

IMPORTANT DATES

17 February 2018

ASBD Executive Strategic
Planning Meeting, Sydney

11-14 October 2018

Melbourne International
Breast Congress (ASBD,
BreastSurgANZ, CoBrCa)

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

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ASBD Celebrates 20 Years

The Australasian Society for Breast Disease celebrated its 20th Anniversary during the Welcome and Networking Function at the 11th Scientific Meeting at the Gold Coast in October. Prof Jack Jellins and Prof Mary Rickard, two of the directors from the first ASBD Executive in 1997 were in attendance for the celebrations. They cut the anniversary cake along with ASBD President Dr Yvonne Zissiadis and joined the current executive at a celebration dinner. Sophia Lahlou, Brand Manager Oncology, from Roche, one of our sponsors, gave a short speech welcoming everyone to the conference.

Over the last 20 years ASBD has achieved a great deal to support medical professionals with an interest in breast disease including holding 11 ASBD Scientific Meetings, provided specialty specific training days, co-hosting numerous conferences with other associations, provided networking, website and membership facilities, along with subscriptions to "The Breast" Journal. With our growing membership and new website facilities we look forward to an exciting future where we will provide excellent online facilities for members, more multidisciplinary conferences of a high standard and extended specialised training day options.



Prof Jack Jellins and Prof Mary Rickard

In the beginning....

A Steering Committee was formed in 1995 with a view to form an Australian Society of Senology (ie. breast disease), based on the concept of a need to provide a multidisciplinary society which would bring together individuals interested in the prevention, diagnosis, treatment and research into aspects of breast disease. The Steering Committee consisted of Dr Cherrell Hirst (Chair), Prof Michael Bilous, Prof John Boyages, Prof Colin Furnival, Prof Jack Jellins, and Prof Mary Rickard.

A number of similar societies were in existence in different countries but no comparable group was present in



Sophia Lahlou, from Roche

Australia. The formation of such a society in Australasia was encouraged by the Senologic International Society (SIS) which had shown that a multidisciplinary approach to breast disease provided the best medical management for the patient.

On the recommendations of the Steering Committee, the Australasian Society for Breast Disease (ASBD) was established in 1997 to provide a multidisciplinary forum for discussion on the prevention, detection, diagnosis and management of breast disease and research into this area of medicine.

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



PRESIDENT'S MESSAGE



As 2017 draws to a close, it is time for us to reflect on what has been a hugely successful year for ASBD. We have seen a 35% increase in our membership this

year. There has been a significant increase in memberships from Radiologists and Radiation Oncologists and in the new Associate Membership category.

Other major achievements this year include the update to the original Articles of Association bringing our Constitution into line with today's working environment and reviewing the governance process making it clear and transparent for current and future Executive. The main changes proposed and approved by the Executive included omission of the co-opted positions and therefore shorter Executive terms of 2 years, increasing the office roles to four including President, Vice-President, Secretary and

Treasurer (job descriptions now also added), guidelines for action to be taken towards non-performing executive and the inclusion of allied health professionals into the membership. The total number of Executive members is now nine with the intention of still including a representative from all the major disciplines involved in the treatment of breast cancer. The changes were approved by the members at the AGM in October.

This year we also celebrated the 20th anniversary of the Australasian Society of Breast Disease. We were privileged to have two of the original executive, Jack Jellins and Mary Rickard join us in celebrating this milestone.

Our website is nearing completion with direct online membership renewal and payment facilities. The members' section should be live soon and we will be posting highlights from the conference including selected presentations available for members. This education

facility will continue to be a focus for ASBD in the future.

I would like to extend an invitation to all ASBD members to attend the Melbourne International Breast Congress in 2018. This meeting will be the largest breast cancer meeting in the Asia-Pacific region, and will be a tri-badged meeting with ASBD, BreastSurgANZ and CoBrCa (Controversies in Breast Cancer.) ASBD will again be organising premeeting discipline-specific workshops, and the conference will include debates on controversial areas in breast cancer diagnosis and management. The meeting will be held on October 11-14th, in Melbourne.

Finally, I wish you all a safe, happy Christmas and holiday season. Looking forward to seeing you all next year in October.

Dr Yvonne Zissiadis
President ASBD

New ASBD Directors



Dr Minjae Lah

Dr Minjae Lah is a dedicated Radiation Oncologist with expertise in breast and lung cancer

management. She completed her undergraduate medicine and residency training in Queensland. She gained further experience in Sydney to achieve her fellowship in Radiation Oncology. Since 2004, she has been practicing in Brisbane.

In addition to her interests in innovative techniques in radiotherapy, she is a passionate supporter of multidisciplinary care in clinical decision making and delivery of cancer care. For over a decade, she has been involved in graduate medicine, Radiation Oncology and continued medical education training in her academic and clinical roles. She is the current Research Chair at Genesis CancerCare Queensland, leading her team in clinical research for cancer.



A/Prof Elisabeth Elder

Elisabeth Elder is a specialist breast surgeon at the Westmead Breast Cancer Institute and Clinical Associate

Professor at the University of Sydney, with a special interest in oncoplastic and

reconstructive surgery. She is involved in numerous research projects and clinical trials within the Westmead Breast Cancer Research Collaborative. She graduated from the Karolinska Institute in Sweden in 1992, where she also completed her general surgery training and a PhD in tumour biology in 2002. She is chair of the oncoplastic committee of BreastSurgANZ and council member of Breast Surgeons International. She regularly participates in breast cancer education for medical professionals and students, as well as patient groups and the broader community. She consults from rooms at Westmead Hospital as well as the Hospital for Specialist Surgery in Bella Vista.



Dr Jennifer O'Sullivan

Dr Jennifer O'Sullivan is a Breast Physician with over 20 years experience in the diagnosis and

management of breast cancer as well as benign breast disorders and breast cancer risk assessment.

Jenny graduated in Medicine at Sydney University in 1988. She spent several years in General Practice in Woollahra and Maroubra before commencing training as a breast physician at the Sydney Breast Clinic in 1996. She is a fellow of the Australasian Society of Breast Physicians, and holds a Masters of Psychological Medicine from the University of New South Wales.

Currently Jenny runs an outpatient Diagnostic Breast Clinic for Cancer Services at Royal North Shore Hospital in Sydney, and is a VMO for BreastScreen NSW at RPA and Liverpool Hospitals.



Dr Nalini Bhola **BMBS, FRANZCR**

Dr Nalini Bhola joined Regional Imaging (Border Campus) in 2006, after finishing a

year of advanced training in Canada where she completed a Fellowship in Oncologic Imaging, with emphasis on cancer detection of the breast and pelvis.

Nalini is the Women's Imaging Coordinator for the Border region (NSW/VIC) and her interests are centred on imaging of the Breast and Gynaecologic/Pelvic Imaging with a focus on Ultrasound and MRI. Her main interventional focus is breast biopsy under both mammogram and ultrasound. She reports all areas of Radiology. Until recently, Dr Bhola was the State Radiologist for BreastScreen NSW. She is now focusing on her local BreastScreen service and is the Designated Radiologist for the Murrumbidgee and Southern Local Health District BreastScreen Service.

Nalini is a member of the Breast Imaging Advisory Committee for the Royal Australian and New Zealand College of Radiologists (RANZCR).

EXECUTIVE OFFICER'S REPORT



Executive Structure

The 2017 AGM saw changes in our executive structure reflecting the new constitution and changes in the executive personnel. We welcomed four new executive Dr Minjae Lah, radiation oncologist who is taking on the treasurer's role; A/Prof Elisabeth Elder, surgeon; Dr Jennifer O'Sullivan, breast physician; and Dr Nalini Bhola, radiologist. We look forward to the benefits their expertise and fresh input will bring to our executive team.

Dr Daniel de Viana stepped down from the ASBD executive after 11 years during which he was president for 3 years. A/Prof Meagan Brennan resigned from the executive and the position of Treasurer. Meagan oversaw the transition to a new online book keeping system and implemented procedures and practices that ensure the transparency of ASBD financial procedures. ASBD acknowledges the huge contribution and amount of work done for the association by Daniel and Meagan and we thank them both for their dedication and commitment.

A/Prof Donna Taylor, Dr Deborah Pfeiffer, Dr Richard Harman and Dr Reuben Broom also resigned from the ASBD Executive at the AGM. Thank you for your contributions.

New website

The new ASBD website is now live at www.asbd.org.au.

Over the next two weeks all current members will receive via email details on how to log into to the new members' section. You will be required to use your email address as your username and go through the password recovery process in order to set up your own password. You will then be able to print a copy of your tax invoice/ receipt of your current membership payment for tax purposes.

One of my main tasks in January will be to work on the addition of content to the website and member's area, so you will see a lot of changes and additions over the coming months.

Facebook

ASBD has launched a Facebook page. This will be used mostly for the promotion of events and recent news. Please like us at: <https://www.facebook.com/ASBD97/>



Journal Subscription

Your ASBD membership includes an annual subscription (July to June) to The Breast Journal. The three levels of membership and their journal subscription options for 2017-18 are:

- Premium Membership (\$295) for Medical Practitioners – Online and hard-copy journal
- Full Membership (\$200) for Medical Practitioners – Online journal
- Associate Membership (\$110) offered at a discount rate for trainees, registrars, nurses and allied health only – Online journal

The new website will contain a journal help page with a link to the journal publisher Elsevier for enquiries. Please check you email address and delivery address (for hard copies) are current in your membership details.

Thank you to all those people who have joined ASBD this year boosting our membership, and to those who approached me at the conference with such positive feedback. Your comments and feedback are always welcome, and they help me to better meet your needs moving forward. I hope you have a happy and relaxing end of year.

Best wishes for Christmas and 2018.

Kerry Eyles



Conference Report

The ASBD 11th Scientific Meeting was held at the Sheraton Grand Mirage Resort, Gold Coast, 5-8 October, 2017.

ASBD invited 4 international speakers from different disciplines; Prof Monica Morrow, surgery; Prof Christiane Kuhl, radiology, Prof Sunil Badve, pathology and Dr Charlotte Coles, radiation oncology. Each of these speakers contributed their extensive expertise to specialty specific workshops and multi-disciplinary sessions. Some of these presentations will be added to the secure ASBD members' section of the new website over the next month.



Minisymposium panel: Dr Charlotte Coles, Prof Arlene Chan, Prof Monica Morrow, Prof Sunil Badve

Prof Sunil Badve Report by Dr Reena Ramsaroop



Dr Reena Ramsaroop, Prof Sunil Badve, conference organiser Kerry Eyles, Prof Monica Morrow

Prof Sunil Badve is from the Department of Pathology and Laboratory Medicine, Indiana University, Indianapolis, USA. Prof Badve is the Breast Pathologist for the ECOG group and serves on the Breast Cancer Steering Group. He has a long list of publications and has presented at national and international meetings.

Prof Badve's half day optional Pathology workshop on Thursday was attended by a multidisciplinary audience which included pathologists, breast care physicians, breast care nurses and surgeons.

The slide session covered interesting/unusual and difficult to diagnose cases.

There was great audience participation with numerous questions and comments. The topics discussed ranged from subtle diagnosis of invasive classic type lobular carcinoma through to 'one in a lifetime' diagnosis of Langerhans Histiocytosis of Breast. There was a good mix of pathological features and approach to diagnosis for the pathologists and discussion on clinical presentation and management for the non-pathologists.

At the evening Minisymposium titled 'Multidisciplinary Approach to Resistant Disease', Prof Badve talked on the mechanisms of resistance, predominantly related to Luminal type breast cancers.

The Friday session covered Neoadjuvant Systemic Therapy and here Prof Badve covered the assessment of residual disease burden. He highlighted the important pathological information to allow for further treatment and discussed the use/or not of Classification systems.

A Session on Personalised Care – Pathology in the Molecular Era – generated a lot of discussion with alternative views expressed in a new and difficult area. The discussion centred around the use of molecular prognostic tests in selected ER

positive early breast cancer patients for treatment decisions. Multiple commercial tests are available and at least five are ASCO and St Gallen approved for clinical use. These tests predominantly base their results on estrogen and proliferation genes. As a result of different gene sets and different testing platforms the tests are not comparable with a recent study showing only 39% concordance (four tests) for low/intermediate risk and 52% of tumours assigned to different risk categories by different tests. This is a recognized challenge. Alternative views were presented and discussed. The agreement was that the molecular testing is a new tool in treatment decisions and should be accepted into clinical decisions, accepting the limitations while following set guidelines.

There was agreement in that the molecular tests do not adequately predict sensitivity and resistance to drugs in various types of breast cancer – an area of intense current research.

The conference closed with Case Presentations involving the Multidisciplinary team. We thank Prof Sunil Badve for his significant contribution to the conference.

Dr Charlotte Coles – Pre-conference workshop Report by Dr Yvonne Zissiadis

A total of 35 Radiation Oncologists attended the Radiation Oncology pre-meeting workshop with Dr Charlotte Coles from Cambridge. Dr Coles is a Radiation Oncologist and Principal Investigator on several pivotal trials including the recently published IMPORT LOW trial comparing partial breast irradiation to whole breast irradiation in low risk, early breast cancer patients.

Dr Coles covered numerous controversial topics which were requested by the attendees and these included the role of

post-mastectomy RT in women with 1-3 nodes, radiation following neoadjuvant chemotherapy, reverse-sequencing (preoperative RT), simultaneous in field boost and partial breast RT.

The attendees were privileged to be able to discuss these issues with Charlotte in a relaxed atmosphere and gain the benefit of her experience and evidence-based approach to clinical problems. Her presentations were also shared with the attendees and the feedback was excellent. Another great guest speaker for ASBD!



Dr Charlotte Coles and Dr Yvonne Zissiadis at the Genesis Cancer Care coffee cart

ASBD Conference Overview



465 delegates attended our 11th Scientific Meeting at the Sheraton Grand Mirage Resort Gold Coast from October 5-7.

Seven optional workshops were held on the first day of the conference. We received an overwhelming response to many of these workshops. Enrolments filled very quickly for ROLLIS (Radio-guided Occult Lesion Localisation using Iodine 125 Seeds Half-day training course), which was not surprising given that TGA approval for ROLLIS outside clinical trials had just been announced.

The Applied Ultrasound for Clinicians full day training course was also fully subscribed and Christiane Kuhl's radiology workshop was very popular.

There was increased interest in our conference from allied health groups with significant attendee groups from both McGrath Nurses and BreastScreen Queensland.

Christiane Kuhl, a radiologist from Germany attracted a large number of radiologists to the conference and in particular to her workshop featuring the Rapid MRI technique.

Positive feedback was received on all levels for the quality of the conference content as well as the spectacular venue.

An overwhelming response was received to the call for abstracts. Six oral presentations were selected and sixteen posters were exhibited. The best presentation was awarded to Zackariah Clement with "A double-blinded randomised controlled trial to assess the efficacy of Glubran-2 in reducing seroma formation after a mastectomy with or without axillary dissection."



Some of the Queensland nursing contingent.



Applied Ultrasound for Clinicians practical component

Don't miss the 2018 BreastScreen Australia Conference

Adelaide

19-21 April 2018

bsaconference.com.au



**BreastScreen Australia
Conference 2018**

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



Re-Thinking Triple Negative Breast Carcinoma

A/Prof Nirmala Pathmanathan

Triple negative breast cancers (TNBC) are defined by their lack of expression for ER, PR and HER2. Triple negative breast cancers account for approximately 12 to 17% of all breast cancers. We typically associate triple negative breast cancers with aggressive clinical breast cancer phenotypes with a propensity for early metastasis and a high risk of death from breast cancer. High rates of pathologic complete response (pCR) after neoadjuvant chemotherapy, but still have worse overall survival compared with non-TNBC. TNBCs are also significantly associated with BRCA1 germline mutations. Previously TNBC was considered a surrogate for basal like breast cancer, but it is pretty clear given the current understanding of the heterogeneity that exists in TNBC, that this is an over simplification.

It has become clear that TNBC are vastly heterogeneous group of breast cancers encompassing a wide range of genetic, transcriptomic and morphological features. In fact a subset of TNBC includes set of low grade breast cancers with a vastly improved prognosis compared with the majority of TNBCs. Amongst these are the histological apocrine carcinoma and new molecular insights may indicate a tumour with distinctive pathological features with clinical implications.

Molecular Classification of TNBC

Recent molecular classifications of TNBC have revealed 6 broad subtypes which was first undertaken by classification by Lehmann and colleagues. These subtypes comprised:

- *Basal like 1 (17%, upregulation of cell cycle genes, DNA repair genes and proliferation genes)*
- *Basal like 2 (7%, upregulation of growth factor signalling pathways)*
- *Immunomodulatory (18%, enriched for gene pathways concerned with immune cell pathways)*
- *Mesenchymal and Mesenchymal stem like (30%, enriched for epithelial mesenchymal transition and growth factor pathways)*
- *Molecular apocrine subtype (12%, upregulation of hormonally regulated pathways)*

Subsequent gene based classification studies have shown similar subtypes and a recent refinement of TNBC by Lehmann and colleagues outlined 4 subtypes: Luminal Androgen Receptor (LAR), Basal like 1 and 2 (BL 1 and 2) and Mesenchymal. BL-1 type cancers accounted for 35%, BL-2 for 25%, Mesenchymal 25% and LAR for 16% of these tumours. These all showed different responses to chemotherapy according to these authors based on publicly available

datasets of patients who had undergone neoadjuvant chemotherapy.

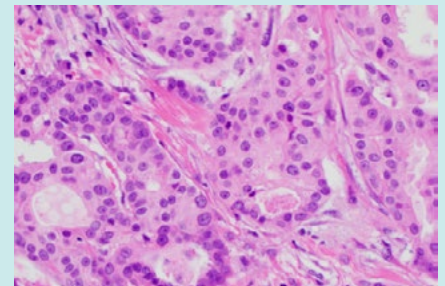
Histologic Apocrine Carcinoma

Apocrine type breast cancer is a histopathological, triple negative type of breast cancer which accounts for 1-5% of all breast cancers, and in more than 50% of these lesions there is immunohistochemical expression of androgen receptor (AR) and GCDP-15 (gross cystic disease protein 15). Histologically these tumours show abundant granular eosinophilic granules within the cytoplasm or sometimes clear cell/vacuolar change. High nuclear grade features are often seen with rounded nuclei and prominent nucleoli. Proliferation rates measured with mitotic rate or Ki67 immunohistochemical expression may be variable but in contrast to other subtypes of TNBC may be paradoxically low. This subtype of breast cancer has been shown to be less chemosensitive with fewer tumours achieving pCR. This distinct subset of TNBC is characterised at the genomic level by enrichment of genes within the oestrogen pathways as a consequence of AR driven transcription.

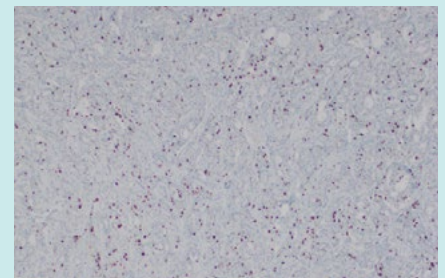
Androgen Receptor in Apocrine carcinoma and TNBC

AR positivity may be seen in both ER positive and negative breast cancer types. AR positive TNBC are characterised by a better prognosis and presentation at a lower clinical stage, often with lower proliferation rates. AR represents a novel therapeutic target in TNBC in TNBC represents a unique opportunity in these types of TNBC. Pre-clinical and early studies on advanced TNBC with anti-androgens such as bicalutamide and enzalutamide (used in prostate cancer) have found promising early results. In addition, combined treatment with PI3K/ mTOR inhibitors may also be effective given that AR positive breast cancers have been demonstrated to have higher levels of PIK3CA mutations (40% in AR positive tumours, compared with 4% in AR negative tumours). Similarly, increased susceptibility for CDK 4/6 inhibitors has also been demonstrated in this subset of tumours.

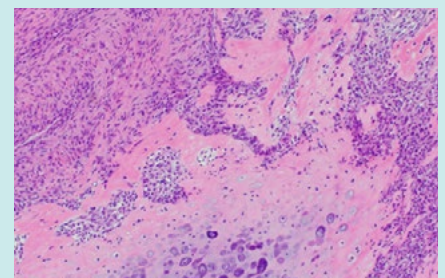
Existing and emerging evidence points to the marked heterogeneity at the morphologic, molecular and clinical level that exists in TNBC. One of these molecularly defined subtypes is the Luminal Androgen Receptor subtype defined in gene expression based classifications. Some of these tumours may correspond to the morphologic subtype of molecular apocrine carcinoma seen in TNBC. They tend to occur in older patients, are less



Triple negative breast cancer of apocrine type (ER/PR negative, HER2 negative)



Invasive carcinoma of apocrine type Ki67 (10-15% positivity)



Metaplastic carcinoma (ER/PR and HER2 negative)

chemosensitive and have better outcomes in comparison to the other subtypes seen in TNBC. These tumours may be susceptible to anti-androgen therapies and combination therapy with PI3K/mTOR inhibition or CDK4/6 inhibition. Additional methods to sub-stratify TNBC into clinically relevant subtypes are urgently required. These might include morphologic and/or genetic methodologies. This is likely to have a significant impact on current therapeutic strategies for TNBC which to date, have tended to lump all these clearly different entities together.

References

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Dr Yvonne Zissiadis MBBS, FRANZCR **President**

Radiation Oncologist

Dr Catherine Shannon MBBS (Hons), FRACP **Secretary**

Medical Oncologist

Dr Minjae Lah MBBS, FRANZCR **Treasurer**

Radiation Oncologist

A/Prof Nirmala Pathmanathan BScMed, MBBS, FRCPA, MIAC

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Pathologist

A/Prof Elisabeth Elder MBBS, FRACS

Breast Surgeon

Dr Jennifer O'Sullivan MBBS, FASBP, MPM

Breast Physician

Dr Nalini Bhola MBBS, FRANZCR

Radiologist

CLINICAL TRIALS UPDATE Dr Minjae Lah

Clinical trials help to raise standards of health care and ultimately improve care and quality of life for people with cancer. It is up to health care providers in their multidisciplinary team to be involved in research and to provide best practice patient care and offer new opportunities in detection, diagnosis and managing cancer. There is a plethora of clinical trials in breast cancer currently open for recruitment in Australia and New Zealand. ASBD will be including a Clinical Trials section in the new ASBD website to provide information on current trials. Dr Minjae Lah will provide a summary for our newsletters with relevant weblinks.

ELIMINATE

Randomised phase II trial of neoadjuvant chemotherapy +/- concurrent aromatase inhibitor endocrine therapy to down-stage large oestrogen receptor positive breast cancer

This trial is designed to investigate if giving neoadjuvant hormone therapy and chemotherapy at the same time is more effective than neoadjuvant chemotherapy alone in downsizing the primary tumour prior to surgery.

EXPERT

Examining Personalised Radiation Therapy for low-risk early breast cancer

In this trial, patients who have completed breast cancer surgery will have a tissue sample submitted for Prosigna Breast Cancer Gene Signature Assay (PAM50)

testing. This determines the breast cancer type and gives a recurrence risk score. The EXPERT trial is suitable for patients with "luminal A breast cancer" that has a risk score of 60 or less. For those eligible patients, the study will test if the omission of radiotherapy after breast conserving surgery and adjuvant endocrine therapy does not significantly increase recurrence and breast cancer mortality.

OlympiaA

A randomised, double-blind, parallel group, placebo-controlled multi-centre Phase III study to assess the efficacy and safety of olaparib versus placebo as adjuvant treatment in patients with germline BRCA1/2 mutations and high risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy. This study is being conducted in partnership with the Breast International Group (BIG) and AstraZeneca. Olaparib is a new drug which inhibits the action of PARP protein that helps repair damaged DNA.

PALLAS

This is an international trial. PALLAS is a randomised phase III trial of Palbociclib with standard adjuvant endocrine therapy versus standard adjuvant endocrine alone for hormone receptor positive and HER2-negative early breast cancer. Details about this trial can be found on the [ClinicalTrials.gov](https://clinicaltrials.gov) page.

PENELOPE B

The PENELOPE B trial is for women who have received neoadjuvant chemotherapy for hormone receptor positive and HER2-negative breast cancer. This trial hopes to show adding one year of treatment with a new drug called palbociclib to standard hormone therapy will benefit women with this type of breast cancer. Details about this clinical trial can be found on the [USA National Cancer Institute](https://www.nationalcancerinstitute.gov) website.

POSNOG

A randomised controlled trial of axillary treatment in women with early stage breast cancer who have metastases in one or two sentinel nodes.

In the POSNOG clinical trial all participants will receive standard therapy which may include chemotherapy and/or endocrine therapy and/or radiotherapy to the breast or chest wall and will be randomly assigned to receive further axillary treatment or no further axillary treatment (surgery or radiotherapy). POSNOG is an international trial for women in the United Kingdom, Australia and New Zealand.

Melbourne International Breast Congress

Joint Congress



Australasian Society
for Breast Disease
(ASBD)



4th World Congress on
Controversies in Breast
Cancer (CoBrCa)



Breast Surgeons of
Australia & New Zealand
(BreastSurgANZ)

Melbourne
Australia

October 11-14
2018

Welcome Message from Congress Chairpersons

We are pleased to announce that the Melbourne International Breast Congress will be held jointly with the Australasian Society for Breast Disease (ASBD), 4th World Congress on Controversies in Breast Cancer (CoBrCa) and Breast Surgeons of Australia and New Zealand (BreastSurgANZ). This most important congress will take place in Melbourne, Australia, October 11-14, 2018. As the main congress in the field of breast diseases in the Asia-Pacific region in 2018, it is one that should not be missed!

The Joint Congress will continue the tradition of CoBrCa by directly addressing key issues facing clinicians in their daily practice, including medical oncology, surgery, radiation oncology, pathology, reconstruction, breast imaging, allied health and survivorship issues. The collaboration will create a multi-faceted congress of interest to all involved in the treatment of breast disease and will bring many renowned experts to Australia. Through a format of debates, lectures and panel discussions, the congress will provide a forum to effectively address unresolved clinical and therapeutic problems. There will also be a series of workshops and education sessions preceding and during the meeting to address the educational needs of the audience.

We look forward to your participation in this exceptional event.

Sincerely,



Yvonne Zissiadis
ASBD
Australia



Bruce Mann
CoBrCa
Australia



Christobel Saunders
BreastSurgANZ
Australia

Preliminary Topics

- Neoadjuvant therapy
- Adjuvant endocrine therapy
- Molecular assays
- Triple negative breast cancer
- Endocrine resistance
- Her2 positive breast cancer
- Immunotherapy
- Breast imaging
- Breast cancer screening
- Local and locoregional therapy
- Bone health
- Breast reconstruction
- Breast cancer genetics
- Survivorship
- Radiotherapy

Key Dates

Abstract Submission Deadline
July 10, 2018

Early Fee Deadline
August 15, 2018

5 Reasons to Attend the Joint Congress 2018

- 1 Addresses the most controversial issues facing clinicians in their daily practice.
- 2 Chance to network with academics & clinicians from around the world.
- 3 Ample time after each session for speaker-audience discussion.
- 4 Leading forum to effectively address unresolved clinical and therapeutic problems.
- 5 Opportunity to attend hands-on workshops featuring local experts.