

breast imaging magazine

THE

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breast imaging



BREAST FILE

The last couple of months have been a busy and rewarding time for Breast Imaging.

For International Women's Day in March we held our premiere Movies for Charity event, which many of you attended. I would like to thank the GPs who came along for their support and generosity - a great evening was had by all.

I attended the American Roentgen Ray Society (ARRS) annual meeting in April. One of the hot topics under discussion was 'does Mammography really work?' In subsequent issues of *The Image*, we will delve into this issue in detail. In the meantime, here is some food for thought - a 30% reduction in women's mortality due to breast cancer has occurred, due to a combination of early detection by screening and improved surgical and medical techniques. Incidentally, the conference did argue regular screening was beneficial for women aged 40 to 50 and that screening should be conducted annually.

Last month I was proud to launch Breast Imaging's own website www.breastimaging.com.au. The aim of this website is to give the medical profession and the community a resource to find out the latest information on breast imaging and breast research. Be sure to visit the site - you'll find diary dates, news and an interactive forum where GPs can ask questions and discuss topical subjects. For your patients, the site is a valuable information source - answering their questions about breast procedures and giving them the latest news.

That brings us to July, and another issue of *The Image* - you'll find information on WA's clinical trials, a profile on senior radiographer Anne Borushek in Radiographer in Focus and we tell you more about our ultrasound service.

Until next time.

Dr Peter Goodwin



Sonographer, Anne Borushek ultrasounds a patient.

Ultra Excellence

As the only private dedicated diagnostic breast radiology practice in WA, Breast Imaging has become a specialist in breast ultrasound with the procedure making up 30-40% of the clinic's work. *The Image* takes a look at Breast Imaging's commitment to excellence in this field.

Skilled staff

Four staff perform breast ultrasound at Breast Imaging. The dedicated team of sonographers is headed up by Jan Townsend and includes Anne, Lynda, Sharon and trainee sonographer Angela.

All Breast Imaging sonographers are accredited and registered with the Australian Sonographer Accreditation Registry (ASAR). To remain registered, it is compulsory for each sonographer to participate in the Continuing Professional Development Program. This means constantly updating skills through attendance at conferences and training sessions.

Dedication

The ultrasound team has extensive knowledge of breast physiology and pathology through their experience as mammographers. Breast ultrasound is a notoriously complex area and having specialised skills greatly assists with interpretation of difficult cases.

A compassionate approach

The ultrasound team complement their training with the highest levels of patient care, making every effort to ensure all who visit the clinic feel at ease and free to ask questions.

"Communicating with the patient and being able to alleviate their fears where possible is always rewarding. Although this can be a difficult task, the staff here are often complimented on their approach," said Jan Townsend.

Clinical Trials in WA

Western Australia is in a unique position to undertake clinical research in the field of breast cancer. Women living here with breast cancer have access to high standards of care, including the latest research treatments, which can potentially increase the quality and duration of their lives.

The Image spoke to one of the State's leading advocates for clinical research into breast cancer - Dr Arlene Chan, Medical Oncologist, Royal Perth and Mount Hospitals.

Dr Chan is a member of the Breast Research Alliance and Western Australia Clinical Oncology Advisory Group, which aims to place breast cancer treatment and research on the top of the health agenda.

"Many exciting aspects of Oncology have developed since my days as a registrar", Dr Chan said.

"This includes more effective drug treatments to counter the side effects of chemotherapy, greater availability of drugs to treat cancer, increased involvement of patients in their treatment decisions, and a wider acceptance of palliative care in the overall management of advanced cancer."

"Importantly, there is increased recognition of a multidisciplinary approach, involving surgeons, medical and radiation oncologists, pathologists, radiologists, breast nurse specialists, clinical psychologists and physiotherapists".

Dr Chan explains how WA is contributing to the latest breast research studies.

"Breast cancer trials in Western Australia have generally accrued high numbers of patients and therefore we are frequently offered involvement in new national and international breast cancer studies."

The international studies are primarily conducted by three research groups - the Australian and New Zealand Breast Cancer Trials Group (ANZ), International Breast Cancer Study Group (IBCSG) and the Breast Cancer International Research Group (BCIRG).

Dr Chan's role is to assess the feasibility of the scientific questions proposed for each study, and review the trial protocol's suitability for patients at Royal Perth Hospital and the Mount Hospital.

Breast cancer trials in Western Australia have generally accrued high numbers of patients.

BCIRG Trials

These trials involve chemotherapy treatment of early disease with the aim of improving the efficacy of chemotherapy and offering patients a less toxic treatment. Trial 006 includes women whose tumour over-expresses the receptor *cerbB2*. A new biological agent, Herceptin is given to two thirds of patients in this trial to assess for additional benefits beyond those achieved with chemotherapy alone. These trials are in the early phase of accrual with a target size of over 6000 patients.

BIG 01 Trial

This is a collaborative study, which is looking to improve upon Tamoxifen by comparing it to Letrozole. The study is aiming to have 7,500 participants.

Metastatic Trial

The aim of research into the treatment of metastatic cancer is to improve the shrinkage of cancer deposits, decrease the pain and symptoms of cancer as well as the side effects of treatment whilst improving the quality of life and life span. The US - based study compared the new Xeloda-Taxotere combination with Taxotere. The results are soon to be published. Dr Chan states patients who took the Xeloda combination benefited with an increased life span by a couple of months.

Herceptin and Navelbine Trial

Patients with metastatic disease in at least one area outside the bone (not in the brain) in a measurable form were eligible to enter this study. The study began 18 months ago and the results are likely to be released at the ASCO Cancer Conference in 2003. Dr Chan believes the impact of this study will be noteworthy for the high observed response rate which is achieved with minimal side effects.

In house studies

Dr Chan is conducting her own study into the effects of fatigue on patients undergoing chemotherapy treatment for early breast cancer. This study included 80 patients. Dr Chan is soon to analyse the results.

She is also assessing chemotherapy dose delivery in both early and advanced disease. This has allowed Dr Chan to address the important issue of actual dose delivery to women with early breast cancer and review the reasons why dose reduction or dose delay occurs. Previous findings have shown that the delivery of doses is important with patients needing to receive at least 85% of their doses to reduce the risk of recurrence.

Dr Chan ends on her ambitions for the future:

"Doctors, hospital administrators and health department officials need to recognise the importance to patient care of the results obtained from well conducted clinical trials."

"For the public to be educated that the difference between chemotherapy and alternative therapies lies in the efforts made through clinical trials that are conducted under stringent and peer reviewed processes."

For WA, Dr Chan would like to see the establishment of a centre for clinical trials with a uniformity of ethics submission, centralised data management, and availability of statisticians.



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The Breast Imaging team.



RADIOGRAPHER IN FOCUS

Anne on Eleven

This month Anne Borushek will have been with Breast Imaging for 11 years. Having always worked in private practice, Anne tells *The Image* about her work at the clinic.

“I enjoy the variety of work; as well as breast ultrasound I perform mammography, and assist with breast biopsies”.

Anne follows a patient’s progress from their arrival at the clinic to the release of their results.

For Anne, forming trusting relationships with the patients is integral to Breast Imaging’s personalised approach. She explains why:

“Women go through certain common experiences in their lives such as pregnancy, breastfeeding and motherhood.”

“I have developed a strong rapport with a lot of our patients over the years due to these shared experiences. This helps them feel more comfortable during their time in the clinic.”

“At Breast Imaging, patients often comment on the pleasant, calm atmosphere and the obvious friendship amongst the team. It’s one of the reasons women come back to us regularly, even if this means long distance travel,” said Anne.

Anne’s most memorable working experience occurred during her first months at Breast Imaging. A woman in her early 40’s came to the clinic for a routine mammogram while accompanying her nervous sister who had a breast problem. The sister’s mammogram was normal but Anne detected a developing cancer deep in the asymptomatic woman’s breast.

Because of the early diagnosis the woman’s prognosis was excellent and she was able to avoid major surgery. The woman later wrote and thanked Anne for picking up the cancer, which she would otherwise not have noticed.

“This made me realise the importance of early diagnosis, as well as bringing home the difference we can actually make in women’s lives,” said Anne.

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Pictured below:
Breast Imaging’s
receptionist,
Kaye Turner.



www.breastimaging.com.au

movies for charity



You helped us raise over
\$2,000 for the Cancer
Foundation of WA

A Beautiful Night

On International Women's Day the medical community turned out in force to support Breast Imaging's premiere event Movies for Charity.

The evening was an astounding success raising over \$2,000 for Breast Imaging's chosen charity - the Cancer Foundation WA - with funds going towards its breast research projects.

The movie, *A Beautiful Mind*, starring Russell Crowe went on to receive the accolade of Best Film at the Oscars. Precursing the Academy's view, the audience of GPs warmly received the film, many finding the true story about a talented mathematician dealing with schizophrenia emotive viewing.

Prior to the movie the audience enjoyed a glass of wine and heard from Breast Imaging's Dr Peter Goodwin and the Cancer Foundation WA's fundraising director Fiona Pace on the importance of breast research.

Breast Imaging would like to thank all who attended the event for their support and generosity, and we look forward to seeing you all at the next Movies for Charity.

Pictured top: (L-R) Dr Peter Goodwin, Fiona Pace and Dr Julian Frayne.

Above left: Dr Christobel Saunders.

Above right: (L-R) Chris Marchesi and Dr Nadia DiMarco.

PHOTOGRAPHY COURTESY OF THE WEST AUSTRALIAN

A REMINDER

A Medicare rebate for a mammogram is dependent on ONE of the following conditions:

- Clinical breast symptoms or signs raising the possibility of breast cancer
- Family history of breast cancer (first degree relative)
- Previous breast cancer

Please explain to your patient that if none of the above conditions are INDICATED BY YOU ON THE REFERRAL FORM the patient will not be eligible for a Medicare rebate.

A Sticky Matter

In this issue of *The Image* you'll find a sticker to attach to your Breast Imaging referral pad. It is a reminder of the Medicare policy: for your patients to receive a Medicare rebate at least one of the following conditions must be indicated on the referral:

- The patient has clinical breast symptoms or signs raising the possibility of breast cancer
- The patient has a family history of breast cancer (first degree relative)
- The patient has previously had breast cancer

Breast Imaging often sees patients who comply with one of the above, although this has not been indicated on the referral. This means the patient is not able to claim a Medicare rebate.

Jan Townsend, senior radiographer, and sonographer explains how this can lead to patient dissatisfaction.

"Patients often come to us with a breast symptom, but with no indication of this symptom written on their referral. They are often quite upset when they find out this affects their status for a Medicare rebate", said Jan.

If you have any further questions, please email us at info@breastimaging.com.au or call us on 08 9383 2799.

breast imaging

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