It is my great pleasure as Chair of the ACT & SE NSW Breast Cancer Treatment Group, to present some highlights of another successful year for the Quality Assurance Project.

This year, follow up of early participants has exceeded 20 years, spanning a period of multiple guideline updates, rapid advances in technology, and the evolution of personalised medicine. The project office team and the voluntary contributions from participating clinicians have meant that the database remains robust and has proven to be valuable in tracking treatment delivery and breast cancer outcomes over time. The process of data collection remains largely manual and so the group is actively considering changes in methods to ensure we can continue to capture, in real-time, changes in breast cancer treatment and outcomes.

I would like to warmly welcome all participating clinicians and allied health professionals involved in the treatment of breast cancer in our region to attend the group meetings that are held three times a year. These meetings provide a forum for those involved in breast cancer management and consumer representatives to have a say in the future direction of the Quality Assurance Project.

Continued on Page 5...

Dr Angela Rezo
Radiation Oncologist
Chair, ACT & SE NSW Breast Cancer Treatment Group
Data Management Sub-Committee Chair’s report

The Data Management Sub-committee met on two occasions this year: 2nd May and 29th August. The primary work of the sub-committee is to oversee the ongoing quality improvement activities focused around the region and the audit of breast cancer treatment.

The sub-committee also considers requests for access to the Breast Cancer Treatment Group Quality Assurance Project (BCTG QA Project) data set by researchers and ratifies out of session approvals for their access. Many of the sub-committee members were heavily engaged in the production of the Fifteen Year Report, and have enjoyed a slightly less busy period this year.

Major projects being planned to commence next year include production and publication of the 20 year report. This will be a seminal achievement for the team, with data collection now in its 20th year. In addition to this work, the sub-committee has committed to producing a major amendment to the project’s study protocol.

The current protocol has existed largely unchanged for twenty years. In that time, the data collection form has changed to include some new information, but the method is unchanged and is heavily reliant on manual data collection. Some initial work has been undertaken and a staged process is envisaged.

The aim of the amendments is to modernise the data collection content and methodology while maintaining consistency with the data already collected, so that trend in care over time can be documented.

Close collaboration with BreastScreen ACT, the Breast Care Nurses based at Calvary Health Care at Bruce, health consumers and community groups, clinicians, and the breast cancer multidisciplinary team will be required to get the best outcome.

The revised project will take into account the more complex landscape of breast cancer care in 2018. Our aim will be to automate at least some of the data collection we currently do manually now, to free our staff resources and be in a position to adapt to the changing landscape.

The team led by Yanping Zhang continues to work extremely hard. We have again benefited from core funding from ACT Health and a very generous grant from Radiation Oncology Private Practice Fund (ROPPF). Again I would like to thank Yanping and her staff, Thet Khin, with the additional assistance funded by ROPPF of Jenny Green, Helen Porritt and Kerryn Ernst for their great contributions.

We are witnessing rapid advances in the treatment of breast cancer. The advances span all fields of breast cancer care. For example, there continues to be steady improvement in imaging for screening, diagnosis and staging.

There have been major advances in surgical care, with much complex and effective breast conserving surgery, more nuanced management of the axilla, and also in pathology, with the development of more complex and informative biomarkers of cancer aggressiveness such as gene expression arrays.

These and other advances have made treatment better, but at times the situation is more complex. Implementing new treatment methods quickly and safely is a challenge for our clinicians and healthcare facilities. The Data Management Sub-Committee seeks to track these improvements in care with incremental tweaking of the data fields in the collection. Our goal is to maintain the flow of information about breast cancer care in our community to inform health consumers, institutions and clinicians. The sub-committee is looking forward to a very productive 2018.

A/Prof Paul Craft
Medical Oncologist
Chair, Data Management Sub-Committee

A message from Director of BreastScreen ACT

What a sense of achievement to have completed 20 years of data collection involving over 7,200 clients! I would like to acknowledge the terrific work that has been done by the Breast Cancer Treatment Group. As administrators of the project, Yanping and her team have worked tirelessly to collect and manage the data and to ensure its completeness and accuracy. This would not all be possible without the ongoing voluntary contribution of our clinicians. It is your ongoing commitment that ensures the success of this project. It is a privilege to be involved with this project and I really look forward to the 20 year report when it comes out in a few years time.

Yvonne Epping
Director, BreastScreen ACT
Celebrating the 20th Anniversary of the BCTG Quality Assurance Project

The Quality Assurance (QA) Project reached its 20th anniversary in May 2017 and to date, 7,212 women and men with breast cancer have been registered on the QA Project database. We are in the process of liaising with participating clinicians to complete treatment details of these patients in order to produce the upcoming 20-year report.

**Figure 1:** Data collection requires voluntary participation by breast cancer patients and their treating clinicians. The project has constructed a comprehensive 20-year data set (1 July 1997 to 30 June 2017). During the 20-year period, 55 clinicians in the ACT and SE NSW have participated in the Project, and around 900 GPs have been involved in the follow up of patients.

**Figure 2:** The Project has collected follow-up information for all patients who have been registered on the project and our results show some promising outcomes, with 78% of patients being alive and disease-free at 30 November 2017.

**Figures 3-4:** As outlined in the QA Project Protocol, the Project Coordinator/Data Manager has recently prepared the Individual Clinician Feedback reports based on 19 years of data (1997-2016). The report includes data from individual clinicians’ patients compared to data from the entire project.

**New features of this report include:**
1. Comparison of patients of individual clinicians and of the BCTG QA Project and the current patient status (survival), (2) the most recent 5 years of data (2011–2016) compared with the 19-year period, including the following:
   - More appropriate chemotherapy classification for the most recent five year period (2011-2016)
   - Ki67-categories (%) collected within the most recent five years
   - The distance from margin <1mm as a new range collected by BCTG QA Project since March 2012 is added under the margin group.

**Yanping Zhang**  
Project Coordinator/Data Manager  
Breast Cancer Treatment Group Quality Assurance Project

**Figure 2: Women with invasive breast cancer outcomes**

<table>
<thead>
<tr>
<th>Patient current status at 30/11/2017</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alive, disease free</td>
<td>3481</td>
<td>78.5</td>
</tr>
<tr>
<td>Recurrence or death due to breast cancer</td>
<td>604</td>
<td>13.6</td>
</tr>
<tr>
<td>Died without evidence of breast cancer</td>
<td>350</td>
<td>7.9</td>
</tr>
<tr>
<td>Total</td>
<td>4435</td>
<td>100</td>
</tr>
</tbody>
</table>

* Includes 4943 women with unilateral, invasive breast cancer and excludes current status unknown (n=508), cause of death unknown, n=28

**Figure 4: Individual Clinician Feedback Report**

**Surgical margins for women with invasive breast cancer**

- **July 1997 – June 2007 (first ten years)**
  - **Your patients**: 21.3% <1mm, 18.6% <5mm, 35.8% 5-10mm, 14.0% >10mm
  - **Project**: 22.0% <1mm, 18.6% <5mm, 35.8% 5-10mm, 15.0% >10mm

- **July 2011 – June 2016 (recent 5 years)**
  - **Your patients**: 26.0% <1mm, 14.5% <5mm, 36.0% 5-10mm, 13.0% >10mm
  - **Project**: 26.5% <1mm, 14.5% <5mm, 36.0% 5-10mm, 13.5% >10mm

**Chemotherapy for women with invasive breast cancer**

- **July 1997 – June 2007 (first ten years)**
  - **CMF**: 35.0% 20mg/m², 30.0% 50mg/m², 20.0% 100mg/m²
  - **Taxane based**: 20.0% 10mg/kg, 15.0% 20mg/kg, 10.0% 30mg/kg
  - **Others**: 20.0% Anthracycline plus...

- **July 2011 – June 2016 (recent 5 years)**
  - **CMF**: 35.0% 20mg/m², 30.0% 50mg/m², 20.0% 100mg/m²
  - **Taxane based**: 20.0% 10mg/kg, 15.0% 20mg/kg, 10.0% 30mg/kg
  - **Others**: 20.0% Anthracycline plus...
More than 20 years ago, I signed a contract to work on the Quality Assurance (QA) Project for a period of 12 months. Little did I know that it would continue to grow and progress to become one of the major breast cancer treatment projects in Australia and provide a valuable dataset resource for many studies.

The Breast Cancer Treatment Group (BCTG) was established following the publication of the NHMRC Guidelines for the Management of Early Breast Cancer. The goal was to set up a project to monitor and improve the treatment of breast cancer by collecting data on treatment in the ACT and SE NSW, and to review compliance against the National Guidelines.

Two decades on, this unique project has become well known throughout Australia and internationally. In addition to having achieved its original aims, the Project allows us to provide confidential feedback to individual clinicians and to collaborate with other groups such as the BreastSurgANZ Quality Audit (BQA) and the Australian Breast Tissue Bank Project. In the last 20 years, the Project has also contributed to several research articles in national and international journals, as well as produce detailed five-year, ten-year, and fifteen-year reports.

It would not have been possible for me to have worked in this position without the support of the BCTG Data Management Sub-Committee and the project team members. I am so glad the project has offered many opportunities for me to learn and improve my knowledge in a wide range of areas, including developing the project database, collecting and validating cancer treatment data, providing feedback to clinicians, analysing collected data, supporting research activities, and writing project reports and academic papers.

I would like to take this opportunity to thank the BCTG Data Management Sub-Committee and Yvonne Epping, the Director of BreastScreen ACT, as well as the project team members who have provided great support and data management assistance over the last 20 years.

A project relying on voluntary contributions such as this does not come without challenges. One of the biggest obstacles that we have faced in recent years is maintaining high levels of voluntary participation by breast cancer clinicians and patients.

During the last two decades, we have achieved our goals and have seen many changes, but our commitment to the project has not changed. I hope support for the QA Project will continue, which will help the project remain strong in the years to come.

Yanping Zhang
Project Coordinator/Data Manager
Breast Cancer Treatment Group Quality Assurance Project

A Nurse Counsellor’s Perspective – From the Beginning to Now

It is stirring as a founding member of the Breast Cancer Treatment Group (BCTG) to be looking at the prospect of 20 years of data. When the Quality Assurance Project commenced, my position was a nurse counsellor at ACT & SE NSW BreastScreen and there were frequent dealings with the project in the pursuit of accurate data.

Now I am more directly involved in assisting clinicians to complete information on the data collection forms, quality checking relating to treatment and pathology details and supporting the data manager to finalise treatment details and data cleaning in relation to areas such as Ki67.

This is achieved in a number of ways: the use of the Clinical Record Information System (CRIS) and the cancer information system (CHARM), assistance from the nursing and reception staff and the various clinicians, and visits to the clinicians and hospital medical records to check details as necessary. Completing the data collection form accurately in a timely manner, in most cases, is relatively straightforward although time consuming; the reward is having good quality data information.

Although gathering the information for the majority of women is relatively simple, there are those for whom having the company of Sherlock Holmes would be an asset. The position I hold is on a casual basis and funded one day a week. Therefore, any assistance in the accurate completion of the data collection form is most welcome.

Helen Porritt
Registered Nurse (one day/week)
Breast Cancer Treatment Group Quality Assurance Project
Observations from a Long Standing Founding BCTG Breast Surgeon

I have been contributing patient data to the ACT & SE NSW Breast Cancer Treatment Group Quality Assurance Project (BCTG QA Project) since its inception over 20 years ago. This makes me the longest serving contributor and I think that it puts me in a unique position to comment on its achievements.

The purpose of a clinical audit as quoted in Wikipedia “is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change”. We should now be able to look back and assess how we have fared in using BCTG QA Project to improve outcomes.

The modern treatment of breast cancer involves many different medical disciplines. I would confine my remarks to surgical treatment only. The surgical treatment of breast cancer has evolved dramatically over the 25 years of my clinical practice. The number of women undergoing local excision for their primaries has increased dramatically. Correspondingly, there has been a proportionate decrease in mastectomy rates (up until recently). Sentinel node biopsy has been successfully introduced over the last 10-15 years. More recently surgical emphasis has changed with the introduction of oncoplastic breast techniques offered to achieve equivalent treatment outcomes within improved cosmetic results. Paradoxically mastectomy rates may well be on the increase again with wider application of breast reconstruction techniques.

These changes to practice all need to be collated accurately and then benchmarked both locally and nationally. Thankfully the ACT & SE NSW BCTG QA Project has been able to track these changes and reassure local surgeons that their implementation has been safe whilst also providing local women with better surgical outcomes.

We remain indebted to Yanping Zhang and her team for their unceasing efforts to enrol new cases and ensure accurate data collection. The local Audit has been from my point of view very successful in providing reliable data, which is benchmarked against the national average through our collaboration with the National Breast Cancer Audit overseen by Breast Surgeons of Australia.

The ongoing challenge for the future is to maintain that same quality in data collection with ever increasing numbers of patients are enrolled and with increasing data complexity. We have in the past been well supported by ACT Health and trust this support will continue into the future. This then enables the safe introduction of new treatments which are continuing to be developed. In doing this we optimize the management of local women diagnosed with breast cancer.

Dr Ian Davis
Consultant Surgeon
Brindabella Specialist Centre, Garran

Breast Cancer Treatment Group Chair’s report (continued)

As well as regular updates from the Project Office there is an opportunity to learn more about the latest developments in breast cancer with talks given by breast cancer experts.

Thank you to our 2017 speakers; Ms Gemma Arnold, Dr Carolyn Cho and Professor David Roder. Gemma discussed evidence-based practice in the management of lymphoedema. Carolyn presented advances in breast cancer surgery and David spoke of extending data access to improve breast cancer control in Australia. These were all very informative and interactive presentations.

Thank you, as always the dedicated Project Team members Yanping Zhang, Thet Khin, and the additional assistance funded by Radiation Oncology Private Practice Fund (ROPPF) of Jenny Green, Helen Porritt and Kerryn Ernst. Thank you to the ACT and NSW breast care nurses, specialists and GPs for your tremendous voluntary contributions to the project. Finally, thank you to all those women and men who have consented to participate in this important project.

Dr Angela Rezo
Radiation Oncologist
Chair, ACT & SE NSW Breast Cancer Treatment Group
The Breast Cancer Quality Audit (BQA) was originally an initiative of the section of Breast Surgery of the Royal Australasian College of Surgeons (RACS). Originally known as the National Breast Cancer Audit, it was designed to collect treatment, follow-up and demographic data on patients receiving surgery and adjuvant therapy for breast cancer. The audit was then transferred to the Breast Surgeons Association of Australia and New Zealand (BSANZ) for ongoing data collection and administration, where it was renamed BQA.

The audit is an important part of quality assurance for surgeons performing breast cancer procedures. Participation is mandatory for surgeons who are full members of BSANZ and it also forms a part of a surgeon’s continuing professional development portfolio of the RACS. The latter is compulsory for Fellows of the RACS. It aims to ensure that surgeons are following best practice guidelines in their surgical practice. This data allows individual surgeons to review their own practice and compare it to the group.

The audit uses the following Key Performance Indicators:
- the percentage of women undergoing breast conserving surgery who receive radiotherapy > 85%;
- the percentage of hormone receptor positive cancers who receive adjuvant endocrine therapy >85%;
- the percentage of invasive cancers who undergo axillary surgery >90%;
- the percentage of in situ cases without axillary clearance >90%;
- the percentage of high risk invasive cancers treated with mastectomy who receive radiotherapy >85%; and
- the percentage of high risk invasive cancers who receive chemotherapy >90%.

In other states, individual patient data is entered by the surgeon online in the BQA website, using their personalised login. This needs to be updated depending on the adjuvant treatment received and also for follow-up details. In the ACT and SE NSW, the BCTG Quality Assurance Project (QA Project) collects individual surgeon’s data after receiving consent from patients.

Participation in the project is voluntary for both clinicians and patients. Surgeons and other clinicians complete the data collection form and return it to the project team. This dataset is then checked for accuracy and can then be uploaded by Yanping Zhang and her team directly to the BQA website on behalf of the surgeons and to complete the BQA audit as well. This means that surgeons in the region only have to complete one data collection form!

We are very privileged to have such a dedicated data collection team in the ACT to enable surgeons to participate in both the BQA and BCTG QA projects. As the number of patients entered into each database increases with time, it has been vital for all clinicians to complete the data forms accurately and completely as possible to help with the increasing workload.

These projects are vital to ensuring that as surgeons we are providing the highest quality surgical care in the management of breast cancer.

Dr Carolyn Cho
Breast, Oncoplastic, Reconstructive and General Surgeon
Lidia Perin Medical Centre

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**Acknowledgements**

This Breast Cancer Treatment Group Quality Assurance Project has reached 20 years and we would like to thank all the participants for generously contributing their time and for their hard work in helping to collect data for the BCTG QA Project including patient follow-up.

Special thanks to all the surgeons, the medical receptionists, general practitioners, practice managers, practice nurses, breast care nurses including McGrath Breast Care Nurses, administrative staff, radiologists, BreastScreen ACT, the ACT and the NSW Registries of Births, Deaths & Marriages, Bosom Buddies, Breast Cancer Network Australia, a large number of pathologists including ACT Pathology, and Capital pathology, and Breast Cancer Tissue Bank Project team.

Finally, we acknowledge Eisai, Novartis and AstraZeneca for sponsoring the Breast Cancer Treatment Group meetings. We appreciate the contribution of the guest speakers, Ms Gemma Arnold, Dr Carolyn Cho and Prof David Roder, who shared their knowledge and precious time in those meetings. Last but not least thank you to staff at University House, ANU for providing the venue and resources for our meetings.

Thank you
How important is the number of hours in one day?

I’m sure this question and many others are asked of and by breast surgeons every day. Happily the Breast Cancer Treatment Quality Assurance Project (BCTG QA Project) and its staff are able to ease a breast surgeon’s workload burden in at least one area.

Data is submitted by the BCTG QA Project office to the BreastSurgANZ Quality Audit (BQA) on behalf of ACT and SE NSW breast surgeons, and has done so since 2001. The regions’ time-poor breast surgeons are assured that their patient information is submitted to the BQA in a timely manner and without error, leaving them free to concentrate on other matters such as patient care, education and enhancing quality of care.

The BCTG QA Project is the custodian of high-quality, reliable and statistically sound data, collected on breast cancer cases in the ACT and SE NSW health areas. After patient consent, data is collected from breast surgeons (in the first instance) and held anonymously following a diagnosis of breast cancer. Data collected per case covers: demographic information; bilateral/secondary cancer; disease history; pre surgery investigations & treatments; surgery procedure; adjuvant treatments; pathology; and additional data is recorded on patient follow-up visits. Not all data is available at the time of initial notification and each case is updated as further details become available, e.g. most patients undergo adjuvant treatment for some time following surgery. This is particularly relevant when considering the report to BQA.

It is expected by the BreastSurgANZ Quality Audit that data is submitted in full by April 30 of the year following diagnosis. When a submission is scheduled, the Project Office is notified and must ensure that the selected data meets the expected level of excellence. Therefore the first step in the process is to link each patient and their data to their breast surgeon via a reporting program within the BCTG database. This report forms the basis and is the first step in the provision of data to BQA.

Due to the complexity and volume of each breast surgeon's individual patient data, it is important to carefully and continuously check and review data for each surgeon. We have found the best plan is to start early and constantly review each patient’s pathway for the year in question. High level procedures are employed to assure the quality and usefulness of all data retained by the BCTG QA Project. Any discrepancies may be due to inconsistent or missing data, failed range checks or deviations from the protocol, therefore it is imperative there is consistent, careful and meticulous quality monitoring.

There have been years where BCTG data collection proved very challenging and consequently the process for BQA submission demanding. We needed to make additional efforts by involving others to assist in collecting, querying, cleaning and reviewing to provide data on time and in accordance with both our own high standards and to fulfil BQA reporting criteria.

An upgrade of the BQA was completed in 2016/2017, and this coupled with BQA in-house staff changes have resulted in adjustments to the format for submission as well as additional data items. The BCTG QA Project data for the ACT and SE NSW region breast surgeons for the 2016 calendar year is continually undergoing the quality assurance process, although indications currently are that scheduled submission to BQA may be delayed this year.

It is important to us that we provide clean accurate data to avoid query responses from BQA following submission of the reports, either to the BCTG QA Project staff or more importantly to the breast surgeon. Feedback received from BreastSurgANZ Quality Audit confirms that early attention to detail is worthwhile.

Jenny Green
Project Officer (one day/week)
Breast Cancer Treatment Group Quality Assurance Project

Thank you!

Radiation Oncology Private Practice Fund

We would like to thank the Radiation Oncology Private Practice Fund for their generous financial support to the BCTG Quality Assurance Project for 2017/2018. This support allows us to assist clinicians to complete the treatment section on the Data Collection Form and to better expand its ability to provide high quality data for clinicians, and to serve as a basis for further studies and publications.

— Breast Cancer Treatment Quality Assurance Project Team
The Australian Breast Cancer Tissue Bank Project in Canberra has been in progress since 2009. The central management hub is at the Westmead Millennium Institute in NSW and there are 10 affiliate sites across Australia. A National Breast Cancer Foundation National Infrastructure Grant was awarded last year to continue the central operations. As of November 2017, 8,214 patients have been recruited onto the Australian Breast Cancer Tissue Bank project with 969 of these participants being from our region.

The Tissue Bank is a valuable resource for translational researchers and has a variety of samples available, including snap frozen aliquots of whole blood, plasma, serum, white buffy coats, frozen and paraffin embedded tissue, tissue microarrays and digital images of tumour sections. Matched clinical and treatment data with longitudinal follow-up is also available.

The ACT collection centre has been continually funded by research grants from the Radiation Oncology Private Practice Trust Fund since 2012 to continue local tissue collection activities. We are one of three sites in Australia, still recruiting donors to the project.

Elaine Bean of ACT Pathology is the local Tissue Bank Officer responsible for processing of biological samples and maintaining the database and Ramesh Shanmugasundaram has been collecting the treatment data from the beginning of 2017.

www.abctb.org.au

Prof Desmond Yip
Principal Investigator
Australian Breast Cancer Tissue Bank, ACT Collection Centre

The Purple Follow-Up Form: Its Importance to Patient Survival Data

The purple Follow-Up forms are sent out to respective GPs seeking current status of breast cancer patients (including men). The status replies from GPs such as Alive & Disease Free, or suffering Recurrence or Deceased, are entered into the Breast Cancer Treatment Group Quality Assurance Project (BCTG QA Project) data system. Outcomes (such as 5 years survival, 10 years survival, 20 years survival) are reported to the BCTG and the individual treating clinicians. The purple Follow-Up form has therefore been the means by which patient survival data has been collected for 20 years and is now the foundation of a valuable longitudinal treatment dataset which also serves as a basis for research and publications.

It is very important to have the Follow-Up replies from GPs since they contribute priceless value to the management and treatment of breast cancer.

The BCTG QA Project would like to thank all GPs for contributing their precious time and hard work in helping us complete those PURPLE Follow-Up forms.

If there is any change in a patient’s disease status please contact the Project Officer on 02 6205 1542.
Congratulations to the BCTG Quality Assurance Project on the 20th anniversary of this project. The valuable work done by the hard working team allows us to understand the real long term benefits of breast screening, and long term survival with early cancer detection.

As GPs we are there to support, educate, and refer our patients for the best care. We are sometimes there to console when the outcomes have not been optimal. I have some patients who are alive 20 years after diagnosis from a breast screen, and a few who have died, but some from unrelated conditions. Sadly, I have also had several patients who presented new to the practice from elsewhere with metastatic breast cancer, which is a tragedy. One of the patients expressed complete astonishment that she could have breast cancer in her fifties, because she said, “I breast fed three children, I don’t smoke, and I have no family history”.

Community perception of “no risk” versus “reduced risk” or “relative risk”, can be a very tricky concept, (witness the issues with immunisation refusers), so we have an important role in explaining, encouraging and educating our patients as much as we can, to commence regular breast screening, at least by age 50. Complacency can be our enemy in this area.

We look forward to the next exciting decade!

Dr Denise Kraus
GP at Interchange General Practice
Canberra City

Adjuvant Endocrine Therapy in postmenopausal women with Early Breast Cancer (EBC): Is Extended Adjuvant Therapy with Aromatase Inhibitors better than Five Years?

For many years, tamoxifen has been the standard adjuvant endocrine therapy for pre and postmenopausal women with hormone receptor positive Early Breast Cancer (EBC). The Oxford Overviews have been of great assistance in demonstrating the benefit of adjuvant tamoxifen in EBC.

The 1992 Oxford Overview showed that two years or more of tamoxifen was significantly more effective than under two years of treatment in reducing both recurrence and mortality from breast cancer. Subsequently, the 2005 Oxford Overview showed that five years of receiving tamoxifen was superior to just one or two years in reducing recurrence. Thus, five years became the standard duration of tamoxifen in EBC. The ATLAS and aTTom trials compared 10 years with 5 years of receiving tamoxifen and both found that 10 years of tamoxifen was more effective in reducing recurrence and mortality, than five years.

Last year, at the San Antonio meeting, three trials of extended adjuvant endocrine therapy with aromatase inhibitors were presented. The DATA trial only showed a trend to improved disease free survival (DFS) for six versus three years of anastrozole.

The IDEAL trial examined five years versus 2.5 years of letrozole after five years of prior endocrine therapy and found that, compared with 2.5 years of letrozole, five years of letrozole did not improve disease free survival but did reduce the incidence of a second primary breast cancer.

The third trial, the NSABP B-42 trial, failed to show a significant reduction in DFS from extended adjuvant endocrine therapy with letrozole. Thus, extended adjuvant endocrine therapy with aromatase inhibitors cannot be recommended at present.

Currently, the standard duration of adjuvant endocrine therapy for aromatase inhibitors in postmenopausal women with EBC remains at five years. However, we await data from further trials of extended adjuvant therapy with aromatase inhibitors in postmenopausal women.

Prof Robin Stuart-Harris
Medical Oncologist
The Canberra Hospital
Presentations at BCTG Meetings in 2017

March

Ms Gemma Arnold, President of the Australasian head of the Lymphology Association and head of the Lymphoedema Clinic from Physiotherapy Department of Calvary Hospital, shared “Contemporary management of lymphoedema and lymphoedema risk secondary to breast cancer treatment”. Gemma gave an overview of incidences, risk factors, risk factor management, early detection, and interventions such as manual lymph drainage, skin care, compression, weight loss, and laser treatment amongst others.

July

Dr Carolyn Cho presented “Controversies and Advances in Breast Cancer Surgery”. In this talk, she addressed the issues of surgical margins, overtreatment of DCIS, axillary surgery, breast implants and associated large cell anaplastic lymphoma. An overview of new technologies and techniques was presented including tissue expander, pre-pectoral breast reconstruction, and intraoperative radiotherapy.

November

Professor David Roder presented “Extending Data Access: Breast Cancer Control Evaluation in Australia”, he talked about a variety of population-wide, institution-wide, and specialty-wide approaches in breast cancer data collection in Australia.

Professor Roder has been Chair of Cancer Epidemiology and Population Health at the University South Australia in collaboration with Cancer Council SA’s Breast Cancer Project since 2011. He is also employed under contract by Cancer Australia, the NSW Cancer Institute, and Cancer Council SA.

BCTG Meeting dates for 2018

- Monday, 19th March 2018
- Monday, 25th June 2018
- Monday, 26th November 2018
Photos from BCTG meetings in 2017

Project Coordinator, Yanping Zhang provided an update report to the BCTG at July’s meeting

Group discussion of the BCTG at November’s meeting

One of the BCTG meetings in the Drawing Room, at University House, Australian National University
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