

ASBD UPDATE

A multidisciplinary approach to prevention,
diagnosis and management of breast disease



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PRESIDENT'S REPORT



It would be an understatement to say we live in a changing world. Along with COVID, there have been the floods in the east and the fires in the west of Australia and a war on the world arena. Despite all of this, we continue our daily efforts in making a difference to the people we care for. Medical education is as relevant now as ever before.

It's with cautious optimism that I look forward to the Australasian International Breast Cancer Congress (AIBC) which had to be postponed last year and will now hopefully go ahead in Brisbane 13-15 October 2022. This is a collaboration between ASBD, BreastSurgANZ and CoBrCa (Controversies in Breast Cancer) and the program looks very exciting and stimulating. Although there will be an online option, we strongly encourage participants to attend in person, and most of the international speakers will also join the meeting in person.

One of the missions of ASBD is to provide high quality education relevant to the multidisciplinary team members in treating

breast cancer and other breast disease. Our recent focus on producing webinars on the fundamentals in the various disciplines has been very successful. These webinars are later converted to online learning modules that are available on the ASBD website.

The latest seminar in this series was on radiation oncology which gave an overview of the 'when, how and why' of radiotherapy, including panel discussion of Q&A and hot topics. The next webinar in a few months will be on medical oncology and will complement the modules that are already available on breast surgery (including oncoplastic surgery), breast pathology and lymphoedema prevention and management.

In February we held the strategic planning meeting again in a hybrid model, as an online meeting but with hubs in Sydney and Brisbane where some board members could meet in person.

If you have any ideas for future workshops or seminars or would like to get more involved in ASBD, please let me or Kerry know. Hope to see you in Brisbane in October!

A/Prof Elisabeth Elder
ASBD President

IMPORTANT DATES

Australasian International Breast Congress 13-15 October 2022

Applied Breast Ultrasound for Clinicians 13 October 2022

ASBD AGM 14 October 2022

TELL US WHAT YOU THINK

We want to hear from you!

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



ASBD's New Directors

We welcomed two new directors to the ASBD board at the AGM in October 2021. Both are highly experienced specialists in their field and we look forward to the benefit of their expertise in shaping the future direction of ASBD.



Gelareh Farshid

MBBS, MD, MPH, FRCPA, FFSc(RCPA), FCAP, GAICD

- Senior Consultant Pathologist, Directorate of Surgical Pathology, Royal Adelaide Hospital, SA Pathology
- Professor, Discipline of Medicine, Adelaide University

Gelareh Farshid has a long standing professional and research interest in breast, soft tissue and oncologic pathology and in population based mammographic screening. Her

research focus includes optimizing the assessment outcomes for women with screen detected breast lesions and the accuracy of biomarker evaluation. Gelareh is a graduate of the Australian Institute of Company Directors. She serves on several international and national professional bodies.



Marcus Dreosti

BSc, Hons LLB, MBBS (Hons) FRANZCR

Dr Dreosti is a Senior Radiation Oncologist, based in Adelaide, with sub-specialist interest in Breast Cancer. He graduated with Honours degrees in both Law and Medicine and undertook specialist training in Radiation Oncology at St Vincent's Hospital, Sydney, and the Royal Adelaide Hospital. After completing a Clinical Fellowship in Singapore and Darwin he worked as a Consultant at Liverpool Hospital in

Sydney before returning to Adelaide to join GenesisCare.

He is currently the Medical Director for GenesisCare OncologySA and has been appointed a member of the National Clinical Leadership Team for GenesisCare Oncology Australia with remit on driving the delivery of the highest quality of radiotherapy throughout the network through focus on standardisation and quality assurance. He has been integral in rolling out and proving patient access to breast cancer advances such as DIBH and DCISionRT testing around Australia. He is a member of the EVIQ Breast Cancer Expert Reference Panel and the GenesisCare National Breast Clinical Reference Group.

Marcus is also an examiner for the Royal Australasian College of Radiologists for the final examinations in radiation oncology. He is honoured to join the ASBD Board and looks forward to continuing to drive breast cancer education and multidisciplinary collaboration and build on the success of the Society to date.

The Royal Australian and New Zealand College of Radiologists Statement on Vaccine Induced Adenopathy

Recent literature from the United States has indicated that some individuals own immune response post COVID vaccination (Pfizer and Moderna) may manifest as unilateral axillary lymphadenopathy related to the vaccinated arm.^{1, 2}

Such responses have not been reported with the Astra-Zeneca vaccine thus far.

Unilateral axillary lymphadenopathy may present as a palpable lump in the axilla clinically. It may inadvertently be seen on routine breast imaging. Clinical history (correlating timing and site of vaccination) and examination should guide appropriate management, including follow up and further investigation, if required. Most vaccination related lymphadenopathy will resolve within 1-2 weeks, some lasting up to 6 weeks.

If lymphadenopathy persists, further investigations should be undertaken to rule out alternative conditions.

The Royal Australian and New Zealand College of Radiologists notes that the rare occurrence of axillary lymphadenopathy following COVID vaccinations may cause diagnostic confusion. However, balanced with the risk of increased screening intervals, RANZCR does not recommend delaying screening, particularly for higher risk groups, and rural and remote populations where access to screening is not always available. Patients with unilateral axillary lymphadenopathy should be managed on a case-by-case basis.

References

- ¹ [Unilateral axillary Adenopathy in the setting of COVID-19 vaccine - ScienceDirect](#)
- ² [Mitigating the Impact of Coronavirus Disease \(COVID-19\) Vaccinations on Patients Undergoing Breast Imaging Examinations: A Pragmatic Approach : American Journal of Roentgenology : Ahead of Print \(AJR\) \(ajronline.org\)](#)

Please direct any queries to the Faculty of Clinical Radiology at fcr@ranzcr.edu.au

Approved by: Faculty of Clinical Radiology Council, 9 June 2021

Supporting the Upskilling of Nurses in the care of people with breast cancer



Kerry Patford, Chief Clinical Lead, McGrath Foundation

The demand for specialist trained breast care nurses is quickly outgrowing the supply and this will only become more apparent in the near to mid future when the McGrath Foundation expands their McGrath Breast Care Nurse (MBCN) numbers and manages the attrition of MBCNs who retire or choose other career pathways.

The Associate McGrath Breast Care Nurse (AMBCN) Pathway has been developed to support nurses that come into a breast care nurse position with skills and experience from other areas of nursing and require specialised training and education in the field of breast cancer nursing. Whilst a nurse will come to the AMBCN position with many skills and experience from other areas of nursing, there will be a gap in their skills and experience in relation to breast cancer treatments and breast cancer nursing. The level of responsibility of the associate MBCN in

caring for breast cancer patients (in the early part of the pathway) is dependent on their background experience and the support of other MBCNs already established within the service.

The Associate Pathway outlines the criteria and skills the nurse will work towards to meet the requirements as a fully skilled MBCN. The pathway also outlines the competencies to achieve, assistance on how to achieve them and the timeframe for these achievements. The AMBCN is to adhere to the reporting timeframes set out in the Associate Pathway document and compliance is monitored by the Line Manager, Clinical Lead and Nursing Program Officer. The pathway covers an 18-month period and the McGrath Foundation works closely with the line manager/LHD to ensure the nurse is well supported. There are many resources and support mechanisms in place to help complete this pathway:

- Clinical Leads providing one on one support as well as monthly online tutorials that support the AMCN learning needs.
- A community of MBCNs to assist, especially after the intense 'mentoring period' of 12-18 months is over.
- Online courses and resources offered through the McGrath Foundation MyLearning platform to increase breast cancer knowledge
- Professional development opportunities including webinars, workshops and conferences to increase breast cancer knowledge and skills

The associate pathway was implemented in the last quarter of 2021, with great feedback being received from the associate nurses thus far.

Strategic Planning Meeting 2022

Each year the ASBD board of Directors meet for a one-day face-to-face planning meeting to review the progress of ASBD and plan and prioritize for the year ahead. We had just held our face-to-face meeting in February 2020 when the COVID-19 pandemic began in Australia. Since then we have been unable to bring the directors together in person. This year we met via Zoom with the NSW directors meeting in person in Sydney and the Queensland directors meeting in person in Brisbane, and all other directors conferencing via Zoom.

During the meeting we discussed our ongoing plans for the development of more online learning opportunities for members including the development of 101 style webinars for Radiation Oncology, Medical Oncology and Genetics in 2022. The content from each of these will be converted into online learning courses that will be housed on the ASBD website and be available free to members to watch in their own time.

We commenced the planning for the ASBD 13th Scientific Meeting in Adelaide, 14-16 September 2023, and

discussed the ASBD 25th Anniversary Dinner that will be exclusive to member and take place during the conference.

The directors also discussed the place of trainees in our society and are working on some salient ways for the ASBD to further support trainees. This will include a new membership classification and fee for trainees and the development of a Breast Preceptorship one-day program for trainees, young consultants and nurses for implementation possibly in 2023.

ASBD 2022 AGM

The 2022 ASBD AGM will be held during the Australasian International Breast Congress on Friday 14th October at the Brisbane Convention and Exhibition Centre. We are planning a lunch time AGM and all members are welcome. Further details will be provided later in the year.

Australasian International Breast Congress 2022 Update

The Australasian International Breast Congress will be presented as a hybrid event. We are hoping that most of you will choose to join us in person from 13-15 October at the Brisbane Convention and Exhibition Centre for our first face-to-face meeting in 3 years. For those of you unable to travel there is a virtual option. Check the [Registration Page](#) for details.

The conference program from 2021 is under review and an updated program with confirmed international and keynote speakers will be available on the AIBC website Program Page soon.

WORKSHOPS

There are 6 preconference workshops on Thursday 13th October before the opening session of the conference. To register for these workshops, select them during the registration process for AIBC. These can be attended in person or virtually, as part of a virtual AIBC attendance. Some changes have been made to the workshops originally advertised in 2021.

Morning Workshops - 08:30-11:30

1. Breast cancer in young women: Understanding differences to optimise outcomes

Whilst less than 10% of all breast cancer diagnoses occur in women under the age of 45, the management of breast cancer in these women is challenging and complex. This workshop, aimed at all attendees will cover issues unique to younger women such as fertility and early menopause, and endeavour to help participants understand the differences specific to this cohort of women, so as to facilitate the best outcomes.

2. New frontiers in diagnosis – SUBJECT TO CHANGE – check members' monthly email for updates

A workshop on emerging/cutting edge technologies and their role and applications in breast cancer diagnostics (radiology and pathology) from regional and international experts.

3. Bioethical Dilemmas

Bioethical dilemmas in breast cancer diagnosis, treatment and research. This case-based workshop will explore some bioethical dilemmas in breast cancer research ethics, human dignity and patient care in the context of the growing presence of AI, genetic testing, and the world of social media.

Afternoon Workshops - 12:30-15:30

4. Hereditary breast cancer

This workshop aims to provide the tools to effectively integrate hereditary risk assessment into practice. The identification of genetic predisposition syndromes has significant implications for cancer screening, surgical treatment, systemic treatment and psychological impact on the patient and their choices. This workshop is aimed at providing a practical approach to the management and implications of hereditary breast cancer.

5. Radiation oncology: Clinical updates and clinical challenges - NEW

This workshop is open to all but will be focused on the management challenges faced by radiation oncologists treating breast cancer in their day-to-day clinic. It will be an interactive session utilising a mix of international and local faculty speakers. There will be clinical updates, including major trials reported through the Covid period where conferences and such sessions have been limited, alongside case-based discussions to highlight and workshop

the clinical conundrums seen in clinic. The breast cancer landscape continues to evolve for the radiation oncologist and this workshop will facilitate peer to peer discussion around topics such as fast forward fractionation, optimal management of patients following neoadjuvant chemotherapy, DCIS patient selection and more.

6. Challenging communication

We all have challenging patients, and face situations that test us ethically, emotionally and psychologically; knowing the best approach is often difficult. How do you continue to care for patients who don't want to be cared for? How do you continue to respect a patient's wishes and desires, even if what they are asking is against what you know to be true or is against your own beliefs, morals and experience? How do we tell a young mother of two that we have run out of treatment options?

This workshop, aimed at anyone who looks after patients with breast cancer, will draw on our clinical experts' experiences and address how best to manage these patients within the context of the multidisciplinary team. Our experts will provide practical tips on how to face these situations head on, within the boundaries of professionalism.

IMPORTANT DATES

[Call for Abstracts Deadline](#) -
Wednesday, 6th July 2022

[Early Bird Registration Closes](#) -
Wednesday 13th July 2022

Australasian International Breast Congress (AIBC)

Brisbane, Australia, October 13-15, 2022



ASBD 25th Anniversary & Members' Dinner



The ASBD Members' Dinner to celebrate the 25th Anniversary of ASBD and our ability to come together again after COVID will be held Thursday 13th October 2022 during the [AIBC Congress](#). After almost 3 years with no conferences due to the impact of COVID-19, the ASBD Executive is excited to host a private dinner for ASBD members at The Rooftop, Level 12, Rydges South Bank, Brisbane. (adjacent to the Convention Centre)

Come along and catch up in person with friends and colleagues.

Registration for the dinner is via the ASBD website and is separate to the AIBC conference registration process. A link to the ASBD dinner is also on the conference registration site.

REGISTER FOR THE ASBD MEMBERS' DINNER

The subsidised cost to members is \$85.00 including food and beverages.

Note: This dinner is open to current (as at Oct 2022) ASBD members only.

Applied Breast Ultrasound for Clinicians

The Applied Breast Ultrasound for Clinicians course is designed for breast surgeons and other clinicians with limited prior experience in the use of ultrasound. The course is offered as online learning modules followed by a half-day practical workshop. One registration covers the two components of the course.

A practical workshop was held in Sydney on 5th March. BD (Bard) is the ASBD 2021-22 partner in these workshops and supplied the biopsy equipment. Suppliers of Ultrasound equipment, Phillips, Sonosite and Mindray provided the Ultrasound machines for the course.

In 2022 ASBD will hold a second practical workshop in Brisbane on 13th October 2022, alongside the Australasian International Breast Congress.

The course includes:

- Approximately 4 hours of theory to be completed as an online learning course, as a prerequisite to the practical course.
- Half day of hands-on practical work

The course enables clinicians to complete the theory components in their own time, and then attend a fully resourced practical workshop with 6 different workstations allowing plenty of time for hands on experience.



Royal Australasian
College of Surgeons
CPD Approved

This educational activity will meet BreastSurgANZ requirements for trainees and will be submitted to RACS CPD Program.



The course is accredited towards CCPU by the Australian Society for Ultrasound Medicine (ASUM).



Dr Michael Law demonstrates and explains biopsy procedures at the start of the biopsy workstation session.



Attendees are allowed plenty of time to practice biopsy techniques.

Announcing ASBD's next webinar – Medical Oncology

Medical Oncology- Overview of the Fundamentals of Medical Oncology in the context of the Breast Multidisciplinary Team.

The webinar will cover the basics of the systemic treatment of breast cancer. Covering ER Positive, Her2 positive and Triple Negative disease. The why and how of treatment, complications and side effects.

This webinar is in the planning stage and will be broadcast in late June or July. More details will be provided in the ASBD monthly email to members and on the ASBD website.





Breast Surgery 101 Online learning Modules

Dr Peter Chin, Breast Surgeon

The Breast Surgery 101 Webinar is now available as online learning modules on the ASBD website. This is based on the recorded lectures from the Breast Surgery 101 Webinar, which was designed and hosted successfully by ASBD on the 17th November 2021. The webinar was attended by over 150 participants from different specialties and allied health members of the Breast MDT.

The practice of breast surgery has evolved at a rapid pace in the last 15 years. There are now standards of practice and paradigm shifts in surgical management which differ from practices a decade ago. This makes it challenging for members of the breast multidisciplinary team to keep up to date with the latest surgical approaches. The Breast Surgery 101 program is designed to address this issue and to provide an overview of the past and current practices in breast surgery. The narrative of the program eventually brings the audience to the current state of play with surgical practices so that the MDT is equipped with the latest knowledge in breast surgery.

The teaching faculty for the webinar was made up of a panel of five specialist surgeons consisting of Assoc Prof Elisabeth Elder, Dr Peter Chin, Dr Samriti Sood, Assoc Prof Cindy Mak and Dr Farid Meybodi. The webinar was skilfully chaired by Dr Sanjeev Kumar (Medical Oncologist) and consisted of a combination of lectures and lively discussions between the panel members. Participants also had the chance to ask questions via the Q&A zoom function and these were discussed and answered live during the webinar.

The program started off with a lecture on the paradigm shift from Mastectomy to Breast Conserving Surgery. The development of Mastectomies over the years was explored, progressing onto the latest findings whereby population studies in the last decade have shown Breast Conserving Surgery to potentially have a better long term survival outcome compared to Mastectomy. The de-escalation of Axillary Surgery was then explored, from routine axillary clearance to sentinel node biopsies and targeted axillary dissection (TAD). A lecture on the indications and practice of Neo-adjuvant systemic therapy then

followed. Thereafter, the principles and latest practices in Breast Conserving Surgery were discussed and a broad overview of Oncoplastic surgical options provided. The program then moved onto the principles of Mastectomy and an overview of the options available for immediate reconstructions.

The webinar proved to be an invaluable educational activity for the participants and received positive feedback. I wish to thank all the participants who attended the webinar and participated in the Q&A, enabling a lively discussion between the panel members. I am also grateful for the time and effort spent by the expert panel in preparing the lectures and ensuring a successful webinar experience.

The Breast Surgery 101 Webinar is now available as online learning modules on the ASBD website. Each module consists of a video lecture, multiple choice questions and optional videos of the panel discussions. The course is free to ASBD members, thanks to a partnership with 3M. It is highly relevant to all members of the Breast MDT and I would recommend the course to all clinicians and allied health members who are involved in the care of breast cancer patients.

NEW MEMBERSHIP LEVEL FOR TRAINEES

ASBD is introducing a new discounted membership level for trainee doctors to encourage them to join ASBD. Updates will soon be made to the ASBD website to facilitate this change.

2022-23 Trainee memberships will be offered at \$150 + GST

Trainee memberships will be available for a maximum of 3 years, and trainees will be asked to advise when their traineeship will end when they join ASBD. The trainee membership level will be available from May when all members are asked to renew their membership.



Gabriel, A., Sigalove, S., Sigalove, N., Storm-Dickerson, T., Rice, J., Maxwell, P., & Griffin, L. (2018). The Impact of Closed Incision Negative Pressure Therapy on Postoperative Breast Reconstruction Outcomes. *Plastic and reconstructive surgery. Global open*, 6(8), e1880. <https://doi.org/10.1097/GOX.0000000000001880>



ORIGINAL ARTICLE

Reconstructive

The Impact of Closed Incision Negative Pressure Therapy on Postoperative Breast Reconstruction Outcomes

Allen Gabriel, MD, FACS*
Steven Sigalove, MD, FACS†
Noemi Sigalove, MD‡
Toni Storm-Dickerson, MD§
Jami Rice, PA*
Patrick Maxwell, MD, FACS¶
Leah Griffin, MS||

Background: Studies report that incision management with closed incision negative pressure therapy (ciNPT) may provide clinical benefits, including protecting surgical incisions, for postsurgical closed incisions (eg, orthopedic, sternotomy, and colorectal). This retrospective analysis compared postoperative outcomes in patients who received ciNPT versus standard of care (SOC) for incision management after breast reconstruction postmastectomy.

Methods: Patient demographics, chemotherapy exposure, surgical technique, ciNPT use, number of drains, time to drain removal, and 90-day postoperative complication rates were analyzed from records of 356 patients (ciNPT = 177, SOC = 179) with 665 closed breast incisions (ciNPT = 331, SOC = 334).

Results: Overall complication rate was 8.5% (28/331) in ciNPT group compared with 15.9% (53/334) in SOC group ($P = 0.0092$). Compared with the SOC group, the ciNPT group had significantly lower infection rates [7/331 (2.1%) versus 15/334 (4.5%), respectively; $P = 0.0225$], dehiscence rates [8/331 (2.4%) versus 18/334 (5.4%), respectively; $P = 0.0178$], necrosis rates [17/331 (5.1%) versus 31/334 (9.3%), respectively; $P = 0.0070$], and seroma rates [6/331 (1.8%) versus 19/334 (5.7%), respectively; $P = 0.0106$]. The ciNPT group required significantly fewer returns to operating room compared with the SOC group [8/331 (2.4%) versus 18/334 (5.4%), respectively; $P = 0.0496$]. Time to complete drain removal per breast for ciNPT versus SOC groups was 9.9 versus 13.1 days ($P < 0.0001$), respectively.

Conclusions: Patients who received ciNPT over closed incisions following postmastectomy breast reconstruction experienced a shorter time to drain removal and significantly lower rates of infection, dehiscence, necrosis, and seromas, compared with the SOC group. Randomized controlled studies are needed to corroborate the findings in our study. (*Plast Reconstr Surg Glob Open* 2018;6:e1880; doi: 10.1097/GOX.0000000000001880; Published online 7 August 2018.)

[Link to the full article.](#)

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MEMBERSHIP RENEWAL REMINDER

Your ASBD membership for 22-23 financial year is due for renewal by 30th June 2022.
2022-23 fees for Nursing/Allied Health are unchanged at \$90.00 + GST
2022-23 fees for doctors have increased slightly to \$200 + GST

Go to <https://asbd.org.au/membership/renew-membership> to renew your membership

Remember that your paid invoice is available to download once you have paid, from your History and Invoices section in the member's area of the website

Australasian International Breast Congress (AIBC)



Australasian Society
for Breast Disease
(ASBD)



6th World Congress on
Controversies in Breast
Cancer (CoBrCa)



Breast Surgeons of
Australia & New Zealand
(BreastSurgANZ)

October 13-15, 2022

Brisbane Convention & Exhibition Centre (BCEC)

Congress Chairpersons



Elisabeth Elder
ASBD
Australia



Bruce Mann
CoBrCa
Australia



Melanie Walker
BreastSurgANZ
Australia

Key Dates

Abstract Submission Deadline
July 6, 2022

Early Registration Deadline
July 13, 2022

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