

Other courses in development include the half-day theory component of **Applied Ultrasound for Clinicians**. Topics being considered for courses later this year or in early 2023 include **Genetics, Oncology 101, and Breast Surgery for Non-surgeons**.

AIBC Update

The Australasian International Breast Congress will be held at the Brisbane Convention Centre. As there is no conference dinner, ASBD is planning to host an ASBD Members' Dinner on the Thursday evening after the Networking Event. This will give us the opportunity to relax and socialise together after almost two years of no conferencing! We hope to see you there!

We are planning 6 workshops that will be held on Thursday 14th October. Topics being developed include:

- Supportive Care – Younger Women**
- Ethics and Law**
- New Frontiers in Diagnosis**
- Challenging Communication**
- Genetics**
- Oncology 101**



CASE STUDY: PET/CT IN BREAST CANCER

A 53-year-old woman presented with a self-detected right breast lump.

Mammographic and sonographic imaging of the breast was performed which demonstrated multiple breast masses suggestive of multifocal carcinoma. The largest and most atypical lesion in the lateral right breast was sampled with sonographically guided core biopsy with histology demonstrating invasive ductal carcinoma. The right axillary lymph nodes were suspicious at sonographic examination and the largest of these was sampled with ultrasound guided fine needle aspiration with malignant cells demonstrated on cytology.

A PET/CT was performed for staging.

Images through the upper chest demonstrate multiple sites of FDG avidity within the right breast, in keeping with multifocal disease (Image A). FDG avidity was also demonstrated within both the right and left axillary nodes, in keeping with axillary metastases (Image B).

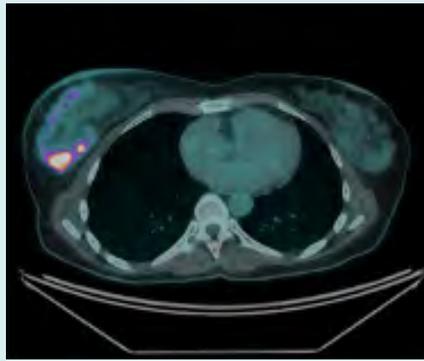


Image A

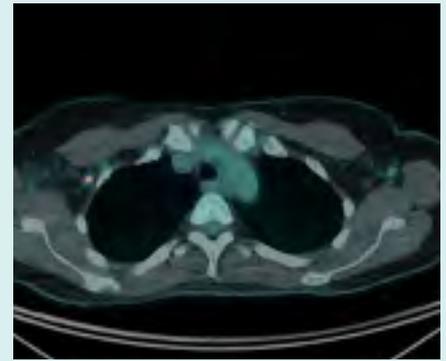


Image B

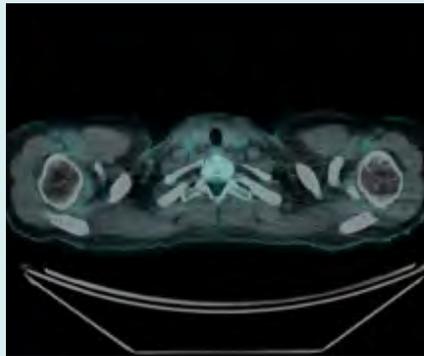


Image C

The PET/CT also demonstrated further sites of FDG avidity within the anterior aspect of segment two of the liver (Image D) and within a node in the right supraclavicular fossa (Image C).

The patient proceeded to neoadjuvant chemotherapy followed by a mastectomy and radiotherapy.

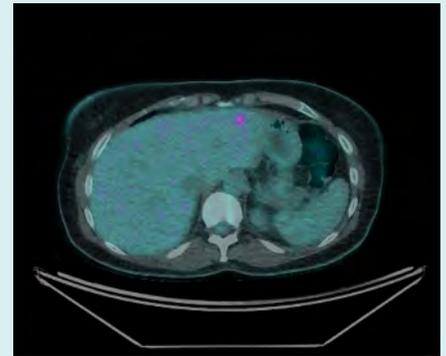


Image D

The PET/CT demonstrated further sites of disease than would have been apparent with conventional imaging which enabled a more targeted treatment approach.

[PET Item Numbers Article](#)

ASBD MEMBERSHIP



The membership year is from July 1 to June 30, so memberships are due for renewal from 1st April. The membership system will roll over to the new membership year from 1st April so all renewals after that date will be at the new fee level and valid until June 30 2022.

Wait until after 1 April to renew for 2021-22.

2021-22 membership fees:

Doctors: \$185.00 inc. GST

Nurses and Allied health: \$99 inc. GST

During COVID-19 the membership by physicians has remained steady. Nursing and Allied Health membership has dropped substantially, probably due to the absence of a conference with a discounted fee for members. It is anticipated that this situation will change this year. It is pleasing to see that medical oncology membership is on the rise.

CURRENT MEMBERSHIP BY SPECIALTY

	20-21
Breast/Endocrine/General Surgery	104
Cyto/Histo Pathology	20
General Practice	8
Radiation Oncology	31
Breast Physician	32
Radiology	30
Medical Oncology	12
Radiography/Mammography	3
Science/Research	4
Nursing	60
Other	5
Lymphoedema Management	1
TOTAL	310



**Australasian Society
for Breast Disease**

JOIN NOW!



**A multidisciplinary approach to prevention, diagnosis
and management of breast disease**