Australasian Society for Breast Disease

ASBD UPDATE

IMPORTANT DATES

Saturday 13th October
2018 AGM

11-13 October 2018
Melbourne International Breast Congress (ASBD, BreastSurgANZ, CoBrCa)

Dedicated to promoting knowledge in the areas of prevention, diagnosis and management of breast disease

Edition No.14 | August 2018

PRESIDENT'S REPORT

Following a very successful year in 2017 with our largest annual scientific meeting and a record number of memberships, ASBD has had an exciting start to 2018. We are in the process of finalising our biggest collaboration to date, which is the Melbourne International Breast Congress to be held from October 11-13 this year. This is a collaboration with the CoBrCa and BreastSurgANZ groups and will be the largest ever breast cancer conference to be held in Australia. As ASBD has done in the past, we will commence the program with six pre-congress workshops. On this occasion, we have been able to increase the number of workshops covering a range of subspecialties and areas of interest. New to the agenda are workshops on "The Challenging Patient" and "From concept to publication: Clinical Trials in Breast Cancer" aimed at trainees working in the oncology subspecialties (including surgery) and anyone else interested in learning about clinical trials. These workshops will be of great interest to medical, nursing and allied health professionals working in the field of breast cancer. In addition, we will also have a ROLLIS workshop running on Thursday October 11th as this proved to be a very popular addition to our last scientific meeting.

Secondly our new website is now running. We anticipate that it will allow easier membership renewals, access to multidisciplinary forums and updates. If you experience any problems using the website, including membership renewals, please do not hesitate to contact our executive officer, Kerry Eyles.

In this issue of the newsletter, you will find highlights from the European Breast Cancer Congress held in March 2018 in Barcelona, and interesting articles including the "Comparison of Commercially Available Gene Expression Assays" and "Measuring outcomes that matter to patients – ICHOM and Value-based Health Care". Thank you to our members who contributed these articles.

Sadly, we have had to say goodbye to Dr Nalini Bhola, radiologist and executive member who has stepped down as Director. We have valued Nalini's input and enthusiasm during her short term as Director and wish her well in her future ventures. We welcome two new Directors, Dr Nick Repin (radiologist, NSW and Tasmania) and Dr Peter Chin (surgeon, New Zealand) who have recently joined the Executive. Their fellow Executive members are very much looking forward to Nick and Peter's input and the expertise and experience that they bring.

The 2018 ASBD AGM will be held following the last session of MIBC on Saturday afternoon and will be followed by well-earned drinks. We understand that the timing is not ideal however the MIBC schedule is full and we were unable to accommodate the AGM at any other time. I look forward to seeing you all in Melbourne in October for what is shaping up to be a MEGA meeting.

Dr Yvonne Zissiadis
President ASBD

TELL US WHAT YOU THINK

We want to hear from you!

ASBD wants to remain relevant to its members' needs. If you have any feedback or suggestions on meetings, membership or other issues please take a few moments to email Kerry at: kerrye@asbd.org.au

Australasian Society for Breast Disease
PO Box 1004 Narellan NSW 2567
Phone: 0477 330 054
Email: kerrye@asbd.org.au
www.asbd.org.au

ASBD welcomes new executive members

Dr Peter Chin, surgeon, from New Zealand, and Dr Nick Repin, radiologist, from Northern NSW have both accepted positions as ASBD directors as of 1st August 2018.

Peter Chin

Peter Chin is an oncoplastic breast surgeon working at Tauranga Hospital and Grace Private Hospital, Bay of Plenty, New Zealand. He has been the lead surgeon for the Tauranga Hospital Breast Service and the Bay of Plenty Breast Screening program for over 12 years. He has actively developed the oncoplastic and reconstructive breast service in Tauranga Hospital and has a special interest in therapeutic mammoplasty and immediate breast reconstruction. He provides a highly specialized oncoplastic service for the wider Bay of Plenty region for which he is referred complex cases for definite surgical management.

Peter is a member of the BreastSurgANZ Oncoplastic committee and has been actively involved in the teaching faculty for the Level I & II Oncoplastic workshops since 2015. He has also contributed to the Breast Surgical Graduate Certificate/ Masters course run by the University of Sydney. He is an honorary clinical lecturer with the University of Auckland and is passionate about surgical education. He regularly teaches in educational forums and enjoys giving lectures to medical professionals, trainees and members of the allied health.

Nick Repin

Nick Repin is a diagnostic and interventional radiologist based near Lismore in regional NSW, Australia. His subspecialty interests include breast imaging in the context of population screening, and the roles of interventional radiology in breast disease. He is active both in public hospital and private practice, has been reading and assessing in NSW BreastScreen for 20 years, and is Designated Radiologist both for BreastScreen NSW North Coast and BreastScreen Tasmania.

Measuring outcomes that matter to patients – ICHOM and Value-based Health Care

A/Prof Elisabeth Elder

Value-based health care is a concept of restructuring care delivery around outcomes and promoting superior outcomes with financial incentives. In an ideal world, this will lead to improved quality, curb inefficiencies and lower costs. The patient's experience is set in relation to the cost of delivering those outcomes. However, one of the critical missing pieces in many current health care systems is reliable and validated outcome measurements. With the introduction of electronic health records we gather more data than ever before, but little attention has been given to measuring and analysing outcomes that really matter to patients.

As a reaction to this, the International Consortium for Health Outcomes Measurements (ICHOM) was founded as a non-profit organisation in 2012 by representatives from Harvard Business School, Karolinska Institute and the Boston Consulting Group. ICHOM organises global teams of physician leaders, outcome researchers and patient advocates to define standardized sets of outcomes for a variety of medical conditions which may enable health care providers globally to compare, learn and improve. Their aim is to develop systems for measuring outcomes that are important to patients, such as being free of disease with a minimum of side effects, with the motto that outcomes are the ultimate measure of success in health care.

So far, 449 working group members have helped in developing the ICHOM standards, with 21 sets already complete and 10 standard sets currently in progress. Professor Christobel Saunders, the current president of BreastSurgANZ, has been leading the international group that has developed the standard set for Breast Cancer. As with all ICHOM sets, it includes a combination of administrative, clinical and patient reported data, covering demographic factors, comorbidities, tumour factors, treatment regimens, complications and patient reported outcome (PRO) as well as overall and recurrence free survival. The data collection is intended to occur over time with data

"...outcomes are the ultimate measure of success in health care. "

collection at baseline as well as 6 months, 1-year post treatment and tracked annually up to 10 years. The PRO related to physical and emotional wellbeing, satisfaction with breast, arm and breast symptoms as well as side effects from systemic therapy are tracked via a combination of the EORTC QLQ questionnaires as well as sections of BREAST-Q.

One of the main issues is how to capture data. Extraction of data from Electronic Health Records for the ICHOM set and for similar purposes, provides a cost-effective solution providing that data has been entered in a reliable way. Several initiatives are currently underway across Australia to tackle this issue. At the Westmead Breast Cancer Institute we have recently launched a new breast specific module within CERNER for simultaneous clinical documentation and data collection. Building up secure and user-friendly electronic platforms for collecting PRO is a top priority. Simple pen-and-paper solutions may be acceptable, particularly in countries with cheap labour, but reliable electronic solutions are needed for long term sustainability. Privacy must be maintained at all times, but at the same time, relevant data must be communicated to health professionals in a timely fashion. Prof Saunders and her research group in Western Australia received a grant last year for a program that, amongst other purposes, will develop systems for this type of data collection, with the hope that their experience will facilitate a national roll-out of efficient and customizable systems for PRO collection and analysis.

ICHOM does not collect any data and is not a registry but is rather a framework for data collection, which can be used to enhance the provision of health care by individuals and organisations. An infrastructure that is currently being developed, however, will facilitate comparisons of risk-adjusted data between organisations and indeed countries. To date, approximately 650 organisations in 23 countries, including some middle- and low-income countries, have implemented at least one of the standard sets.

The technological advances within health care are many. It is important that clinicians are engaged and involved in this development so that it may ultimately benefit our patients.

A COMPARISON OF COMMERCIALLY AVAILABLE GENE EXPRESSION ASSAYS

A/Prof Nirmala Pathmanathan

One of the most important decisions made at Breast Cancer Multidisciplinary Meetings regards the use of adjuvant systemic therapy. This is clearly most important for women with ER positive breast cancer, as those with HER2 positive disease and triple negative breast cancer are likely to be offered chemotherapy if co-morbidities and other patient factors permit. This decision in ER positive women is not always an easy one and relies on information that relates to tumour biology as well as tumour burden.

In the last couple of decades there has been an influx into the commercial market of a number of gene expression assays that provide important information relating to tumour biology and may assist in this difficult area. These tests are purported to have superior ability to clinicopathological variables as well as a greater degree of objectivity than the former in risk assessment.

Recently the TAILORx trial provided convincing results for Oncotype Dx. In this prospective trial of over 10,000 women the patients were categorised as being at low, intermediate or high risk of recurrence. In the trial, women at low risk were assigned to endocrine therapy alone and those at high risk to chemotherapy + endocrine therapy, whereas those at intermediate risk were randomised to an endocrine therapy alone arm, or an endocrine + chemotherapy arm. The paper, published in NEJM, showed that the risk of IDFS was identical in both arms of the intermediate group and this risk was no greater than those in the low risk group (on endocrine therapy alone).

Similarly, the MINDACT trial was another prospective trial for early stage breast cancer, with most of the patients being ER positive. This trial used Mammaprint and compared this against the risk assessment provided by Adjuvant! Online. The trial examined those women with discordant risk assigned by Adjuvant! Online and Mammaprint. These patients were randomised to chemotherapy + endocrine therapy or endocrine therapy alone. Again this demonstrated no difference in metastasis free survival in these 2 groups indicating no benefit from chemotherapy in these 2 groups.

The publication of these studies has been taken as a strong indication to use gene expression assays in the identification of tumours that will not benefit from chemotherapy. Recently, however, there have been a number of second gene expression assays with newer technology that also include inputs for tumour burden that have also arrived at the marketplace. These include Prosigna and Endopredict. Several publications have demonstrated that on test to test comparison these tests may have superior ability in comparison to Oncotype Dx (eg Dowsett et al JCO 2013).

It is important to consider the different features of these assays if use is contemplated, as these come at considerable cost to patients and therefore understanding these differences and the clinical utility of these different gene expression assays is significant.

One of the important features to consider is how the risk is reported. We know that risk is a continuous variable however despite this some tests have a low/high risk designation whereas others have an intermediate category. These are usually based on using a 10% risk cut off, and this could be at 5 or 10 years and this will vary from assay to assay. In addition, the risk may be separated bimodally or as a continuous variable. In practice, some find the bimodal reporting easier to use, but clearly this is arbitrary as risk is a continuous variable.

The various tests also use different methods to assess gene expression, and the newer tests use more modern technology. In addition, these tests may be locally available or require centralised testing which could affect how long it takes to obtain the test results.

The table below summarises these features in the mainly available commercial gene expression assays.

Oncotype Dx	Mammaprint	Endopredict	Prosigna
Risk reporting: Continuous variable	**Risk reporting:** Bimodal	**Risk reporting:** Continuous variable Bimodal	**Risk reporting:** Continuous variable
Risk categories: Low/Intermed/High	**Risk categories:** Low/High	**Risk categories:** Low/High	**Risk categories:** Low/Intermed/High
Score Cut-off: RS 0-18 Low 18-30 Intermed >30 High	**Score Cut-off:** >30 <0	**Score Cut-off:** EpClin >3.3 High <3.3	**Score Cut-off:** ROR 0-40 Low 40-60 Intermed >60 High
Quantitative gene essays: ER/PR/HER2: Yes	**Quantitative gene essays:** ER/PR/HER2: Yes	**Quantitative gene essays:** ER/PR/HER2: No	**Quantitative gene essays:** ER/PR/HER2: No
Subtype designation: No	**Subtype designation:** Yes	**Subtype designation:** No	**Subtype designation:** Yes
Risk estimate: 5 yrs	**Risk estimate:** 5 yrs	**Risk estimate:** 10 yrs	**Risk estimate:** 10yrs
Testing platform: RT PCR FFPE	**Testing platform:** RT PCR Fresh/FFPE	**Testing platform:** RT PCR FFPE	**Testing platform:** N-Counter
International Lab	International Lab	Local Lab (interstate)	Local Lab
Results: 2 weeks	Results: 2-3 weeks	Results: 5 days	Results: 10 days

A COMPARISON OF COMMERCIALLY AVAILABLE GENE EXPRESSION ASSAYS *continued*

Finally, we know that tumour burden is an extremely important factor to consider when making treatment decisions. Lymph node status remains one of the most significant prognostic factors in risk prediction and this feature is not accounted for by gene expression assays suggesting that tumour burden is as important as tumour biology in this regard. Only the newer gene expression assays (namely Prosigna with tumour size and Endopredict tumour size and lymph node involvement) have inputs for tumour burden, and these are factored into the risk prediction algorithm.

Adjuvant treatment decisions are the remit of the multidisciplinary team and these decisions are best made in the context of the MDT meeting where all information can be considered in concert. These prognostic gene assays may provide additive input on tumour biology and are another piece of the puzzle in arriving at the most appropriate treatment pathway and we hope this information will assist you when considering which test to use.

2018 AGM
Saturday 13th October 4.45pm

It's been a wonderful year for ASBD with a successful conference, increased membership and a new website, but we couldn't have done it without you, our members. Please come along to our Annual General Meeting (AGM) to hear about our successes and what's in store for next year. Bring your ideas to share!

Our AGM will be held in **Hospitality Suite 6** at the **Melbourne Convention Centre** at the conclusion of the Melbourne International Breast Congress (MIBC) on **Saturday 13th October**, with the AGM from 4.45pm and after the meeting a cocktail party until 7.00pm (for AGM attendees).

All members are invited to attend the AGM, but **prior confirmation of attendance is required as this is a catered event.**

Please email kerrye@asbd.org.au to confirm your place.

CALL FOR NEWSLETTER ARTICLES

ASBD members are invited to submit articles for publication in the ASBD newsletters.

These articles may take the form of conference reports, case studies, research and clinical trial reports or requests, or any other information deemed relevant to the ASBD members that does not contravene copyright laws. All articles will be reviewed by the ASBD executive before being accepted.

The next edition will be published in February 2019. All submissions must be made to kerrye@asbd.org.au by C.O.B. Wednesday 12th December 2018.

Melbourne International Joint Breast Congress Update

This congress will be the largest event ASBD has been involved with, and is shaping up to be one of the biggest breast health educational events in Australian history. In conjunction with up to three streams of lectures and a long list of international speakers, the conference also offers six optional workshops:

1. From concept to publication: Clinical trials in breast cancer
2. Pathology – shades of grey: When the answer is non-definitive
3. The challenging patient
4. Managing breast cancer in resource poor locations
5. Radiation oncology
6. The tortuous road to diagnosis

Find out more about these workshops.

Register for the Congress Now!

Register for a Workshop without registering for the Congress

Three of these workshops have now been released for STAND-ALONE REGISTRATION (i.e. they can be attended without attended the Congress).

They are:

Workshop 1: From concept to publication: Clinical trials in breast cancer (AM)

Workshop 3: The challenging patient (AM)

Workshop 4: Managing breast cancer in resource poor locations (PM)

Stand-alone registration is not being promoted on the website but is available to those who have restrictive work commitments and are unable to attend the whole conference, or those who work outside the breast area who may have an interest in one of these areas. Notify your colleagues and special interest groups that this option is available.

The special registration link below enables participants to register for these three workshops without having to register to the congress.

Register here for a workshop only:
www.reg.co.il/mibc18ws

Single Day Registration

One day registrations have now been released for Friday or Saturday.

Registrations can be made online.

Check the details and register here.

Look for the ASBD desk in Melbourne

Visit the ASBD desk in Melbourne. Bring your colleagues to join ASBD on the spot. Pick up extra 2019 conference save-the-date flyers to display in your workplace. Pick up a free ASBD pen or purchase a limited edition ASBD 20th Anniversary stainless steel coffee plunger, or just come and say hello!

EXECUTIVE OFFICER'S NOTES

LOGIN TO THE MEMBER'S WEBSITE FOR THE FIRST TIME

To login to the member's website go to www.asbd.org.au and select Membership/ Login. If you do not know your password select "Forgot your password?" Enter the email address that is attached to your ASBD membership account. A verification code will be emailed to you. Click on the link in the email and you will be able to choose a new password for your account. (Please check junk mail if you can't see find the email).

Your journal subscription

Every ASBD member receives an online subscription to the Elsevier journal "The Breast" as a benefit of their membership. Some members pay a PREMIUM membership and also receive a printed copy of the journal.

Elsevier are now sending me a link to a digital book version of each edition of "The Breast" journal. You will receive this link in an email, and they are also kept in the member's area of the ASBD website at Members/The Breast Journal.

Access To Current Digital Book Versions

Volume 40 - AUGUST 2018

Volume 39 – JUNE 2018

Accessing Past Volumes of "The Breast"

When you join ASBD you are required to register with **www.thebreastonline.com** (and set up a username and password) for online access to the journal. Elsevier will notify you by email when they have setup your access and you are able to register.

On the Breast Journal page of the ASBD member's website, you will find comprehensive instructions on how to register and access all past volumes of The Breast online through the Elsevier website **www.thebreastonline.com**. Follow these instructions to access and search past volumes of "The Breast". To do this you need your membership number. This can be found on your Member Profile page of the ASBD member's site, and is called Membership ID.

WEBSITE

Recent updates to the ASBD website include:

- In the member's section a Research page containing the last 10 Breast Cancer Research Reviews, including a list of contents for each.
- In the member's section The Breast Journal page containing digital copies of the Volumes 39 and 40, and instructions for member's access to the Elsevier site.

Accessing a copy of your membership invoice

You can access a copy of your invoice in the member's section of the website under Member Profile/ History & Invoices.

MELBOURNE CONFERENCE 2018

Please note the Melbourne Conference is being managed by a company based in Israel called CongressMed who manage the CoBrCa conferences. Your registration fees will be paid into an Israeli bank account. Credit card payments are converted to Israeli shekel.

>> Visit the new ASBD website asbd.org.au <<

SAVE THE DATE – ASBD's 12th Scientific Meeting Announced

The Australasian Society for Breast Disease will hold its 12th Scientific Meeting from 10th -12th October 2019 at RACV Royal Pines Resort on the Gold Coast. The theme of the meeting will be "Precision, Innovation and the Future". Watch the ASBD website for updates on the 2019 conference or visit the conference website at asbd2019.com.

Current Executive

Dr Yvonne Zissiadis	President	Radiation Oncologist
Dr Catherine Shannon	Secretary	Medical Oncologist
A/Prof Elisabeth Elder	Vice President	Surgeon
Dr Minjae Lah	Treasurer	Radiation Oncologist
A/Prof Nirmala Pathmanathan	Director	Pathologist
Dr Reena Ramsaroop	Director	Pathologist (NZ)
Dr Michelle Reintals	Director	Radiologist
Dr Jennifer O'Sullivan	Director	Breast Physician
Dr Nick Repin	Director	Radiologist
Dr Peter Chin	Director	Surgeon (NZ)

EUROPEAN BREAST CANCER CONGRESS (EBCC), 2018

Yvonne Zissiadis

The EBCC was held in beautiful Barcelona in March 2018. The conference centre was perfectly located for a stroll along the Mediterranean seafront on the way to the very busy meeting. The meeting proved very popular with both European and Asian clinicians, thanks to the excellent line-up of international speakers

Of particular interest to me were the sessions on locoregional therapy and the relationship between radiotherapy and mastectomy with reconstruction. Professor Phillip Poortmans presented the early findings of the ESTRO study assessing clinical volumes used to treat post-mastectomy chest walls both with and without reconstruction. Two Australian clinicians were privileged to be involved in this study in addition to their European colleagues. The findings showed the variation between volumes which will be used to finesse the ESTRO guidelines for chest wall voluming. The excellent presentations, including those by Maria João Cardoso and Birgitte Offersen, highlight the importance of good communication between surgeons and radiation oncologists working in this area. They also highlight how much variation in practice occurs around the world in this space. The Danish Breast Cancer Trials' Group have just released their new multi-centre prospective randomised trial assessing the outcomes of mastectomy plus immediate reconstruction with

adjuvant locoregional radiation versus mastectomy plus delayed reconstruction with adjuvant locoregional radiation.

Another thought-provoking session focused on immunotherapy in metastatic breast cancer, where the role of the gut microbiome is receiving increased attention. There is mounting evidence in the literature that the gut microbiome can have significant impact on inflammatory conditions, immune responses, mental health and concentration. The animal studies suggest that by manipulating the gut microbiome, there can be significant clinical consequences. In animal models, gut flora influence the growth and response to therapy of breast cancer xenografts, with transferability between animals sharing a range of key bacterial flora.

Despite the full schedule of presentations, the attendees still managed to find time to enjoy the multiple tapas bars (even for breakfast!!) and boutique shopping in the Barri Gotic. The meeting dates for EBCC12 are 18-20 March 2020, and are already in my diary!!

EBCC was flanked on either side by the scientific meetings of the BIG (Breast International Group) and IBCSG (International Breast Cancer Study Group), at which the next-generation clinical trials were planned.