

# Keeping Abreast

BreastScreen SA newsletter for general practitioners

Number 20, December 2011

## BreastScreen SA receives four year accreditation with commendation

Earlier this year, BreastScreen SA (BSSA) was presented with the BreastScreen Australia accreditation certificate awarding four years accreditation with commendation.

On behalf of the Federal Minister for Health, the Hon Nicola Roxon, Mr Tony Zappia MP (Commonwealth Electorate of Makin) presented the accreditation certificate to the Hon John Hill, Minister for Health.

Minister Hill accepted the certificate on behalf of BSSA with Ms Melinda Bromley, First Assistant Secretary, Population Health Programs, Department of Health and Ageing in attendance.

The award of four years accreditation with commendation is the highest accreditation award possible from BreastScreen Australia.

The National Quality Management Committee made the award based on the high quality of services and clinical outcomes achieved by BSSA over an extended period of time. Past and present staff should feel very proud of this recognition and achievement and our clients can be reassured that we continue to strive for excellence in breast cancer screening.



*(L-R) Mr Tony Zappia MP, Clinical Associate Professor Gelareh Farshid, Ms Lou Williamson, Hon John Hill MP and Ms Melinda Bromley with the certificate at the presentation.*

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# BSSA contributes to BreastScreen Australia Conference

The second BreastScreen Australia (BSA) Conference was held in Melbourne from 28 to 30 October 2011. More than 460 delegates from across Australia, New Zealand, Singapore and the UK attended, with BreastScreen SA (BSSA) well represented both in presentations and by the number of delegates attending.

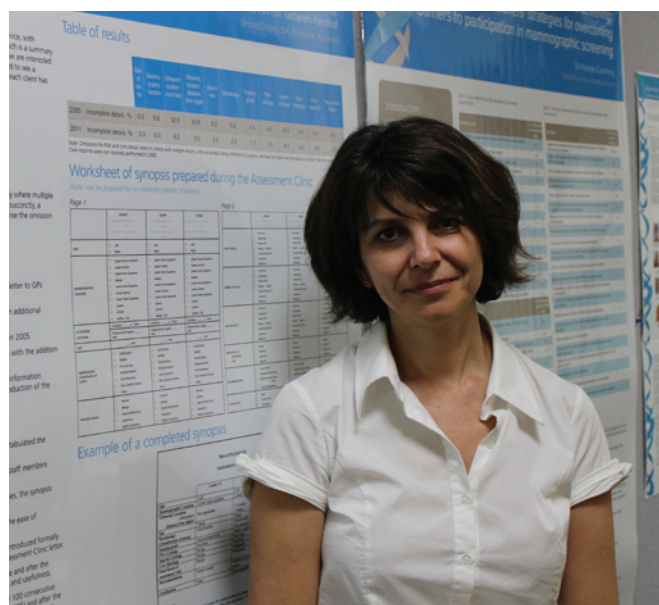
BSSA General Manager, Ms Lou Williamson, was an invited speaker and discussed the quality improvement and accreditation system, which ensures the national mammographic screening program offers high quality services to Australian women. She discussed the role it plays in facilitating change and the changes that may be made to it in the future.

BSSA Clinical Director, Associate Professor Gelareh Farshid, was an invited speaker. Her first presentation outlined a range of non-malignant lesions for which the optimal management plan after a core biopsy diagnosis is still evolving. These lesions represent an important focus for the BSA program as we endeavour to limit diagnostic open biopsies. A/Prof Farshid called for collaborative efforts to identify the combined features which may predict more precisely the risk of the presence of a more advanced lesion in order to avoid surgery for selected groups of women.

In her second presentation, A/Prof Farshid reported that the available evidence indicates that high grade ductal carcinoma in situ (DCIS) is a non obligate precursor lesion which, if untreated, raises the risk of subsequent development of invasive breast cancer. She noted that the diagnosis and treatment of high grade DCIS represents a unique opportunity for mammographic screening to prevent the development of invasive breast cancer.

Further information about these presentations can be found on the conference website at [www.bsaconference.com.au](http://www.bsaconference.com.au)

BSSA staff also contributed with six oral presentations and four poster presentations.



**Dr Silvana Mazzaro's** poster reported the outcomes in women on anticoagulant therapy undergoing biopsy of screen detected breast lesions at BSSA.

In the past, BSSA did not perform core biopsies for women on anticoagulants due to the risk of haemorrhage. As core biopsies can provide a definitive diagnosis, haematologists were consulted to formulate a protocol for women who could safely interrupt their anticoagulant therapy and proceed to core biopsy, following liaison with their treating doctor.

From January 2006 to December 2010, 59 anticoagulated women (with 65 lesions) were assessed, and if necessary, core biopsies performed after cessation of anticoagulants. The outcome of investigation by fine needle aspiration (FNA), core or open biopsy was determined.

## Results

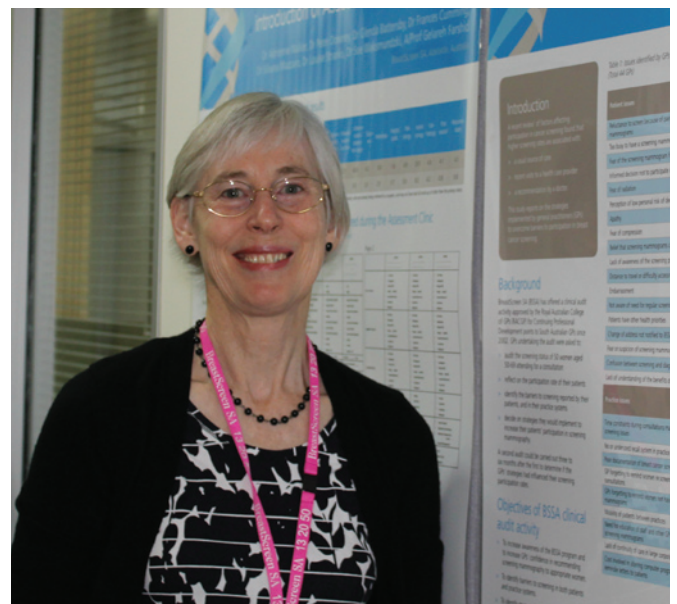
Outcomes for women on anticoagulant therapy undergoing biopsy of screen detected breast lesions at BSSA.

Modality	No of lesions	Definitive diagnosis %	Referred for core %	Referred for open biopsy %	Malignant on open biopsy %
FNA	45	33	33	33	53
Core Bx	31	84	n/a	16	80
Open Bx	23	100	n/a	n/a	61

45 lesions had FNA with definitive diagnosis in 15 (33%): 12 were malignant and 3 benign. Core biopsy provided a definitive diagnosis in 26 of 31 lesions (84%): 13 were benign and 13 malignant.

In all women where core biopsy was recommended, anticoagulant therapy was able to be interrupted and the procedure performed successfully without adverse events.

Dr Mazzaro concluded that the study confirmed core biopsy to be a valuable test in establishing a definitive diagnosis, eliminating the need for referral for a diagnostic open biopsy. The results showed that women who stand to gain the most from core biopsy are those in whom surgery is either avoided due to a benign diagnosis, or facilitated when malignancy is confirmed.



**Dr Adrienne Walker's** poster reported on a survey of BSSA's Assessment Clinic letter and the introduction of a synopsis.

Assessment Clinic activities are routinely reviewed at BSSA, with particular attention to the letter which is a summary of the clinic visit for each client. In particular, we are interested in the quality of information provided for women who need to see a surgeon.

The aims of this study were:

- > to evaluate the effectiveness of the assessment clinic letter for GPs and other treating doctors
- > to demonstrate a reduction in omissions in letters with the addition of the synopsis
- > to demonstrate an improvement in the clarity of the information provided to treating doctors as a result of the synopsis.

GPs and treating specialists were surveyed before and after the introduction of the synopsis. In both surveys there was a high level of satisfaction with the information in the letter, and a positive view of the service.

100% of responding GPs and 50% of responding surgeons found the introduction of a synopsis to be beneficial.

Dr Walker concluded that the survey results confirmed the assessment clinic letter to be an accurate and informative document for the GP and treating team. The addition of a synopsis enhanced the clarity and accuracy of the letter, especially when multiple lesions are present.

**Dr Frances Cumming** gave an oral presentation on general practitioners' role in motivating women to participate in mammographic screening.

She reported that BSSA uses a variety of methods to inform general practitioners (GPs) about the value of mammographic screening, anticipating that they will then encourage their patients to attend for screening. BSSA's activities for GPs include an annual seminar and a clinical audit activity, which are both approved for Continuing Professional Development points by the Royal Australian College of GPs. Other educational activities include biannual newsletters, visits to surgeries, provision of speakers for meetings, articles for newsletters and targeted mail outs. BSSA also uses a variety of methods to promote breast screening directly to women aged 50 to 69 years.

In 2010 clinic receptionists asked clients attending for their first mammogram at BSSA what had motivated them to attend for screening. 5992 women attending for their first screen at BSSA were surveyed. The results showed that 36% attended in response to a letter from the program, 36% attended in response to a discussion with a GP or other medical practitioner and 14% attended in response to discussion with a friend or relative. Small numbers of women reported attending in response to a wide variety of other reasons, including family history, previous breast cancer, general advertising, information gained from email or the internet, working in a health related field or taking hormone replacement therapy.

The survey showed that recommendation by a GP is a significant contributor to screening attendance. It suggests that GPs are an important motivating factor in women attending for their first mammogram. These results suggest that informing GPs about the value of screening mammography is a useful strategy to increase participation in mammographic screening.



**Ms Marita Aldridge** presented the work she has done with women from culturally and linguistically diverse (CALD) backgrounds.

She reported that in South Australia there are approximately 140 different cultural groups and 11% of the state population has migrated from non-English speaking countries. Research indicates that barriers to participation in cancer screening relate to language, and to a diverse range of social and cultural sensitivities, behaviours and beliefs about health and illness.

BSSA provides funds to Cancer Council SA (CCSA) to employ a CALD Project Officer, who is primarily responsible for coordinating BSSA's CALD recruitment program. The SA Cervix Screening Program also funds a CALD Project Officer based at CCSA. The two work closely together to share contacts and networks, to approach CALD women in a coordinated, comprehensive and culturally sensitive manner, and to raise cancer awareness and increase screening participation across the state.

In 2009, the CALD Project Officer participated in 40 women's health community education sessions, organised multicultural radio interviews and media articles and attended numerous cultural festivals. She also managed a CALD grants program to fund community activities to promote breast screening and supported group bookings and funded bus transport.

The 24-month screening participation rate for CALD women aged 50 to 69 increased from 47.3% for the two years to 31 December 1996, to 59.3 % for the two years prior to 31 December 2009, which is on par with the participation rate for all women aged 50 to 69 in South Australia.

BSSA acknowledges the contribution of all the staff who were involved with the projects presented at the BSA conference.

## Strategies for GPs

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
- > personalised contact with GPs via surgery visits
- > display materials
- > articles for professional magazines/newsletters.

Contact our Medical Officers for more information.

## Contact us

Medical Officers  
 BreastScreen SA  
 1 Goodwood Road  
 Wayville SA 5034  
 Phone: (08) 8274 7150  
 Fax: (08) 8357 8146  
 Email: [BSSAenquiries@health.sa.gov.au](mailto:BSSAenquiries@health.sa.gov.au)  
[www.breastscreen.sa.gov.au](http://www.breastscreen.sa.gov.au)

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