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McGrath Breast Care Nurse Monthly Newsletter

August 2011

Upcoming Conferences /Events

Medical Oncology Group of Australia Annual Scientific Meeting

August 10-12

Adelaide Convention Centre, SA

<http://www.moga.org.au/news-events/news/annual-scientific-meeting-call-abstracts-0>

11th Australian Palliative Care Conference

30 August – 2 September, 2011

Cairns, QLD

<http://www.auspalliativecareconference.org.au/>

NSW Breast Cancer Interest Group Annual State BCN Conference

September 9 & 10, 2011

Sydney, NSW

<https://events.cievents.com.au/au/cm.esp?id=2315&pageid=37S0XALX6>

8th Scientific Meeting of the Australasian Society for Breast Diseases

October 6-8, 2011

Hilton on the Park, Melbourne

<http://www.asbd.org.au/meetings.php>

Rural Health Research Colloquium 2011

October 12-13, 2011

Dubbo, NSW

<http://www.rhrc.com.au/>

16th Reach to Recovery International Breast Cancer Support Conference

November 9-12, 2011

Taipei, Taiwan

<http://www.reachtotherecovery2011.org/index.asp>

COSA 38th Annual Scientific Meeting

November 15-17, 2011

Perth Convention Centre, WA

www.cosa2011.org

Lymphoedema Training in 2011

Sydney

October 18-25, 2011

For further information contact brendaelee@iprimus.com.au

Brisbane

November 12-18, 2011

For further information contact Hildegard_Reul-Hirsch@health.qld.gov.au

New Resources

The Patient's Choice: Quality at the End of Life.

Free (DVD with Learning Guide)

Death is one of society's last taboos. Advance care plans get people thinking and talking – to their families and to their doctors. They give patients a voice, and provide health professionals with clear indications about choices at the end of life. This DVD explores the issues involved in end of life care. It looks at the need for the patient to have accurate information and a specific assessment of their situation; it examines the use of advance care plans; and explores the latest developments in palliative and end of life care. The DVD includes:

1. Introduction by Dr Yvonne Luxford, CEO of Palliative Care Australia
2. A Rural Health Education Foundation panel discussion on End of Life Care, first broadcast in 2009
3. An interview with Dr Bill Silvester, Director of Respecting Patient Choices
4. "Advance Care Planning and the Respecting Patient Choices Program" - a filmed case study
5. A comprehensive [Learning Guide](#)
6. A range of other supporting resource material including video material and printable educational and support documents and information

Available from the Rural Health Education Foundation at <http://www.rhef.com.au/free-dvds/>

After hours GP Helpline 1800 022 222

As part of its National Health Reform, the Australian Government is committed to improving access to after hours care, particularly in those areas where people currently struggle to get the care they need, when they need it.

The helpline

In July 2011, the Australian Government introduced a new afterhours GP helpline. People who require after hours medical advice, who cannot access their usual GP and are not sure what they should do, can speak to a GP over the telephone, when necessary.

How will people use the helpline?

When a person calls the new helpline, their call will be answered by a registered nurse who will triage the caller. If necessary, the nurse will transfer the person to a GP on the telephone. The GP will talk with the person, assess their condition, make a diagnosis and provide medical advice. When people calling the service are advised by either the nurse or GP that they need to see a health professional immediately, they will be referred to the most appropriate face-to-face after

hours services in their local area. If at any point during the caller's conversation with either the nurse or the GP, the call is deemed to be an emergency, the caller will be immediately transferred to '000' with the nurse or GP staying on the line.

When can people call the helpline?

The service will be accessible during the after hours period from 6pm to 8am Monday to Friday, 6pm Friday to 8am Saturday, from 12 noon Saturday to 8am Monday, and all day on public holidays. The service has been available since 1 July 2011.

Which states and territories will have access to the helpline?

People living in the Australian Capital Territory, New South Wales, Northern Territory, South Australia and Western Australia will be able to access the helpline by calling Healthdirect Australia on 1800 022 222. Calls to this number will be free from a landline.

For people living in Tasmania, access to after hours GP telephone advice is available through GP Assist - call 1300 780 011.

The after hours GP helpline will be available in Queensland from early 2012, through the existing 13HEALTH nurse advice line. The Australian Government has offered to connect the after hours GP helpline to Victoria's nurse advice line, Nurse On Call, and is awaiting Victoria's response.

Telehealth - Modernising Medicare by providing rebates for online consultation

This will provide patients with easier access to specialists, without the time and expense involved in travelling to major cities. In 2010 the Government announced the *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations* initiative. This initiative will:

- provide Medicare and DVA rebates for telehealth services provided to patients in remote, regional, and outer metropolitan areas, and in aged care facilities and eligible Aboriginal Medical Services throughout Australia from 1 July 2011;
- provide Medicare and DVA rebates for an eligible health care provider to provide clinical services at the patient end of the video consultation; and
- provide financial incentives to encourage the uptake of telehealth services.

Patients in remote, regional and outer metropolitan areas face greater barriers to accessing specialist services than those in city areas. Telehealth helps patients to overcome these barriers; accessing specialist services sooner with lower travel costs, and better continuity of care. Further information about the initiative can be found at <http://www.mbsonline.gov.au/telehealth>.

Latest Research and news

Compiled from sources including Cancer Council NSW and Victoria, Medscape, ScienceDaily, NBOCC and Cancer Learning and other sources.

Mammography is most cost-effective when frequency is based on breast cancer risk factors

(HealthDay News)

Personalizing the frequency of mammography on the basis of the woman's age, breast density, history of breast biopsy, and family history of breast cancer is cost-effective, John T. Schousboe, M.D., Ph.D., from the Park Nicollet Health Services and University of Minnesota in Minneapolis, and colleagues analyzed the cost-effectiveness of mammography, taking into consideration a woman's age, breast density, history of breast biopsy, family history of breast cancer, and screening interval. U.S. women in the age groups 40 to 49, 50 to 59, 60 to 69, and 70 to 79 years, who underwent an initial mammography at age 40 years, and with a Breast Imaging Reporting and Data System (BI-RADS) breast density category of 1 to 4 were followed up for life. The research was published in the July 5 issue of the *Annals of Internal Medicine*.

Radiation Rates For Breast Cancer May Be Underestimated *(Cancer Online)*

More breast cancer patients than previously believed may be receiving radiation treatments after breast-conserving surgery, a University of Michigan Comprehensive Cancer Center study shows. Researchers looked at a key database often used to assess whether cancer patients receive appropriate care and found that it may not always be adequately capturing whether breast cancer patients undergo radiation treatments.

Odds of post-breast surgery complications are nearly 12 times higher for obese women

(HealthDay News)

Obesity is associated with a significantly higher risk of complications following breast surgery, Catherine L. Chen, M.D., M.P.H., from Johns Hopkins Hospital in Baltimore, and colleagues investigated the impact of obesity on breast surgical complications. The occurrence of surgical complications was compared in 2,403 obese patients and a control group of 5,597 nonobese women who were identified from claims data from of seven Blue Cross and Blue Shield Plans. A study was published online June 9 in *Plastic and Reconstructive Surgery*.

Newly Discovered Process Of Cell Death Shows Promise In The Treatment Of All Forms Of Cancer *(Molecular Cell)*

According to an article published recently in the online journal *Molecular Cell*, researchers from the Breakthrough Breast Cancer Research Centre at The Institute of Cancer Research (ICR) in London, have found a new technique for eliminating cancer cells. This new approach can prove to be highly effective in the treatment all types of cancer. In this article, the scientists have explained why some patients with cancer fail to respond to chemotherapy drugs and have also highlighted a new mechanism that can be used to target resistant tumors. This has been considered to be a significant step towards personalized medicine.

PSA Test For Men Could Get A Second Life For Breast Cancer In Women

The widely known PSA blood test for prostate cancer in men may get a second life as a much-needed new test for breast cancer, the most common form of cancer in women worldwide, scientists are reporting in a new study in the ACS journal *Analytical Chemistry*. Chien Chou and colleagues say that the prostate-specific antigen (PSA) measured in the test also is a potential

biomarker of breast cancer in women. However, levels of PSA in healthy women are usually so small that only ultrasensitive tests can measure them.

Gene link to 70% of hard-to-treat breast cancers

A gene has been linked to 70% of hard-to-treat breast cancers which are resistant to hormone therapies, in US research. The study published in *Nature* used a new technique which tested hundreds of genes at once, rather than one at a time. Scientists said there was "a lot of potential for significant impact" if drugs could be developed.

Roche To Submit Breast Cancer Drug Pertuzumab In USA And Europe Later This Year

Roche Holding announced it will submit its breast cancer drug Pertuzumab towards the end of 2011 for approval in the USA and Europe after Genentech (a Roche company) said its Phase III clinical evaluation of the Pertuzumab and trastuzumab (Cleopatra) trial met its main goal (primary endpoint).

Chemo, Trastuzumab, Surgery Up Survival in HER2-Positive MBC (*Clinical Cancer Research*)

Patients with human epidermal growth factor receptor 2 (HER2)-positive metastatic breast cancer (MBC) and central nervous system (CNS) metastases have improved survival with trastuzumab, chemotherapy, and surgical treatment. Adam M. Brufsky, M.D., Ph.D., from the University of Pittsburgh Cancer Center, and colleagues compared baseline characteristics of patients with and without CNS metastases in 1,012 patients enrolled in registHER with newly diagnosed, confirmed, HER2-positive MBC.

Melbourne scientists in cancer protein breakthrough (*Proceedings of the National Academy of Sciences*)

Scientists at Melbourne's Walter and Eliza Hall Institute have found some of the most aggressive forms of breast cancer are more treatable if chemotherapy is combined with a new type of anti-cancer drug. Professor Geoff Lindeman and his colleagues have been trialling the new treatment on mice while observing Basel-like breast cancer tumours. Basel-like breast cancer is a more aggressive subtype of breast cancer and accounts for 20 per cent of all cases of breast cancer. The new drug targets BCL-2 proteins which help keep cells alive and Professor Lindeman says the combination of drugs and chemotherapy made the breast cancer cells much more vulnerable.

Benefits of Ovarian Suppression During Breast Cancer Chemo (*Journal of the American Medical Association*)

Temporary ovarian suppression during chemotherapy in young women with early-stage breast cancer reduced the occurrence of treatment-induced early menopause, according to Italian researchers. In a phase 3 study, triptorelin, a gonadotropin-releasing hormone agonist (GnRH), was administered to suppress ovarian function during chemotherapy in the hope of protecting women 18 to 45 years of age from ovarian failure, say the authors, led by Lucia Del Mastro, MD, from the Istituto Nazionale per la Ricerca sul Cancro in Genova, Italy.

Obesity 'leading driver' of breast cancer (*British Journal of Cancer*)

Obesity is the biggest driving force behind the most common form of breast cancer in older women, say researchers. Alcohol and then cigarettes are the next largest culprits, according to Cancer Research UK. One in eight women in the UK develop breast cancer in their lifetime, data shows, and the majority of these tumours are "hormone sensitive" meaning their growth is fuelled by hormones. Too much stored fat in the body raises the level of these "sex" hormones. Studies

show that post-menopausal women with high levels of oestrogen and testosterone have between two and three times the risk of breast cancer than women with the lowest levels.

Offer women mammograms from age 40: doctor's groupb (*American College of Obstetricians and Gynecologists*)

Doctors should offer all women in their 40s the chance to get annual screenings for breast cancer, according to new guidelines from an organization of women's health professionals. The recommendations from the American College of Obstetricians and Gynecologists (ACOG) will add to the debate over when screening should start, and how often it should be done, based on the chances of catching an early cancer and the risks inherent in any screening. "We believe it is our job to help women make the best health decision for themselves," said Dr. Jennifer Griffin of the University of Nebraska Medical Center in Omaha, one of the authors of the new recommendations. See Feature Article for further details.

High-Risk Women Not Referred for Genetic Cancer Counseling

Physicians followed recommendations for breast cancer susceptibility 1 and 2 (*BRCA1* and *BRCA2*) gene mutations in 71% of women of average risk, but only 41% of women at high risk, according to a study published online July 25 in *Cancer*. For women who carry the *BRCA1* or *BRCA2* gene mutations, the cumulative risk of developing breast cancer by age 70 years is 57% for *BRCA1* carriers and 49% for *BRCA2* carriers. Ovarian cancer risks by age 70 years are 40% and 18%, respectively, write lead author Katrina F. Trivers, PhD, MSPH, from the Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia, and colleagues.

SLN Metastasis No Death Sentence in Early Breast Cancer (*JAMA*)

Sentinel lymph node (SLN) metastasis does not adversely affect survival in early-stage breast cancer, according to results of a large multicenter cohort study. Women with conservatively treated early breast cancer had a five-year overall survival of 95% to 96% regardless of whether they had SLN metastasis by immunohistochemistry (IHC). Bone marrow metastases, though uncommon, doubled the mortality hazard, but the effect no longer remained statistically significant in a multivariable analysis.

Scientists Develop New Therapy For HER2-Positive Breast Cancer

Patients with HER2-positive breast cancer may soon have an alternative therapy when they develop resistance to trastuzumab, also known as Herceptin, according to a laboratory finding published in *Clinical Cancer Research*. Jacek Capala, Ph.D., D.Sc., an investigator at the National Cancer Institute, and colleagues designed, produced and tested HER2-Affitoxin, a novel protein that combines HER2-specific affibody molecules and a modified bacterial toxin, PE38.

Wine's Link to Breast Cancer May Depend on Your Genes (*The Breast Journal*)

Medical research on the link between alcohol and breast cancer is yielding new insight but is also making the risks less clear. A new study has found evidence that moderate wine consumption may protect some populations of women against breast cancer. But only women with a certain genetic mutation enjoy the benefits. Women with a different mutation, on the other hand, may be put at greater risk by consuming alcohol. The study comes from research centres at the Universities of Montreal, Ottawa and Toronto.

Breast Cancer Cells Found by Immunochemistry in Sentinel Nodes Not Associated with Survival

The detection of breast cancer cells in sentinel lymph nodes by immunochemistry—antibody-based techniques to detect cancer cells—in addition to standard tissue staining does not appear to help predict survival after treatment for breast cancer. These results, from the American College of Surgeons Oncology Group (ACOSOG) Z0010 study, were published online July 26 in *JAMA*. ACOSOG researchers from 126 hospitals led by Dr. Armando Giuliano of the John Wayne Cancer Institute in Santa Monica, CA, enrolled 5,119 women with early-stage breast cancer and identifiable sentinel lymph nodes in the prospective observational study between May 1999 and May 2003.

Greater Breast Density May Raise Cancer Risk (*HealthDay News*)

Greater breast density is associated with an increased risk of breast cancer and certain aggressive tumour traits, new research says. In the study, published in the July 27 online edition of the *Journal of the National Cancer Institute*, researchers used mammography to compare breast density in 1,042 postmenopausal women with breast cancer and a control group of 1,794 postmenopausal women without breast cancer.

Tamoxifen benefit continues (*The Lancet*)

The latest update of long-term data on tamoxifen in early-stage breast cancer confirms and further defines the benefit of the drug. In women with oestrogen-receptor (ER)-positive disease, tamoxifen reduces the risk of dying from breast cancer by about a third over 15 years — during the 5 years it is taken and for 10 years after it is stopped, according to a meta-analysis published online July 29 in the *Lancet*.

Feature Article

ACOG Recommends Annual Mammograms Begin at Age 40 Years (Medscape)

Laurie Barclay, MD

July 20, 2011 — Mammography screening should be offered annually to women beginning at age 40 years, according to new breast cancer screening guidelines issued by the American College of Obstetricians and Gynecologists (ACOG). The new Practice Bulletin, entitled "Breast Cancer Screening," is published in the August 2011 issue of *Obstetrics & Gynecology*. These guidelines replace the 2003 ACOG recommendations, which were that women should have mammograms every 1 to 2 years beginning at age 40 years, and every year beginning at age 50 years.

"Although women in their 40s have a lower overall incidence of breast cancer compared with older women, the window to detect tumors before they become symptomatic is shorter, on average," said guidelines coauthor Jennifer Griffin, MD, MPH, in a news release. "If women in their 40s have annual mammograms, there is a better chance of detecting and treating the cancer before it has time to spread than if they wait two years between mammograms."

Specific ACOG Recommendations

The only Level B specific recommendation in the new Practice Bulletin, based on limited and inconsistent scientific evidence, is the following:

- Women 40 years and older should be offered screening mammography annually. The basis for this recommendation includes the incidence of breast cancer, the sojourn time for breast cancer growth, and the potential reduction in breast cancer mortality risk associated with early detection. Tumors detected at their earliest stage, before they are palpable and when they are small and confined to the breast, are associated with a 98% 5-year survival rate. Sojourn time refers to the period between when a breast cancer may first be detected by a mammogram and before it enlarges sufficiently to become symptomatic. The sojourn time of individual cancers varies, but age is the best predictor, with the shortest average sojourn time (2 - 2.4 years) in women aged 40 to 49 years, and the longest average sojourn time (4 - 4.1 years) in women 70 to 74 years old.

Additional Level C specific recommendations in the new Practice Bulletin, based primarily on consensus and expert opinion, are the following:

- Women 40 years and older should undergo annual clinical breast examination (CBE) by their physician, as studies suggest that CBEs assist in early detection of breast cancer, especially when used along with mammograms.
- Women 20 to 39 years old should undergo CBE every 1 to 3 years, although CBE in this age group is of unclear benefit.
- All women should be encouraged to practice breast self-awareness, which may include breast self-examination. Any changes that women detect in their breasts should be reported to their healthcare providers. Breast self-examination is performed regularly (usually monthly) in a systematic fashion, whereas breast self-awareness refers to women understanding the normal appearance and feel of their breasts, but without a specific interval or systematic examination technique. "The goal here is for women to be alert to any changes, no matter how small, in their breasts, and report them to their doctor," Dr. Griffin said. "Although we've moved away from routinely recommending breast self-examinations, some women will want to continue doing them and that's OK."
- Women should be informed of the predictive value of screening mammography, including the potential for false-positive and false-negative results. They should also be counseled that results of screening may lead to recommendations for additional imaging tests or biopsies.
- Enhanced screening may be offered to women estimated to have a lifetime risk for breast cancer equal to or exceeding 20%, on the basis of risk models relying largely on family history (eg, BRCA1, BRCA2, or Claus), but who are either untested or test negative for *BRCA* gene mutations. Enhanced breast cancer screening may include more frequent CBEs, annual magnetic resonance imaging scans, or mammograms beginning before age 40 years.
- For women at average risk for the development of breast cancer, a breast magnetic resonance imaging study is not recommended for screening.
- Enhanced screening should be recommended for women testing positive for *BRCA1* and *BRCA2* mutations. Strategies to reduce risk should also be discussed with these women.

Compared with film mammography, digital mammography had a slightly higher detection rate, particularly for women 60 years or younger, based on a recent meta-analysis of data from 8 large randomized trials.

The ACOG guidelines did not reach a consensus on the upper age limit for mammograms, but the potential benefits of screening decrease with advancing age, compared with potential harms of overtreatment. Dr. Griffin suggested that women 75 years and older discuss with their clinician the advisability of continued mammography screening.

"The good news is that fewer women are dying from breast cancer because of earlier detection and improved treatments," said Gerald F. Joseph, Jr, MD, ACOG vice president for practice activities.

American College of Radiology Responds

The updated ACOG guidelines agree with recommendations issued by the American College of Radiology (ACR), the Society of Breast Imaging, the American Cancer Society, and the American Society of Breast Disease. However, all of these differ from those of the United States Preventive Services Task Force (USPSTF), which states that among women 40 to 49 years, only those with a family history of breast cancer or other high-risk factors should be screened and that women 50 to 74 years should be screened every 2 years.

"The new ACOG recommendations are just another affirmation of the guidelines that the ACR and the American Cancer Society have stood by throughout the controversy," Carol Lee, MD, head of the Communications Committee of the Breast Commission of the ACR and a practicing radiologist in New York, NY, told *Medscape Medical News*. "The new Practice Bulletin really does not cover any new data, but affirms and endorses the interpretation of that data by other professional societies, and we find this very gratifying. Our hope is that the new ACOG guidelines will emphasize the importance of annual mammography beginning at age 40 and that mammography saves lives."

The ACR notes that the USPSTF relied largely on computer modeling to reach its conclusions but that there are no scientific data to support age 50 years as a biological threshold for screening. The ACR also suggests that the focus of the USPSTF was to reduce false-positive study results, most of which can be resolved by a few additional mammographic views or an ultrasound test.

"When we weigh the relative value of the benefits, namely saving lives, of implementing the new recommendations, versus the potential harms or risks, it comes out way in favor of starting annual mammography at age 40," Dr. Lee said. "We feel that you can't equate having a life saved with cost savings or reduction in unnecessary testing."

Another argument advanced by the ACR is that 75% of women in whom breast cancer develops are not considered at high risk and that screening only high-risk women would miss three quarters of breast cancers. As previously reported by *Medscape Medical News*, a study by R. Edward Hendrick, PhD, and Mark Helvie, MD, published in the February issue of the *American Journal of Radiology*, analyzed the same data as did the USPSTF, but with a vastly different conclusion.

They showed that if USPSTF guidelines for breast cancer screening were followed, as many as 100,000 women, now 30 to 39 years old and preparing to enter screening age, would ultimately die unnecessarily from breast cancer. Women who receive annual mammograms starting at age 40 years could significantly reduce breast cancer mortality risk by 71%, whereas women following the USPSTF guidelines would only have a 23.2% reduction in mortality risk.

"The barriers to widespread implementation of the ACOG recommendations are those facing delivery of health care in general, namely issues of costs, coverage, and access, which are nothing new," Dr. Lee said. "Depending on their community and their insurance coverage, some women may have to travel further or to wait longer to have their screening mammogram. But here we have a public health measure that works, and we should allocate health care dollars to screening mammography, and, if necessary, cut health care spending for measures that have not been shown to be as effective."

A recent survey presented at ACOG's 59th Annual Clinical Meeting indicated that women's attitudes, in part influenced by media coverage, may actually favor implementation of the ACOG vs the USPSTF guidelines.

"Since the widespread introduction of mammography screening, breast cancer mortality has decreased," Dr. Lee concluded. "This may not all be due to screening, but we know that tumors detected in early stages are associated with better survival."

Obstet Gynecol. 2011;118:372-382.