

# ASBD UPDATE

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



## CONTENTS

**President's Report** 1-2

**13th General Breast Imaging  
Meeting Adelaide SA, March 2023** 2

**ASBD Membership and  
Support Officer** 3

**Budget 2023-24: Changes to  
MBS specialist items** 3

**Breast360** 3

**Takeaways from San Antonio Breast  
Cancer Symposium 2022** 4

**Renew your Membership NOW!** 4

**ASBD 2023 Trainee Day** 5

**North Queensland: To have gone  
where no Oncoplastic Breast Surgeon  
has gone before...** 6

**Applied Breast Ultrasound for  
Clinicians** 7

## IMPORTANT DATES

**ASBD 13TH SM – BREAST 360**  
14-16 September 23

**ASBD AGM**  
15 September 23

**APPLIED BREAST  
ULTRASOUND COURSE**  
14 September 23

## PRESIDENT'S REPORT



Planning for the upcoming  
**ASBD 13th Scientific Meeting  
– Breast 360** in Adelaide

14-16 September has been  
the focus for the executive  
committee over the last few  
months. The program looks

very exciting with a mix of discussions on  
controversial topics and updates on the latest  
developments in a truly multidisciplinary  
fashion. There will also be ample  
opportunities for networking and I hope most

of you will take the opportunity to attend the  
conference and join the crowd. Thank you  
to the convenors, Peter Chin and Gelareh  
Farshid who have put a lot of effort and  
expertise into designing the program. This  
year we're also introducing an educational day  
for trainees from all disciplines in conjunction  
with the conference, including topics such  
as leadership and teamwork for an effective  
MDT, clinical trials, tips for setting up a  
practice as well as an exercise in reflective  
writing.



## 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](mailto:kerrye@asbd.org.au)



## PRESIDENT'S REPORT CONTINUED

We had a successful strategic planning day in Sydney in February. It was a true delight to be able to meet in person again. The ASBD membership is the largest it has ever been with over 650 members and the society has now employed an additional part time membership and administrative officer, Cathy Phillips to assist our amazing CEO Kerry Eyles in her role. We welcome Cathy to the ASBD team. Please come and say hello to her at the ASBD stand in Adelaide.

The aim of ASBD is to provide high quality multidisciplinary education through our conferences as well as webinars which are now available on our website as learning modules. With additional staff we are hoping to streamline this process over the coming months.

Next year's conference will be held in Leura in the Blue Mountains of NSW in a collaboration with Westmead Breast Cancer Institute and Breast Surgeons of

Australia and New Zealand. The Leura conference has been running every four years since the 1990s but had to be cancelled in 2020 due to the pandemic. We're looking forward to joining this collaboration.

Hope to see you in Adelaide in September!

**A/Prof Elisabeth Elder**  
**ASBD President**



## 13th General Breast Imaging Meeting Adelaide SA, March 2023

**Dr Jenny O'Sullivan**

After a hiatus of four years there was a heightened sense of anticipation leading up to the 13th General Breast Imaging Meeting, and the meeting did not disappoint.

The eminent international and national faculty included Dr Nisha Sharma from the UK, Dr Ritse Mann from The Netherlands, Mr David Moss from New Zealand, and Dr Sunil Lakhani from Brisbane – to name but a few.

A multidisciplinary focus was apparent from the start: after an opening address from Australian of the Year Taryn Brumfitt, the meeting began with updates on breast cancer pathology, Radiomics, and the management of borderline (B3) breast lesions, with the role of VAE (Vacuum-assisted excision) being explored as having less clinical and economic impact than surgical open biopsy.

Breast density remains a topic of interest in terms of breast cancer risk, appropriate supplemental imaging and the implications of informing women of their breast density in a screening setting.

Risk stratified breast cancer screening is being explored in many countries worldwide, so of great interest were sessions outlining the current status of breast cancer screening in Australia, New Zealand, UK, Europe and Canada. Research is ongoing with the common aim of better stratifying risk in order to develop and implement tailored screening rather than the traditional 'one size fits all' approach – not an easy thing to do in population health screening. A Victorian study of client and reader perspectives on tailored screening shows broad support, as has also been shown in the UK and Canada.

The session on Artificial Intelligence updated us on local and international clinician and consumer attitudes to using AI in screen reading, as well as the performance of AI reading. Prof Nehmat Houssami presented research showing that while AI performance currently does not match the performance levels of BreastScreen radiologists, there is a need for prospective trials using AI. Women are generally supportive of the use of AI

in breast screening, but have very high expectations. Lauren Oakdale Raynor gave a fascinating talk on the safety of AI, taking us back to the old principle of 'first do no harm', and what we need to consider about AI research to make it more safe as well as useful.

We heard that contrast imaging modalities, namely MRI and contrast mammography, are likely to play greater roles both in breast cancer diagnosis and in tailoring treatment. Prof Bruce Mann discussed the results of the PROSPECT trial which showed that using Breast MRI in selected low risk patients could successfully identify patients for whom radiotherapy could be safely omitted. A follow-on prospective study is planned to further explore selective de-escalation of systemic therapy.

The city of Adelaide was sparkling in sunshine, and most delegates found some time to explore the city and surrounds. As for me, I will relish the chance to return to this beautiful city in September for the ASBD 13th Scientific Meeting!





We welcome Cathy to the ASBD team. She is already proving to be a valuable support person and has been busy promoting our conference, dealing with member enquiries and reminding members to renew their memberships.

**A note from Cathy:**

My name is Cathy Phillips, and I recently joined the ASBD team on Thursdays and Fridays as the Membership and Support Officer.

I am grateful for this opportunity to work for the ASBD membership, the Executive Officer Kerry Eyles, and the Executive Committee.  
Please contact me via [emailinfo@asbd.org.au](mailto:emailinfo@asbd.org.au) or mobile +61 411 144 834

If you are attending the 13th Scientific Meeting in Adelaide, I look forward to meeting you in person. Come and visit at the ASBD stand!

## BUDGET 2023-24: CHANGES TO MBS SPECIALIST ITEMS

As part of the 2023-24 Budget, the Australian Government has agreed changes to specialist items on the Medicare Benefits Schedule (MBS). The changes are expected from March 2024.

For your information two fact sheets providing more detail on these changes are linked below:

[MBS New and Amended Changes Summary – Budget 2023-24](#)

[Detail of Specialist Changes – Budget 2023-24](#)

A new MBS item will be listed for the insertion of a breast marker clip during a breast biopsy. The new item will be a substitute for some hookwire services under MBS item 31536 and will benefit patients who are suffering from difficult, multiple, and/or small lesions who often require additional intervention to these areas after a biopsy.

The changes will be implemented by teams across the Medicare Benefits and Digital Health Division and the Department will consult with relevant stakeholders on the implementation arrangements, including finalising item descriptors and developing explanatory material for practitioners.

If you have any questions, please email [SurgicalServices@health.gov.au](mailto:SurgicalServices@health.gov.au) and your email will be directed to the relevant team.



# Breast 360

Australasian Society for Breast Disease  
**13th Scientific Meeting**  
14-16 September 2023  
Adelaide Convention Centre, South Australia

asbd.org.au



Australasian Society for Breast Disease

Interdisciplinary perspectives and breakthroughs

## Don't Miss out! REGISTER NOW!

Join us in September for the latest in Breast Cancer updates with the theme "Breast 360".

This year ASBD's signature event returns the program has a line-up of local and international expert speakers from various disciplines covering many compelling topics.

With a large focus on medical oncology, supportive care and self-care of health professionals' topics include:

- Reflective writing for health professionals
- Clinical trials 101
- Personal leadership skills
- Survivorship: troublesome toxicities in the limelight
- Challenging conversations
- Cardio-oncology
- Exercise oncology
- High risk disease management including management of TNBC
- Expanding the role of ADCs in breast cancer treatment
- Complexities in the systemic management of ILC
- HER2 low breast cancer
- Optimising outcomes in early ER positive breast cancer
- Living well for health professionals
- Management of metastatic breast cancer - the nursing perspective



# Takeaways from San Antonio Breast Cancer Symposium 2022

The San Antonio Breast Cancer Symposium 2022 meeting had a strong focus on the new emerging treatments especially the new antibody conjugates including trastuzumab deruxtecan and Sacituzumab govitecan and their clinical use, efficacy, toxicity and durable responses. It also included a number of significant updates from ongoing trials highlighting the ongoing durable responses and improved outcomes. I have included trials that will impact in the current clinical setting.

**TAILORx Trial** Women with an intermediate Oncotype DX Recurrence Score can safely skip chemotherapy. Eleven years of follow-up data from the TAILORx trial confirms 2018 results that women diagnosed with early-stage, hormone receptor-positive breast cancer with a Recurrence Score of 11 to 25 can safely avoid adjuvant chemotherapy and take hormonal therapy alone after surgery.

**MonarchE study.** Presented by Dr Stephen Johnson. Confirms the benefits of abemaciclib for early-stage, hormone receptor-positive breast cancer. The monarchE study, a randomised open label phase 3 trial, looked at adding abemaciclib 150mg BD for two years to hormonal therapy after surgery for early-stage, hormone receptor-positive, HER2-negative breast cancer with a high risk of recurrence. High risk disease was defined as either four or more nodes or one to three positive nodes with either Grade 3 disease or tumour size 5 cm or larger. Now, four years of follow-up validate the initial results, and show that the benefits continue after people complete abemaciclib treatment. At 4 years the absolute difference in invasive disease-free survival between

the two groups was 6.4% 85.8% abemaciclib plus endocrine therapy vs 79.4% in the endocrine alone group. The most common Grade 3-4 toxicity was neutropenia (19.6%), leucopenia (11.4%) and diarrhea (7.8%). Further follow-up is required to establish whether overall survival can be improved.

**DESTINY-Breast03** study results confirm the benefits of trastuzumab deruxtecan (TDX) for metastatic, HER2-positive breast cancer. The DESTINY-Breast03 study compared trastuzumab-deruxtecan (TDX) with trastuzumab emtansine (TDM1) for previously treated metastatic, HER2-positive disease. TDX showed a significant improvement in overall survival versus TDM1 as well as the longest reported progression free survival. 28.8 months with TDX and 6.8 months with TDM1. Median overall survival at 24 months was 77.4% TDX vs 69.9% TDM1 (HR 0.64) The main drug related toxicity was pneumonitis 15% vs 3% requiring more frequent monitoring, treatment interruption and proactive management. This study confirms TDX as the standard of care in the second line setting in metastatic Her 2 positive breast cancer. In Australia there is now a compassionate use program in the second line setting. InteEest now lies in the role of this agent in the early neoadjuvant or adjuvant setting.

**Emerald Trial.** Elacestrant (oral selective estrogen receptor degrader SERD) continues to offer more benefits than standard endocrine therapy for metastatic, hormone receptor-positive breast cancer. Patients were randomly assigned to elacestrant or SOC monotherapy. They had had previously one or two lines of previous endocrine therapy including a cyclin dependant

kinase 4/6 inhibitor and one or less lines of chemotherapy. ESR1 mutation was detected in 47.8% and 43.4% received two prior endocrine therapies. PFS was prolonged in all patients HR 0.77 and in patients with ESR1 mutation HR 0.55. Elacestrant is the first oral SERD demonstrating significant PFS improvement and in patients with ESR1 mutations.

**Positive Trial.** It's safe for younger women to pause hormonal therapy to have a child. Results from the POSITIVE trial, which started in 2017, found that younger women (age 42 and under) diagnosed with early-stage, hormone receptor-positive breast cancer could temporarily stop hormonal therapy after surgery to try to become pregnant; pausing hormonal therapy didn't increase the risk of recurrence.

**Babytam Low-Dose Tamoxifen (TAM -01 Study)** Dr Andrea De Censi presented findings of a clinical trial looking at the effectiveness of low-dose tamoxifen in treating non-invasive breast cancer. 500 participants with non-invasive breast cancer from across Italy participated in the trial. The researchers gave them 5mg of tamoxifen a day, or a placebo for 3 years. The usual minimum dose for tamoxifen is 20mg. The researchers found that taking a low dose of tamoxifen for 3 years lowered the chance of breast cancer recurrence of invasive breast cancer of DCIS and 76% reduction in contralateral breast cancer. The 5mg was very well tolerated.

We are fortunate to have Dr Hope Rugo presenting at our conference in September. She has extensive experience in clinical trials in the neoadjuvant setting and has led the trials in the new ADC's.

**REMINDER**  
**Renew your**  
**Membership**  
**NOW!**

If you have not already renewed your membership go to [RENEW MEMBERSHIP](#) and renew online now.

## 23-24 FEES

Doctor	\$231
Nurse/Allied Health/Research	\$110
Trainee	\$165

You can access and print your invoice online while logged into the member's area at Member Profile / History & Invoices

**Don't Miss Out! Register now for ASBD's 13th Scientific Meeting**

# ASBD 2023 Trainee Day



## Free to trainees who are attending the 13th Scientific Meeting in Adelaide

Join a multidisciplinary group of your peers in a day developed to specifically meet the needs of trainees. The included sessions harness topics of particular interest to medical professionals early in their career - useful information that you need to know but often don't get access to.

The program offers a workshop format of learning and reflection, dedicated to medical trainees in any specialty that is part of the multidisciplinary management of breast cancer and breast diseases.

Inspiring experts will come together to share many skills and tips essential for your career and personal development as a junior consultant. You will also have the opportunity to engage with the ASBD and network with your multidisciplinary colleagues who are also looking to build their practice beyond the training years.

## Trainee Day - Draft Agenda

Time	Activity	Content	People
8:30	Arrival	Networking - tea and coffee	CHAIR: M Colosimo, M Lah
8:50	Welcome	Introduction to ASBD	Elisabeth Elder
9:00	Session 1	Leadership and Teamwork for an effective MDT	Julie Lines
11:00	Morning Tea		
11:20	Session 2	Why be an investigator in a breast cancer clinical trial?	Nick Zdenkowski
11:45	Session 4	Starting out in Private Practice: mentorship, how to approach GPS, building your referral base, use of social media.	ICON
12:35	Lunch served	Networking	
13:15	Session 3	Medical Insurance - what do you need to know?	TBA
13:40	Session 5	Beyond the medical record: Reflective writing for health professionals.	Hilton Koppe
TBA	Afternoon tea		
16:15	Finish	Move to conference minisymposium	

This initiative is aligned with the ASBD ethos and priorities as identified by the ASBD Executive Committee and will be facilitated by the ASBD Directors and other experienced clinicians in various fields.

Numbers are strictly limited and registration for the trainee day is FREE for trainees whose registrations are accepted. You must be registered to attend the ASBD 13th Scientific Meeting to be accepted for the trainee day.

[INFORMATION FLYER](#)

NOTE: Do not register for any ASBD workshops during your conference registration as the Trainee Day takes place at the same time as ASBD workshops (8:30–16:30, 14th Sept. 23)

[APPLY NOW](#)





# North Queensland: To have gone where no Oncoplastic Breast Surgeon has gone before...

A report by Dr. Nita Bartlett

Living in NQ poses unique challenges to both the breast cancer patient and Oncoplastic Breast Surgeon (OPBS), alike.

Having completed the BreastSurgANZ fellowship in 2018, I commenced my appointment at Townsville University Hospital, NQ the following year.

The prospect of pioneering a service was both exciting and daunting.

In their State of the Nation report in 2018, BCNA prioritised for urgent action:

**Improve Australia's breast reconstruction rate to meet international standards and find a solution to the unacceptable delays for women in Far North Queensland.**

Recognising this unmet need for breast cancer patients in NQ motivated me to take on the challenge.

My surgical training journey exposed me to a wide range of regional and metropolitan patients/hospitals in India, the U.K., N.Z., and Australia. The icing on the cake was my final Fellowship year at Chris O'Brien Lifehouse, a unique patient-focused centre of excellence. The latter combined with the OPBS Masters (USYD), I believe, equipped me to provide contemporary surgical care.

I would like to share my experiences, both the highs and the lows, and invite feedback.

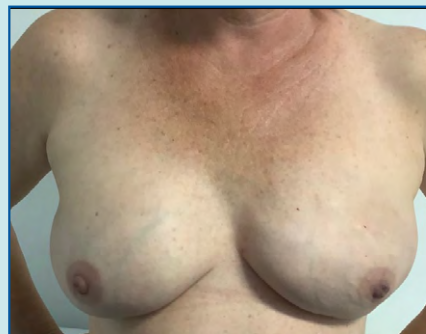
Over the past 4+ years, approximately 250 oncoplastic procedures were performed comprising: Level 1: 50%, L 2 :30% and L 3: 20%.

L2 procedures enabled Breast Conservation Surgery in a significant proportion of patients who might otherwise have had Total mastectomy.

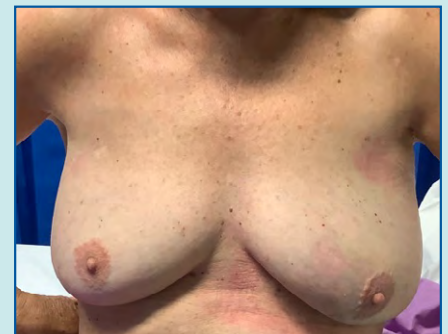
An implant bank was set up for the first time, enabling timely surgery for patients choosing Implant based Breast Reconstruction (IBR).

Level 3: Immediate Breast Reconstruction

Level 2 OPBS: Perforator flaps for Volume Replacement of 30-40% Resections.



*Bilateral Nipple Sparing Mastectomy with Pre-pectoral Implants + SLNB via Single IMF incisions.*



*Left AICAP Flap*



*Right MICAP Flap*



*Right LICAP Flap*

Breast reconstructions were immediate and delayed with the majority of implants placed in the pre-pectoral space with synthetic mesh.

Intraoperative SPY fluorescence angiography is used for objective assessment of flap perfusion.

Whilst there are a significant number of patients desiring delayed BR, public hospital resources are limited. This group remain underserved.

The utilisation of neoadjuvant chemotherapy (NACT) is in line with international standards allowing for de-escalation of surgery.

Targeted axillary dissection post NACT has become routine.

A patient of mine organised a fundraiser in 2022 whilst having chemotherapy. A true hero! She was extremely grateful to have undergone a volume replacement operation to successfully conserve her breast following two Re-excisions for positive margins by a colleague.

I was honoured to be the invited speaker, we raised \$17,000 to purchase equipment for liposuction. Words cannot express my awe for her courage and drive in organising a major event whilst battling

cancer.

Challenges faced by our patients include lack of on-site breast radiology necessitating personal transportation on the day of surgery for hook-wires and Lymphoscintigrams.

Intraoperative delays caused by off-site specimen X-rays contribute to waste of theatre time, arguably our most precious resource.

A Faxitron machine was requested in 2019 and finance approved in 2021. We do not have one yet...

Plastic/reconstructive services are in Brisbane: Patients favouring autologous BR find the distance to travel, resultant delays to treatment and lack of social supports prohibitive. Most default to IBR in Townsville to enable timely cancer treatments.

In parallel with clinical work I invested in:

## Education:

- For BCNs, JMOs and GPs on the contemporary management of Breast cancer:
- A validated MDT protocol was introduced in 2019 to streamline the meetings.

- A Monthly Journal club was initiated at MDT, with each discipline taking turns to update the group on advances in breast cancer. A pictorial presentation of OPBS promoted an understanding of these new surgical procedures and was appreciated by radiation and medical oncologists and general surgeons, alike.
- Senior SET trainees are encouraged and mentored to present at MDT, promoting ownership of cases and leadership skills.

#### Research:

- Presentations at RACS ASC and ASBD 2020/21/22.

#### Public speaking/Fundraising:

- As an invited speaker at charity events, \$23,000 was raised for the Breast unit, but more importantly public awareness was increased on contemporary treatments available to breast cancer patients in NQ.

A recent publication in the ANJZ Journal of Surgery highlighted the needs of women living in regional/rural communities:

***"There is a need for specialist surgeons and breast services outside major cities, with 30.9% of all women who underwent***

***a mastectomy in 2019 residing in regional and rural areas. While the BR rate in women residing in MM1 areas is 33.1%, it declines with increasing remoteness. Increasing patient remoteness without accessible breast services creates barriers to BR uptake, a finding consistent with previous population-based studies in Australia and internationally.***" Trends and variations in post-mastectomy breast reconstruction rates in Australia over 10 years. N. Dayaratna et al. January 2023.

My Patients who underwent BR were aged from 30y-70y, hailed from Townsville and from 2 hours driving/flying distances away. Significant travel times and the need to stay away from home for 1-2 weeks did not deter patients from choosing BR.

By sharing my experience, I hope to have provided encouragement to oncoplastic breast surgeons contemplating working in regional centres.

A good work/life balance with no traffic to speak of on the daily commute is one of the many perks!

Whilst a great deal has been achieved to date, a lot more remains to be done. I plan to evaluate PROMS for Level 2/3 Oncoplastic procedures and the Short/ Long term results of Pre-pectoral Implant based BR.



Raising public awareness and educating the next generation of surgeons on OPBS are key issues that I wish to advance.

Since 2019, I found immense satisfaction in establishing the OPBS in NQ and am ever grateful for the privilege to be of service to patients.

Dr. Nita Bartlett FRCS (Eng.), FRACS, Grad. OPBS (USyd). Consultant Oncoplastic Breast and General Surgeon. Townsville University Hospital and Mater Private Hospital. JCU Senior Lecturer in the College of Medicine & Dentistry. Asst. Unit Coordinator, University of Sydney Oncoplastic Breast Surgery Masters.

Email: [nitabartlett@icloud.com](mailto:nitabartlett@icloud.com)

## Applied Breast Ultrasound for Clinicians

The Applied Breast Ultrasound for Clinicians Course will be held alongside the ASBD 13th SM in Adelaide on 14th September for the convenience of those travelling to Adelaide for the conference. The practical course facilitated by Prof Ian Bennett, Dr Daniel de Viana, and Mr Michael Law is for breast surgeons and other clinicians with limited prior experience in the use of ultrasound.

This educational activity meets BreastSurgANZ requirements for trainees and has RACS CPD approval. The course is also accredited towards CCPU by the Australasian Society for Ultrasound Medicine (ASUM).

The course includes theory modules (to be completed online as a prerequisite to attending the practical course) including: - Physics of ultrasound, Practical breast ultrasound optimisation, Breast ultrasound anatomy, pathology and clinical applications, Integration of office ultrasound into (surgical)



practice, Ultrasound guided biopsy and Perioperative ultrasound techniques. The Practical workshop includes live scanning of patients; and core, fine needle, and novel biopsy techniques on phantoms.

ASBD will hold this course alongside the 2023 conference on the Thursday morning to make it convenient for delegates to attend this training course in the morning and another workshop in the afternoon, before the conference commences.



**REGISTER NOW**

# Breast 360

## Australasian Society for Breast Disease 13th Scientific Meeting

14-16 September 2023

Adelaide Convention Centre, South Australia

**Interdisciplinary  
perspectives and  
breakthroughs**

[asbd.org.au](http://asbd.org.au)



**Australasian Society  
for Breast Disease**