

Kylie's diagnosis impacts on BreastScreen SA

BreastScreen SA reported an unprecedented response from women across South Australia, following Kylie Minogue's diagnosis of breast cancer.

General Manager Lou Williamson, said there was no doubt that the news raised awareness and prompted women to take action.

"On Wednesday 18 May 2005, the day after Kylie's diagnosis was made public, our program was inundated with a record number of calls," said Ms Williamson.

"The final tally was 1,077 calls, which is triple the average daily number of 350," she said. "In the subsequent two days, we received a further 990 and 778 calls respectively."

"The very positive outcome is more than 80% of the callers made an appointment for a free screening mammogram, and about three-quarters of these women were in our target age group of 50 to 69."

Of all bookings made each day, about 80% were by clients attending for their second or subsequent screening mammograms.

The impact on BreastScreen SA is further demonstrated by comparing the weekly number of calls to the program.

Date (2005)	Calls taken	Appointments booked	Percentage of calls resulting in bookings
Wed 18 May	1,077	900 (73% aged 50-69)	84%
Thurs 19 May	990	788 (72% aged 50-69)	80%
Fri 20 May	778	630 (73% aged 50-69)	81%
Total	2,845	2,318	81.5%

"In the five-day week prior to the news breaking, BreastScreen SA received 1,932 calls," said Ms Williamson.

"In the following week, which included the Monday public holiday for the Adelaide Cup and Volunteers Day, we received 3,523 calls in just four days."

Ms Williamson said that the challenge now was the ability to respond to increased demand for services. Ms Williamson also acknowledged all BreastScreen SA staff for the positive manner in which they handled the increased workload.

"It was a very demanding week, and I congratulate all BreastScreen SA staff for rising to the challenge."

This edition includes a special feature detailing the results of the GP survey included in the last edition. Asked to rate the *Keeping Abreast* newsletter, GPs responded favourably: Of note:

- The newsletter was rated highly by 85% of respondents
- 84% of respondents stated that the newsletter gave them useful or very useful information about the procedures undertaken at BreastScreen SA
- the newsletter content and overall layout was rated highly by 85% of respondents.

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BreastScreen SA provision of biopsy results - timing changed

The increasing number and complexity of biopsies performed at BreastScreen SA Assessment Clinics means that we are no longer able to provide biopsy results on the working day immediately following a woman's attendance for assessment.

All biopsy results will now be available on the second working day after the clinic.

Please contact one of our Medical Officers on 8274 7150 if you would like further information.

Screening mammogram results from BreastScreen SA

1. Why does it take up to two weeks for women and their GPs to receive normal results?

BreastScreen SA performs around 70,000 screening mammograms annually, or an average of 1,400 sets of films per week. The screening clinics do not have radiologists on site: all mammograms are returned to our State Coordination Unit in Wayville (Adelaide) to be read.

The mammograms are read by radiologists who have specific expertise in reading screening mammograms. Each set of x-rays is read independently by two radiologists, and a third senior radiologist reads the x-rays if there is any discordance in the primary reading results.

After reading is complete, results letters are generated and posted to the women and their GPs. This process takes 10 working days on average, and quality assurance processes are in place at each step of the screening pathway.

2. "Normal routine recall" results letters

Around 88% of women and their GPs will receive "normal routine recall" letters advising that no signs of breast cancer were seen. Since this is a screening test rather than a diagnostic investigation, we do not provide a detailed report about any benign findings.

We routinely advise women to be aware of the look and feel of their breasts and to consult their GPs if they notice any changes. This advice is consistent with the current policies of BreastScreen Australia, the National Breast Cancer Centre, and the Cancer Council of SA.

3. "Symptomatic routine recall" results letters

Women are asked if they have any breast symptoms at the time that they book their screening mammogram. Women with symptoms are counselled over the telephone by one of our clinical staff regarding their suitability for screening. Those with significant symptoms are strongly encouraged to see their GP for clinical examina-

tion to determine whether referral for diagnostic imaging is necessary.

There are some women who are symptomatic at the time that they attend for screening. These women are still screened, however as clinical examination is not part of the screening process, BreastScreen SA is not able to determine the significance of the women's reported symptoms.

As a proportion of breast cancers are mammographically occult, it is important that symptomatic women do not rely on the screening mammogram alone for investigation of their symptoms.

These women and their GPs will therefore receive results letters advising them that although there was no abnormality seen on the screening mammogram, a clinical examination is recommended.

Of all results letters sent by BreastScreen SA each year, around 8.5% (approximately 6000 letters) are "symptomatic routine recall" letters.

4. What should the GP do when he or she receives a "symptomatic routine recall" result for a patient?

As discussed above, the screening mammogram does not provide an assessment of specific symptoms, and further investigation may be required. In some cases the symptom is long-standing and unchanged, and possibly of lesser significance, but BreastScreen SA is not in a position to make this decision.

The "triple test" approach is essential for the investigation of breast symptoms. This consists of clinical examination, imaging, (mammography +/- ultrasound) and needle biopsy, and has a sensitivity of 99.6% when cancer is present.¹ (See *Keeping Abreast*, No 3, March 2003).

A mammogram alone (or any single component of the triple test) is insufficient investigation of a breast symptom. **The leading cause of delay in the diagnosis of breast cancer is inappropriate reassurance that a lump is benign without performing the triple test.**

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24 October, 2005

Dr <GPIRES> <GPIRESNAME>
<PRACTICE>
<GPADDRESS>
<GPSURNAME> SA <GPOSTCODE>

Dear Dr <GPSURNAME>

Re: <FIRSTNAME> <SURNAME>
<DOB>
Address: <ADDRESS> <SUBURB>
Screening Date: <DATE> BSSA Reference: <REFNO>

Your patient recently attended BreastScreen SA for a screening mammogram. As this test looks only for breast cancer, a detailed report describing any non-cancerous (benign) breast changes will not include.

While her mammogram showed no features of malignancy, she did report a breast symptom.

She has been advised to see you for a clinical assessment. If she has not recently done so, in the event that you find a significant problem, further investigation is recommended, as a normal mammogram in the presence of a palpable lump or other symptom does not exclude cancer.

We routinely advise all women to see their doctor without delay if they find a lump or develop any other breast problem. We also recommend that they have a breast examination by their doctor every year.

We invite clients when their next screening mammogram is due, until they turn 70. Women aged 70 years and over who wish to continue with screening at BreastScreen SA are welcome to attend, and call phone 13 29 59 for an appointment.

If you require further information, please contact one of our doctors on (08) 8274 7151.

Yours sincerely

Dr Gill Rush
Clinical Director
BreastScreen SA

"Symptomatic routine recall" results letters are sent to GPs to indicate that the patient requires further investigation of a breast symptom.

(Continued from page 2)

Women with nipple discharge may require referral to a breast specialist for further investigation, particularly when the discharge is blood-stained and from a single duct. Between 5 and 10% of women with bloodstained nipple discharge may have an underlying malignancy.²

Occasionally a woman will have a nipple discharge when compression is applied at screening. Although this is often due to benign causes such as duct papilloma, investigation is warranted to exclude more serious intra-duct pathology.

Paget's disease of the nipple must be considered in women who have an eczematoid change of the nipple, and biopsy may be required to establish the diagnosis.

5. How is the woman contacted if she requires further assessment at BreastScreen SA's Assessment Clinic?

In around 3% of cases, further assessment is necessary before a result can be given. This does not necessarily mean that a woman has breast cancer; around 75% of women who are recalled for further assessment will have normal or benign results once assessment is complete.

BreastScreen SA's Assessment Clinic at Wayville is set up specifically to investigate screen-detected abnormalities. Our nurse counsellors contact women by both phone and letter to inform them of the need for assessment and to arrange an appropriate appointment.

We are keenly aware of the anxiety that women experience when they are recalled for assessment, and so our nurse counsellors try to minimise the time between contacting a woman and the availability of an appointment to offer her.

6. Why is the GP not automatically informed before the woman attends the Assessment Clinic?

The only information that is available after screening for women with screen-detected abnormalities is that further assessment is required. A diagnosis has not been made at this stage, and in the majority of cases the further assessment is done by BreastScreen SA.

A full report of the assessment findings is sent to the woman's GP once assessment is complete, and one of BreastScreen SA's medical officers contacts a woman's GP in person when cancer has been diagnosed (see *Keeping Abreast*, No 5, March 2004 for further information about the Assessment Clinic).

7. What if a woman prefers not to attend BreastScreen SA's Assessment Clinic?

Occasionally a woman requests that her assessment be arranged elsewhere by her GP. In these cases a copy of the woman's mammogram and a report describing the screening findings is sent either to the GP or direct to the radiology practice or breast surgeon to whom the GP has referred the woman.

When the screen-detected abnormality is micro-calcification and biopsy is required, the radiology practice or breast surgeon may recommend that the woman is referred back to BreastScreen SA for assessment. This is because biopsy of calcifications is usually best done with vacuum-assisted stereotactic core needle biopsy (Mammotome), and in South Australia this equipment is only available at BreastScreen SA.

8. Why does BreastScreen SA refer women with screen-detected axillary lymphadenopathy back to the GP for further investigation?

Axillary lymphadenopathy can be due to a range of causes, and BreastScreen SA does not have the facilities to perform all the necessary investigations. A copy of the x-rays and a flow chart of recommended investigations are sent to the GP to assist with investigation. (For more information on the significance of screen-detected axillary lymphadenopathy see *Keeping Abreast*, No 6, September 2004, special feature insert.)

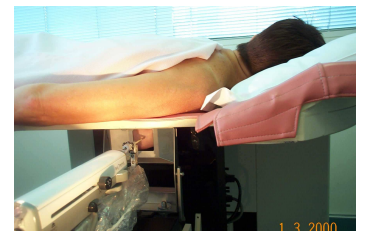
1. The investigation of a new breast symptom, A guide for General Practitioners, National Breast Cancer Centre and Royal Australian College of General Practitioners October 1997.

2. ABC of Breast Diseases, 2nd edition, M Dixon, BMJ Books.



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Back issues of Keeping Abreast on BreastScreen SA website

If you would like to read or download any back issues of the Keeping Abreast newsletter, visit the BreastScreen SA website at: www.breastscreen.sa.gov.au

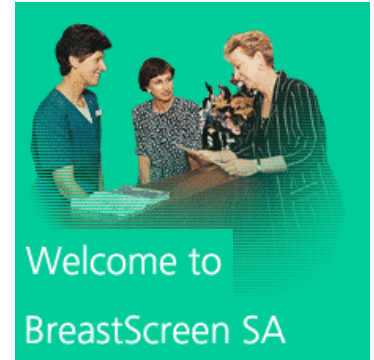
Select the [GP Info](#) link on the top menu, then the [Keeping Abreast GP Newsletter](#) link. Here you will find the following listing:

- Keeping Abreast, number 7, May 2005
- Keeping Abreast, number 6, September 2004
- Special feature insert "Abnormal lymph nodes found at screening mammography"
- Keeping Abreast, number 5, March 2004
- Special feature insert "BreastScreen SA Clinical Audit Activity for General Practitioners"
- "Keeping Abreast" Number 4, September 2003
- Special feature insert "Screening women from culturally and linguistically

- diverse (CALD) backgrounds in SA"
- "Keeping Abreast" Number 3, March 2003
- Special feature insert "Screening Indigenous women in SA"
- "Keeping Abreast" Number 2, September 2002
- Special feature insert "All about DCIS - ductal carcinoma in situ"
- "Keeping Abreast" Number 1, March 2002.

All of these newsletters, together with BreastScreen SA's other publications, including brochures and Annual Statistical Reports, can also be downloaded or ordered under the [Publications](#) link on the top menu.

Note too that the [GP Info](#) link also contains a variety of information, including details on BreastScreen SA's Clinical Audit Activity and Seminars, and a summary of the Screening and Assessment Pathway.



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WE'RE ON THE WEB
www.breastscreen.sa.gov.au

Information in this newsletter is not a substitute for seeking appropriate specialist advice in individual clinical situations.

Strategies for General Practitioners

Building collaborative partnerships with GPs is an important strategy for BSSA. We offer:

- a range of free printed resources, including brochures in 15 different languages, and stickers with which to tag the files of your female clients over age 50.
- seminars for health professionals and practice managers – at BSSA or your venue.
- a Clinical Audit Activity developed by BSSA's Medical Officers.
- screening participation statistics by postcode.
- personalised contact with GPs via surgery visits.
- display materials.
- articles for professional magazines/newsletters.

Contact our Medical Officers for more information.