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Australasian Society for Breast Disease

ASBD UPDATE

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

CONTENTS

IMPORTANT DATES

27TH FEBRUARY
Webinar: Optimising outcomes in Breast Reconstruction

9TH MARCH
Director's Strategic Planning Meeting

15TH JUNE
Applied Breast Ultrasound for Clinicians

23RD-26TH OCTOBER
Leura International Breast Congress

PRESIDENT'S REPORT

Dear Members,

Kia ora and welcome to this edition of the ASBD newsletter. As I write this report, we have just completed Breast Cancer Awareness month in October and no doubt it was a busy period for all of you. It does not seem that long ago that we were just starting out the year and now, it feels like we are rushing head long into the Christmas and New Year season.

At the recently held AGM in September 2023, I have accepted the Presidency of the ASBD. This is a tremendous privilege and honour for me, and I hope to be able to continue bringing the society forward in future years. I would like to acknowledge Prof. Elisabeth Elder's leadership over many years, leading the ASBD to meet its objectives through the uncharted territories of a pandemic and growing the ASBD membership to its highest number during her tenure.

I would also like to acknowledge the amazing Kerry Eyles, executive officer of ASBD and the group of Executive Directors from different specialties who have tirelessly organised and contributed to the activities of the ASBD. They are a real joy to work with. Special thanks goes to Dr. Minjae Lah (Radiation Oncologist) and Dr. Gavin Harris (Pathologist) who had completed their term and stepped down at the AGM. They have contributed hugely to ASBD and we will miss their presence. It is with great pleasure that we welcome Dr. Andrew See (Radiation Oncologist) and Dr. Cameron Snell (Pathologist) as new Directors and look forward to working with them.

Prof. Elder with the gift she received from the ASBD Executive when she stepped down from her presidential role at the 2023 AGM. We thank Prof Elder for her commitment and dedication to ASBD .

The ASBD conference was held in Adelaide from the 14th to 16th September 2023. The conference was very successful, and many have commented on the high-quality speakers, topics and program (more on this later).

cont. page 2

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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PRESIDENT'S REPORT CONTINUED

This was the first ASBD conference held since the start of the pandemic and despite the resumption of various local and overseas meetings, the conference was well attended, a testament to the importance of a multidisciplinary presence for breast cancer management in Australia and NZ.

ASBD ran the ultrasound course and other workshops in conjunction with the conference. In addition, various webinars were held in the last 3 years, such as Surgery 101, Pathology fundamentals, Medical and Radiation Oncology. Some are made available as learning modules on the ASBD website. This is a great learning resource and I encourage members to have a look at the society's website. Access to the learning modules is free for members.

We look forward to the planning of activities for 2024. The annual Strategic Planning Meeting will be held in March 2024 whereby the directors will come together to brainstorm and plan for the academic activities for the year. Further webinars are in the pipeline (surgery, genetics, medical oncology) as well as the face-to-face Ultrasound course, potentially combined with other half day workshops. We encourage members to share their ideas on how we can improve and run relevant courses and activities throughout the year. We also look forward to strengthening our working relationship with BreastsurgANZ, other societies and sponsors, which will bring mutual benefit to all.

Lastly, the LEURA International Breast Cancer Conference will be held at Leura, Blue Mountains in October 2024. This will be run by the Westmead Breast Cancer Institute, as a collaboration with ASBD and BreastsurgANZ. I hope to see many of you there. The next ASBD conference will be held at Surfers Paradise, GOLD COAST in September 2025. It will be an exciting event, so pencil it in your long-term diary!

I hope all of you will have a chance to have a break towards the end of the year and I wish everyone a wonderful Christmas and New Year. Best wishes.

Peter Chin
Breast Surgeon, Tauranga, NZ.
President, ASBD

Meet the new ASBD President

Peter Chin is a breast surgeon with a special interest in Oncoplastic breast surgery, working at Tauranga Hospital and Grace Private Hospital in Tauranga, New Zealand since 2006. He is the lead surgeon for the Tauranga Hospital Breast Service. He graduated from the University of Melbourne and completed his surgical training in New Zealand before undertaking his subspecialty training at the world-renowned Edinburgh Breast Unit.

Peter has been an Executive Director of the Australasian Society for Breast Disease since 2018 and is on the Oncoplastic subcommittee of Breast Surgeons in Australia and New Zealand (BreastSurgANZ). He is a passionate teacher in Oncoplastic surgery and has taught widely. He has been actively involved in the teaching faculty for the BreastSurgANZ Oncoplastic breast workshops since 2015 and had contributed to the University of Sydney's Postgraduate/Masters Breast course. He is also on the medical advisory committee of the NZ Breast Cancer Foundation.

Peter is the first New Zealand based ASBD President.

Meet our new ASBD Directors

ASBD Director Radiation Oncology
Dr Andrew See

Dr Andrew See is an experienced radiation oncologist who consults and treats patients at multiple Icon Cancer Centre locations across Victoria including Epworth Freemasons, Epworth Richmond, Moreland, Holmesglen, Mulgrave and Mildura.

Dr See has been active in numerous clinical trials and acted as principal investigator in key studies investigating radiation therapy treatments for breast and prostate cancer.

Dr See has developed sub-discipline expertise with the management of breast, genitourinary cancers and general oncology, and has gained international training with stereotactic radiosurgery, a relatively new and expanding area of cancer medicine. His personal attributes have gained him a wide following among patients and referring physicians.

ASBD Director Pathology
Dr Cameron Snell

Dr Snell is Head of Anatomical Pathology at the Peter MacCallum Cancer Centre. He is a Tumour Pathologist with special interests in breast, skin, lung, soft tissue and gastrointestinal malignancies. He is interested in personalised cancer care through the use of predictive biomarkers and the application of digital imaging and quantification platforms to interpret slide-based biomarkers. Dr Snell is a past recipient of the Nuffield Fellowship and has completed a DPhil in tumour hypoxia and biomarkers at the University of Oxford.

ASBD 13th Scientific Meeting Adelaide - September 2023

Adelaide turned on beautiful spring days and its famed fine food and wine to provide the perfect backdrop as it welcomed over 300 delegates to the 13th ASBD Scientific meeting from 14-16th September. After a Covid induced hiatus, it was wonderful to see so many delegates take the opportunity to attend in person and engage in both the scientific agenda and the social program which enabled the chance to rekindle old, and establish new, networks and friendships.

Themed "Breast 360 - Interdisciplinary perspectives and breakthroughs" there was an underlying forward-looking focus throughout the program which was once again a truly multidisciplinary affair aligned with ASBD's mission.

Lobular breast cancer and the management of high-risk disease shared the spotlight on Day 1 with discussions focussed on the clinical conundrums faced in daily clinic including optimal imaging during neoadjuvant therapy, axillary management and nodal radiation challenges, pathological and surgical complexities in lobular cancer and the evolving and emerging directions in the management of triple negative breast cancer. International invited speakers Drs Hope Rugo, Julie Margenthaler and Debra Ikeda from the US dazzled the audience in these sessions with both academic content and energy and enthusiasm in their presentations.

Dr Debra Ikeda presents to delegates in the main auditorium.

Multidisciplinary panel discussion in Session 8 - Back to the Future: Key changes in my specialty 2021 - 2026

ASBD welcomed not-for-profit organisation Pink Hope to the conference. Pink Hope's focus is providing education and prevention strategies for hereditary breast and ovarian cancer.

ASBD directors and International speakers, L-R Sanjeev Kumar, Jenny Gilchrist, Debra Ikeda (USA) Elisabeth Elder, Julie Margenthaler (USA) Nisha Sharma (UK) Gelareh Farshid, Minjae Lah, Parisa Aminzadeh, Maree Colosimo, Jennifer O'Sullivan, Peter Chin, Kerry Eyles, Cathy Phillips.

ASBD 13th Scientific Meeting Adelaide - September 2023 continued

A second theme of the conference addressed innovation, advances, and a bit of thinking outside the box with talks on artificial intelligence (AI) in pathology and radiology, 3D modelling in surgery and emerging techniques with potential future applications including expanding the role of vacuum assisted excision (International invited speaker Dr Nisha Sharma UK) and the ongoing development of the Adelaide based proton therapy centre.

In the dedicated surgical stream, there was a spotlight on intraoperative margin assessment, oncoplastic surgery; is less more and some technical talks relevant to the surgical audience whilst the medical oncology inclined audience were updated on Her 2 Low.

ASBD once again delivered strong allied health, survivorship and wellbeing content with highlights including workshops on survivorship and toxicity, living well beyond breast cancer and a session dedicated to health practitioner wellbeing, life balance and shame and errors in medicine, being particularly well received and reviewed.

Specials thanks to the ASBD Convenors, Prof Gelareh Farshid (SA) and Dr Peter Chin (NZ) and the ASBD Executive Officer and Conference Secretariat Ms Kerry Eyles for all their hard work behind the scenes. As for Kerry, not only was she fundamental to the conferences' success, but she also shared her own story with us all as part of the minisymposium and did not leave a dry eye in the room.

We look forward to welcoming you all for ASBD 14th Scientific meeting in 2025 to be held 25-27 September at the Gold Coast Convention Centre.

Oral and Poster Presentation Prizes

Eight abstracts were selected for oral presentation from approximately fifty submitted abstracts at the ASBD 13th Scientific Meeting. Congratulations to Dr Karishma Jassal who received the 2023 Oral Presentation Prize for her presentation "Artificial Intelligence for preoperative diagnosis of sentinel lymph node biopsy in breast cancer." Dr Jassal is a military RAAF surgeon undertaking a PhD in AI investigating its applications within breast and endocrine surgery.

Congratulations to Dr Chu Luan Nguyen from Chris O'Brien Lifehouse who received the Best Poster award for his poster "Indocyanine green compared with Technetium-99M for sentinel lymph node biopsy in breast cancer: The FLUORO Trial"

These and other submitted abstracts from the ASBD 13th Scientific Meeting will be published in The Breast Journal early in 2024.

Living well with and beyond Breast Cancer - Minisymposium Highlight

Kerry Eyles, ASBD Executive Officer, opened this year's conference with her own personal story "Kerry's Story – A Glass Half Full" on the impact of breast cancer on her life. Kerry has been impacted both personally and professionally by breast cancer since she was first diagnosed at the age of 38 where she became determined to turn the experience into something positive. Kerry has used her background in education and technology for many years to educate the public on breast health, firstly through Westmead BCI, then Cancer Council. Over her 8+ years as Executive Office at ASBD she has led and expanded the society and developed our online education features and conferences for medical professionals.

Kerry's talk reminded us through vivid examples of the vital role that medical professionals play at the time of diagnosis and treatment plan development - a traumatic time in a patient's life, and how important it is to treat the whole patient, not just the breast. To remember not only what is said but how it is delivered has a tremendous effect on a person in a traumatic situation, such as a cancer diagnosis.

Kerry's slide telling of her husband's gift to her brought many in the audience close to tears.

Kerry's moving presentation was extremely well received with many commenting on what a pertinent reminder it provided to medical professionals, and it also proved to be a perfect segue into the second presentation Challenging Conversations by Dr Jemma Gilchrist.

NOTE: All conference delegates have received a personal login to the recorded conference sessions. If you cannot find the login email please contact info@asbd.org.au

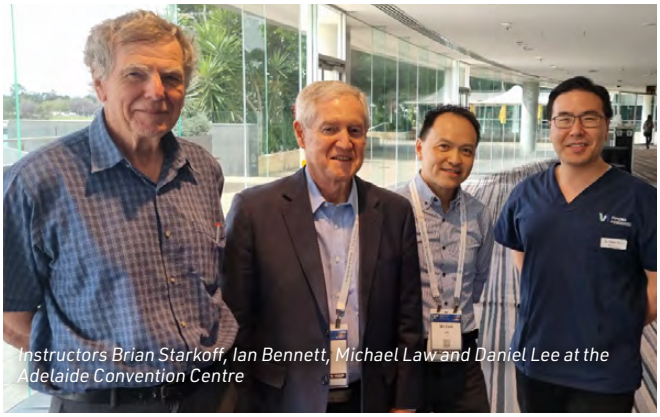
Applied Breast Ultrasound for Clinicians Course

The Applied Breast Ultrasound practical workshop was held recently in conjunction with the ASBD conference, Adelaide on the 14th September 2023. The course was led by a highly experienced faculty consisting of Prof Ian Bennett, Dr Michael Laws and Dr Daniel De Viana, Dr Daniel Lee (Radiologist) and Brian Starkoff (Physics/ Medical imaging). Between them, they have instructed in the course for over a decade.

The course has evolved over time to incorporate the latest development, practice and techniques in Breast cancer imaging and biopsy. The course is aimed at breast surgeons and clinicians with limited prior experience in the use of Ultrasound. It is now offered in two parts; theory online learning modules completed at the user's own pace followed by a half day practical workshop.

The recent workshop held in Adelaide was fully booked and well attended. The course consists of several workstations including live models. Participants were instructed and given hands-on experience, utilizing state of the art ultrasound devices and instruments, thus allowing them to be familiar with the use of ultrasound in their everyday practice.

ASBD is proud to support this vital course and wishes to thank the faculty for their time, effort and leadership in ensuring the course is held year after year.



Instructors Brian Starkoff, Ian Bennett, Michael Law and Daniel Lee at the Adelaide Convention Centre

The Ultrasound course offers one-on-one instruction using chicken breasts and breast phantoms to identify locate and sample foreign objects using the latest biopsy equipment.

ASBD Inaugural Trainee Day

On Thursday 14th September, Icon sponsored the Inaugural ASBD Trainee Day as a part of the ASBD 2023 13th Scientific Meeting. This is an initiative that ASBD has been interested in pursuing for several years, so it was wonderful to bring it to fruition.

The trainees who ranged from Breast/ General Surgery, Medical Oncology, Radiology and Radiation Oncology took part in multiple sessions across the day that provided incredible insights and information for their roles.

The sessions included:

- Introduction to ASBD
- Leadership and Teamwork for effective MDT
- Why be an investigator in a breast cancer clinical trial?
- Starting Out in Private Practice
- Medical Insurance - what do you need to know?
- Beyond the medical record: Reflective writing for health professionals.

In the "Starting out in Private Practice" session we were privileged to have a panel

of consultants ranging from tenured and experienced to 7 days old (Dr Lizzie Foley) and we were incredibly fortunate to hear from a direct referrer Dr Hilton Koppe who is a GP in northern NSW.

Our panel consisted of the following:

Dr Minjae Lah – Radiation Oncologist

Dr Anna Mislang – Medical Oncologist

Dr Lizzie Foley – Radiation Oncologist (brand new to private practice)

Dr Daniel de Viana – Breast Surgeon

Dr Peter Chin – Breast Surgeon

Dr Hilton Koppe – General Practitioner

Dr Parisa Aminzadeh - Radiologist

This session was designed to provide insights and discussion with Medical Consultants regarding starting out in Private Practice including. Discussion points were varied and some of the questions from the trainee group consisted of:

1. *When is the best time to start private practice?*
2. *How do I start out in Private Practice?*
3. *What are the things to prepare myself for?*
4. *Who do I go into practice with?*
5. *Should I have a Mentor?*
6. *How do I engage with referrers and how do I build my referral base*
7. *How do I set up the administration side of my practice eg Billing, hospital theatre lists etc*
8. *How do I use social media and marketing to grow my practice.*

The session was interactive and appeared to have fantastic engagement from the attending trainees.

We will look to refining this session for next year.

ASTRO 2023 Update

Dr Andrew See & Dr Marcus Dreosti

The 65th American Society for therapeutic radiation oncology annual scientific meeting was held in San Diego October 1st – 3rd, 2023 and was themed "Partnering with our Patients". Selected highlights include:

Localised Disease – Invasive - Hypofractionation: Moderate breast hypofractionation (3 weeks) has been endorsed within most treatment policy guidelines as current standard of care. More recently the UK fast 5 trial delivered 26 Gray in 5 visits over 1 calendar week (Lancet 2020;395: 1613-26) confirming non-inferiority of this Ultra hypofractionated approach versus a standard 3 week course. This approach allows a more convenient and cost – effective option for our geriatric patients requiring breast or postmastectomy radiation although long-term data is still required to ensure whether we can safely generalise findings to a younger cohort. ***R Sarin et al (Tata Memorial, India)*** reported the largest single institution data encompassing 1435 patients treated with ultra hypofractionation but unlike the UK trial, 999 patients received IM and SCF RT in addition to breast / chest wall with no reported brachial plexopathy, pneumonitis or major cardiac toxicity.

Localised Disease – DCIS: ***Frank Vicini et al (Farmington Hills, MI)*** presented results from an international multi-institution DCIS cohort (n=926) treated with breast conservation for DCIS.

Risk stratification was compared between standard clinicopathological factors (RTOC / MSKCC criterion) versus the 7-gene DCIS biosignature combined biomarkers with CP factors (DCISionRT®) the results of which did show that the DCISionRT® signature more reliably predicted 10-yr IBR rates outperforming traditional nomograms.

Advanced Disease – Oligometastatic: ***Steven David (Melbourne, Australia)*** presented preliminary results from the AVATAR phase 2 multicentre trial conducted in Australia and with a median follow-up of 15.8 months, 32 patients demonstrating oligoprogressive metastatic breast cancer of Luminal phenotype on a CDK 4 6 inhibitor underwent ablation of all radiologically identified sites (bone and nodal predominantly) which allowed for a median progression free survival of 10.4 months with just under half of the cohort able to avoid a systemic switch at 1 year, well in excess of anticipated rates.

The Australian IHC HER2 Low Concordance Study for Invasive Breast Cancer

Prof Gelareh Farshid

In 2022 the Destiny Breast-04 Trial (DB-04) showed the survival advantages of Trastuzumab Deruxtecan (T-DXd) for women with metastatic HER2 Low breast cancer. These show 1+ or 2+ IHC staining, without amplification. While DB-04 applied the 2018 ASCO CAP criteria, HER2 Low is not a biologically distinct cancer subset and there are no reference standards or known controls for cases that have 0 or 1+ HER2 scores. Clinically irrelevant for 2 decades, now the distinction between IHC 0 and 1+ determines patient eligibility for T-DXd therapy.

The subjectivity and imprecision in scoring and overseas reports of poor concordance between pathologists raise concern that patients' treatment may be mis-aligned. Access to quality assurance procedures and reference sets to improve the accuracy and consistency of HER2 IHC scoring is paramount, particularly for HER2 Low cases for which there is no second-tier test, such as ISH.

The Australian HER2 Low Concordance Study team comprises a group of 9 experienced breast pathologists working on this issue. Based on the ASCO CAP 2018 criteria and our personal experience, we have specified scoring conventions for cancers with low levels of HER2 protein expression, identified an atlas of pitfalls, established consensus scores for a training set of cases and are now validating our approach with a test set of cases. An evaluation of AI assisted scoring is also planned.

This reference set of cases with expert consensus HER2 scores will be invaluable for our next steps of peer training and the development of a national external quality assurance program for HER2 Low cancers.

PBS approval of the drug Enhertu for women with HER2+ metastatic breast cancer.

Channel 9 presentation with Dr Sanjeev Kumar and patient Cat Fung.

Breast Cancer Awareness Week - Triple negative breast cancer awareness

As part of Breast Cancer Awareness Week and in collaboration with Pink Hope, Dr Sanjeev Kumar, ASBD director, attended a triple negative breast cancer awareness event at Parliament House that was attended by MPs Kylea Tink, Zali Steggall and Sussan Ley, on Oct 18th. This was a triple negative breast cancer awareness event, aimed at highlighting the need to expedite approval of the immunotherapy drug pembrolizumab for the treatment of early triple negative breast cancer. It was attended by a variety of organisations including McGrath Foundation and BCNA.

Sanjeev was interviewed by Robyn Smith, the programs manager for Pink Hope, and was delighted to report the tremendous impact that the event had - They were quoted in the house of representatives, and are hopeful that they have assisted in the expedited approval of this drug. Transcript below:

L-R: Prashant Nikam (Managing Director of MSD ANZ), Robyn Smith (Programs Manager, Pink Hope), Kylea Tink (Federal Member for North Sydney and previous CEO of McGrath Foundation), Steven Robson (President of the AMA, Professor of Obstetrics and Gynaecology with ANU), a patient, Dr Sanjeev Kumar (Medical Oncologist, Chris O'Brien Lifehouse, ASBD Director).

1. **ROBYN: Can you tell us about what it's like to treat a patient with breast cancer at the moment?**

SANJEEV: Overall, it's a wonderful time to be treating breast cancer, a cancer that afflicts 1/7 women during their lifetime, and 1/700 men. Our knowledge and understanding of the different biologies and subtypes of breast cancer is improving, and more recently, the treatment landscape has evolved dramatically. We're now more likely to reduce a patient's risk of recurrence, and we're enabling women with incurable disease to live longer, better lives.

2. **ROBYN: Why is it important to treat breast cancer early and aggressively?**

SANJEEV: I'm a high risk, young person breast oncologist, so I specialize in treating young women with biologically aggressive breast cancers. There is evidence that informs us that treating these women with curable breast cancer early and aggressively with the most effective treatments available, while still accommodating desires to preserve their fertility, leads to lower risks of relapse and improved survival. After meeting patients, I try to get their treatment started within 1-2 weeks, if this is safe and appropriate.

3. **ROBYN: We hear phrases like PCR and overall survival- can you tell us about those 2 elements as they relate to newer treatment therapies?**

SANJEEV:

- pCR specifically relates to neoadjuvant treatment, meaning chemotherapy and targeted therapies given before surgery in carefully selected patients. We give this for 3 reasons:

i. to shrink or downstage their breast cancer to make their surgery better

ii. to provide biological insight and prognostication based on their response to treatment (helping us to decide and inform patients if they have a good cancer vs. a bad cancer) AND

iii. to allow us to personalize the adjuvant therapy that we give patients after surgery, based on their response to neoadjuvant treatment.

pCR is a pathological complete response after neoadjuvant therapy- meaning that your cancer has melted away in your breast and lymph nodes, leaving just scar tissue behind. Achieving this carries immense prognostic significance, meaning that patients have an overall much lower risk of breast cancer recurrence and a much lower risk of dying from their breast cancer.

- Overall survival (OS) in a clinical trial captures rates of death from any cause. The benefit of this as a measure, combined with other measures such as progression free survival, response rates and clinical benefit rates, is that it allows us to determine whether a patient's life expectancy is improved with a cancer drug intervention, not just from a cancer perspective, but also reassuring us that we are not treating patients with drugs that are so toxic that they are causing significant harm. The problem with OS is that sometimes it takes a long time for a study to report a statistically significant overall survival benefit in breast cancer, and currently regulatory approval bodies such as PBAC are insisting on this data to approve anticancer drugs. Even when it is explicitly clear that these drugs are benefitting patients, this requirement significantly delays the time to approval of these treatments and delays the time to patients accessing these life-saving and life-prolonging drugs.

4. **ROBYN: Not all breast cancers are created equally, can you explain the difference between a hormone receptor + breast cancer and a triple negative breast cancer?**

SANJEEV: There are 3 main subtypes of

breast cancer. 75% are hormone driven or oestrogen receptor positive, 2/3 of these oestrogen receptor positive breast cancers are also progesterone receptor positive, and 20-25% breast cancers are HER2 positive, and 50% of these HER2+ breast cancers are also oestrogen receptor positive. Oestrogen receptors and HER2 receptors can be targeted with specific therapies, and these treatments are becoming more and more effective. Unfortunately, around 10-15% breast cancers are negative for oestrogen, progesterone and HER2 receptors when we look at them under a microscope, so we don't have receptors to target in these circumstances, meaning that we are left with standard and toxic chemotherapy to manage these cancers, with sometimes variable yield. Triple negative breast cancers are the fastest growing, most aggressive, most likely to recur or present with incurable disease, and most likely to affect younger patients and be associated with faulty genes that are passed on through generations of families. Excitingly for oncologists, however, we are now seeing a clear signal that drugs targeting the immune system such as Keytruda, are dramatically improving responses to chemotherapy in triple negative breast cancer patients, and therefore improving the chance of curing patients, improving survival and gifting women greater opportunities to reclaim their life back after intensive breast cancer treatment.

5. ROBYN: Why is it important for evidenced based medications to be listed quickly, particularly in the TNBC space?

SANJEEV: As I mentioned, TNBCs are the most aggressive, with the poorest outcomes, and are more likely to affect younger patients with a genetic predisposition. Up until this point, we also haven't had effective targeted treatments available to us to treat early triple negative breast cancer, to improve the likelihood of cure and to prolong life. The effective treatment of triple negative breast cancer is absolutely an unmet need, and expediting the approval of drugs like Keytruda in the treatment of early triple negative breast cancer MUST be a priority. My colleague Dr Nick Murray in Adelaide, much more a 'numbers man' than I am, summed it up beautifully by saying- "The addition of Keytruda to the treatment of potentially curable triple negative breast cancer has an extraordinary impact on survival. For every week it is not available, four Australian women will be condemned to an unnecessary and preventable death." MSD have been incredibly generous with free of charge access programs, but this generosity can't last forever, and the reality is that while I work in Lifehouse, an academic institution and treat only breast cancer patients, only 40% of oncologists in the community will use an access program, emphasising the importance that these drugs achieve expedited PBS approval, and are equitably accessible to all.

6. ROBYN: What is your call to action today?

SANJEEV: I have been told that we have some incredible politicians, health economists, industry executives, patient advocacy organisations and patients here today. I urge you to write to the Health Minister, The Hon Mark Butler MP, so that we can expedite the process of approving these lifesaving drugs. We need to be getting these treatment options to patients quicker than we are, and optimizing their chance of cure. Contact Minister Butler HERE.

AUSTRALIAN INSTITUTE OF HEALTH & WELFARE BREASTSCREEN AUSTRALIA MONITORING REPORTS

Read more here.

Australian Institute of Health & Welfare (aihw.gov.au) recently released the latest in the annual series of BreastScreen Australia monitoring reports.

Breast cancer remains the most common cancer diagnosed in Australian women, and when accounting for fatal and non-fatal impacts of disease, breast cancer was the leading case of cancer burden for females in 2021.

In 2021 breast cancer remained the second most common cause of cancer related death in Australian women, after lung.

In the life of the BreastScreen Australia program from 1991 to 2021 close to 25,000,000 screens have been performed and 120,000 invasive cancers detected. Approximately half of the population in the target age group range of 50-74 participated in 2020–2021, when around 1.7 million women were screened in the program.

Age standardised participation rate for First Nations is lower than for non-indigenous women in target age group, with lower incidence rate of breast cancer but with higher mortality rate.

In 2019, in the target age group, roughly 50% of all invasive breast cancers diagnosed in Australia were detected through the program.

Similarly, in the target age group, nearly 80% of non-invasive disease (DCIS) diagnosed in Australia was detected in the program.

11471 new invasive cases were diagnosed in 2019, equivalent to 330 per 100K women, a rate which has been relatively stable since 2013, but increased from 200 in 1991 at the beginning of the program.

In the target age range breast cancer mortality has decreased from 74 to 40 per 100K from 1991 to 2014, and also has been relatively stable since.

Small breast cancers (<= 15mm) remain associated with more treatment options, lower morbidity and better survival. Approximately twice as many (59%) detected in the program are small compared to outside the program (28%). When detected within the program, treatment is more likely to involve breast conserving surgery (74%) than when detected outside the program (56%).

There is 54-63% lower risk of breast cancer causing death when detected in the program compared to diagnosis in those never screened.

In 2021, overall recall to assessment was 11% for 1st round screeners and 4% for subsequent round. Approximately 1 in 11 screens are first round.

Symptomatic women are arguably outside the scope of a screening program but are frequently screened. Some jurisdictions recall symptomatic without imaging findings which impacts statistics, as do varying policies for determining screening interval.

The incidence of invasive and non-invasive disease remains increased with age. The incidence rate of invasive cancers has been stable since 2014 but non-invasive incidence rates are increasing over time. In 2019 DCIS within the target age range represented 73% of DCIS diagnosed in that year.

Potential for 'overdiagnosis/overtreatment' remains acknowledged and variously quantified, but it remains not currently possible to predict at diagnosis to which cancers this category would apply. Research is needed.

Breast cancer mortality has decreased since BSA began, from 74 deaths per 100,000 women aged 50-74 in 1991, to 38 deaths per 100,000 women in 2021, and this is probably accounted for by a combination of earlier detection, and better management/therapy.

Just under half (47%) of breast cancer deaths in Australia occurred in the age range 50-74years. There is increased mortality associated with socioeconomic disadvantage and in First Nation women, and highest in 'Inner Regional' areas.

The report is a retrospective performance report which does comment on current controversies for BreastScreen including the reporting and management of breast density, potential role and implementation of finer grained risk stratified screening, alternative modalities, and the role of artificial intelligence.

Fact Sheet here.

SAVE THE DATE - APPLIED BREAST ULTRASOUND FOR CLINICIANS

Saturday 15th June 2024
Crowne Plaza, Coogee Beach Sydney NSW

The 2024 course is offered as online learning modules followed by a half-day practical workshop. One registration covers the two components of the course.

The course includes:

- Approximately 4 hours of theory to be completed as an online learning course, as a prerequisite to the practical course.
- Half day of hands-on practical work.

For more information or to register go to the ASBD website.

ANZCA's guidelines for IV and BP monitoring post axillary surgery

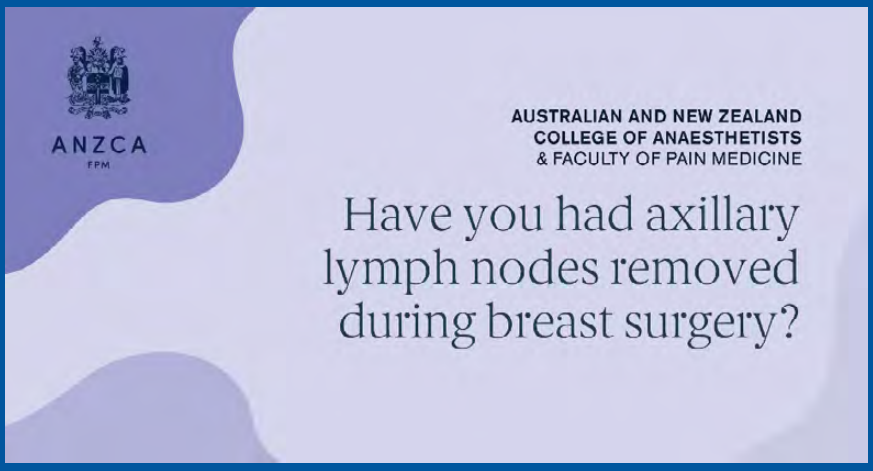
The Australian and New Zealand College of Anaesthetists (ANZCA) has updated its professional guidelines on IV access and BP monitoring after axillary clearance.

As you will be aware, patients who have undergone sentinel lymph node biopsy, targeted axillary dissection, and axillary clearance have traditionally been advised to avoid having the arm on the affected side used for medical procedures because it was thought this might contribute to lymphoedema.

PG18(A) Appendix 1: Intravenous access and blood pressure monitoring in patients with a prior history of axillary nodal dissection advises that the arm on the affected side can almost always be safely used for medical procedures and identifies potential risks to patient safety and comfort in not taking this approach.

They've also collaborated with clinical and consumer representatives to produce a new fact sheet for patients and healthcare professionals.

Click here for a pre-recorded webinar that complements the information provided in the factsheet to ensure the accuracy and relevance of the information.



ASBD Webinar: Optimising outcomes in Breast Reconstruction; A surgeon's perspective and panel discussion

Proudly supported by 3M

DATE: Tuesday 27th February 2024 6:30 - 8:00pm AEDST

NOTE: This webinar was originally scheduled for 14 November 2023

SAVE THE NEW DATE - LINK TO BE PROVIDED EARLY IN 2024

Join us for the next in the series of ASBD webinars. This webinar is presented in conjunction with 3M and is free to all attendees.

Learning Objectives:

This webinar aims to equip surgeons and multidisciplinary team members with the knowledge and skills to adapt to the evolving breast care landscape of implant-based reconstruction.

Topics covered will include:

- *"Pre Pectoral implant reconstruction" technique and outcome optimization"*, Dr Devinder Singh, plastic surgeon Miami USA. Covering modern techniques of implant placement and the role of closed incision negative pressure wound therapy
- *"Short term complications post-nipple sparing/ skin sparing Mastectomy and Implant Reconstruction"*, Dr Chilton Chong, Breast Surgeon, Melbourne, Victoria. Providing a detailed overview of prevention and management of complications in reconstructive implant surgery.

With case presentation and panel discussion facilitated by Dr Peter Chin, president of ASBD and Prof. Elisabeth Elder, executive director of ASBD.

The distinguished panel members include surgeons Chilton Chong, James French, Sanjay Warrier, Farid Meybodi and Josie Todd.

Kerry Eyles Presents at Cancer Fund Raiser

Kerry Eyles shared a version of her talk Kerry's Story - Glass Half Full as guest speaker at the Helms Briscoe hosted fundraiser, "Girls Night In" in October. She was overwhelmed by the number of people who wanted to share their own stories with her after the presentation.

Helms Briscoe partners with Hyatt Regency to hold this event each year, and this year raised $15000 for Cancer Council NSW.

ASBD has a long standing relationship with Helms Briscoe, a global venue and accommodation sourcing company. They have been assisting ASBD to source appropriate venues and accommodation, and negotiate contracts for the past 9 years.

L-R Helms Briscoe Director, Global Accounts & Presidents Club, Daniella Divic, Kerry Eyles and Helms Briscoe Senior Director Global Accounts, Trina Butler

ASBD acknowledges the work of Southern Highlands Potter Neil Boughton

ASBD has selected the works of Southern Highlands potter Neil Boughton for the second year in a row to present as gifts to our retiring president and directors and also international speakers at our 13th Scientific Meeting. Neil works from home at his Potters Lane Studio in Robertson, NSW. He welcomed Kerry and Cathy with morning tea and a tour of his impressive studio before leaving them to select this year's gifts in his gallery. His pieces have been extremely well received by all and our international guests were thrilled to be able to take home a piece of Australian art.

If you're interested you can find him on Facebook or at Southern Highlands Arts file

Potter and sculptor Neil Boughton in his gallery.

SAVE THE DATE

Westmead Breast Cancer Institute | Australasian Society for Breast Disease | Breast Surgeons of Australia & New Zealand

Invite you to

LEURA 2024

International Breast Cancer Conference
23 - 26 October 2024

Preliminary Program & Speakers

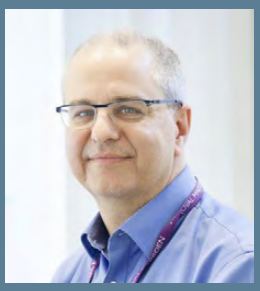
Renowned International and Australian/NZ Speakers will present an exciting and educational program of plenary sessions, invited papers and workshops around the theme **'Translating new research and technology into multidisciplinary, patient-centered care'.**
We are pleased to announce the following international panel of speakers.

Professor Eric Winer
Hematology & Breast Oncologist, Boston Massachusetts USA

Adjunct Professor Michael N Linver
Radiologist, New Mexico USA

Birgitte Vrou Offersen
Consultant, PhD, Associate Professor Department of Oncology, Denmark

Professor Stuart Schnitt
Breast Oncologic Pathologist, Boston Massachusetts USA



Dr Peter Barry
Consultant Surgeon, Royal Marsden Foundation NHS Trust, UK

Fairmont Leura Resort, Leura, Australia

Australasian Society for Breast Disease

BCI westmead breast cancer institute

BREAST SURGEONS of Australia & New Zealand