



**NATIONAL BREAST  
CANCER CENTRE**

Incorporating the  
Ovarian Cancer Program

***Annual Report***  
*2003–2004*



The NBCC Annual Report 2003-2004  
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# THE NATIONAL BREAST CANCER CENTRE

**The National Breast Cancer Centre (NBCC) is Australia's peak body for breast and ovarian cancer control. It was established in 1995 by the Australian Government in response to community concerns about the human cost of breast cancer. In 2001 the Government provided additional funding to expand the NBCC's work into ovarian cancer.**

The NBCC works with women, health professionals, cancer organisations, researchers and governments to improve the management of breast and ovarian cancer and the wellbeing of women with these diseases. It aims to improve health outcomes for women with breast and ovarian cancer by ensuring that wherever they live, women receive the best possible care.

The work of the NBCC is based on the belief that mortality and morbidity from breast and ovarian cancer can be improved significantly if knowledge gained from research is better translated into practice and changes in health service delivery.

## CONSTITUTION

### OBJECTS OF THE NBCC

The National Breast Cancer Centre is established to work directly in partnership with women, health professionals, cancer organisations, researchers and governments, to improve breast and ovarian cancer outcomes for women.

The NBCC will strive to reduce mortality from breast and ovarian cancer and to improve the wellbeing of women who are diagnosed with these diseases.

For this purpose the NBCC may undertake, but is not limited to undertaking, the following:

- i to act as a clearing house for information about breast and ovarian cancer
- ii to undertake evidence-based analyses of relevant breast and ovarian cancer research and inform researchers, governments, policy makers, service providers and members of the public on these matters
- iii in conjunction with key stakeholders in breast and ovarian cancer control, to develop guidelines relating to the diagnosis, treatment and care of people with breast and/or ovarian cancer, and design and execute strategies for their implementation
- iv to develop, implement and evaluate educational strategies and programs relating to breast and ovarian cancer on a national basis for service providers across the health spectrum and the public, in particular women with breast and ovarian cancer and their families
- v to support and fund the development, provision and evaluation of innovative models of direct services for women with breast and/or ovarian cancer
- vi to work collaboratively with, and provide advice on specific aspects of the operation of the Company which may be of relevance to, other organisations and stakeholders in the breast and ovarian cancer care, early detection and prevention areas
- vii to encourage the making of gifts and testamentary dispositions by the public to the Company to enable the Company to further its Objects; in particular to improve breast and ovarian cancer outcomes for women
- viii to develop and maintain a national monitoring system for breast and ovarian cancer, and
- ix to do all such acts as are incidental and conducive to the furtherance of the above Objects.

## OUR MISSION

To strive to reduce mortality from breast and ovarian cancer and improve the wellbeing of women diagnosed with breast or ovarian cancer and to further the Objects of the Company.

## STRUCTURE

The NBCC was established in 1995. It is a company limited by guarantee, and governed by a Board of Directors appointed by the Federal Minister for Health and Ageing. Its primary source of funding is the Australian Government.

The NBCC has established a Clinical Expert Advisory Panel as well as a number of expert advisory groups and project teams comprising individuals from various disciplines and consumers who provide expert advice to inform the work of the NBCC and ensure its relevance.

The Ovarian Cancer Program is based on the priorities outlined in *Priority actions for ovarian cancer control: a framework for a national approach* and is overseen by an expert advisory group.

The NBCC functions as a 'centre without walls' operating at a national level. As well as supporting projects throughout Australia dependent upon local expertise and needs, the NBCC has direct representation on key national committees.

## APPROACH

The NBCC has developed a systematic and evidence-based approach to improving care. Its programs are based on demonstration of a need for change, careful analysis of where programs can best be targeted, and trialing of strategies to improve information, practice or policy.

The NBCC's achievements are testimony to the effectiveness of this integrated approach to improving cancer control.

## OUR APPROACH

**Identify needs:** The first step is to identify gaps in current care where there is an opportunity to impact on breast or ovarian cancer control by improving prevention, early detection, treatment or support. Information is gathered from the views of women and health professionals, from surveys and from published research.

**Review the evidence:** Systematic reviews and meta-analyses of the evidence form the basis of developing recommendations.

**Develop and disseminate recommendations:** The evidence reviews are used by multidisciplinary groups to develop recommendations, position statements and clinical guidelines.

**Initiate implementation strategies:** Implementation programs seek to encourage change in clinical practice through quality improvement or training programs or providing women with better information. Encouraging the adoption of recommendations might require the trialing of new models of service delivery, perhaps through demonstration projects or advocating for policy change.

**Monitor impact:** The impact of these strategies is evaluated by monitoring the process and outcome of breast and ovarian cancer care.

# CHAIRMAN'S REPORT

It is with much pleasure that I present the National Breast Cancer Centre's annual report 2003–2004, which highlights the Centre's many significant achievements for the year.

Among these NBCC achievements were a number of 'firsts': the world's first psychosocial guidelines for the management of adults with cancer; the first guidelines for the management of younger women with breast cancer; Australia's first clinical practice guidelines for the management of ovarian cancer; the report of the first project to review approaches to implementing multidisciplinary care in Australia; and the evaluation of Australia's first training program for BreastScreen radiologists. These were the result of partnerships with cancer and consumer organisations and professional colleges as well as many individuals whose time and expertise is invaluable to the relevance and success of our work.

In 2003, the NBCC underwent an Independent Review, which is a requirement of the funding agreement with the Commonwealth. The wide consultation conducted as part of the review process enabled our many stakeholders not only to comment on the work of the NBCC to date, but also to provide insights into the future directions of the NBCC. The Board and staff gained enormously from



the process and thank the Review team, Professor John Wyn-Owen, Professor Bruce Barraclough and Ms Lynette Glendinning, for their professional and considered approach to the conduct of this Review.

The Australian Government has granted continued funding of \$2.1 million per year to the NBCC to June 2007. We are grateful for this evidence of commitment to the future of the NBCC, which will serve the community well over the coming years.

*Janet McDonald*  
JANET MCDONALD AO

# REPORT FROM THE CLINICAL DIRECTOR

The period 2003–2004 was a very productive and successful year for the NBCC on many fronts. June 2003 marked the end of a funding and planning cycle; it was also a year of reflection on the many improvements in breast cancer care since 1995 and more recent advances in ovarian cancer, and the NBCC's contribution to these changes. It was also a time to scan the horizon, to identify key areas for future endeavour and to plan how best to achieve the next gains.

There were many highlights of the 2003–2004 NBCC year. The strength of a collaborative and partnership approach to the development and implementation of evidence-based information and care resulted in the publication of a number of key clinical and consumer resources, the completion of sentinel projects in radiology training and multidisciplinary care and the development of a national public education campaign. These significant achievements have the potential to further improve clinical practice, patient satisfaction and ultimately cancer outcomes.

The lead-up to the next phase of strategic planning has also provided the opportunity to consider the future needs of the NBCC and to review its advisory structure. Early 2004 saw the establishment of a Clinical Expert Advisory Panel, which will provide the NBCC with expert advice and spokespersons on emerging and topical issues.

A key challenge for Australia over the next few years will be the implementation of a national evidence-driven and consumer-focussed approach to cancer care. This can be achieved through improvements



in the coordination of the many episodes of the patient journey, the adoption of best practice recommendations in clinical and psychosocial care and implementation of improvements in health service delivery. The NBCC will continue to work with the Federal and State and Territory governments, clinicians, cancer organisations, professional colleges, researchers and consumers to ensure that cancer care is informed by evidence, remains responsive to the needs of consumers and has the support of key stakeholders.

We look forward to working with our many valued friends and colleagues to support the provision of quality information, advice, supportive and clinical care for women with breast and ovarian cancer, and providing leadership in improving cancer outcomes in Australia.

A handwritten signature in dark ink, appearing to read 'Helen Zorbas', written over a light-colored rectangular background.

DR HELEN ZORBAS

# MAJOR INITIATIVES AND ACHIEVEMENTS

2003–2004

The NBCC is dedicated to translating research into clinical practice and accessible evidence-based information in order to improve the treatment, support and care of women with breast or ovarian cancer.

The NBCC's major initiatives are intended to provide evidence-based and appropriate information, encourage best practice, raise awareness, inform policy and influence the delivery of health services that are guided by evidence, quality and safety.

In 2003–2004, the NBCC's work was broadly categorised into the following program areas:

- Evidence-based practice and information
- Monitoring
- Health services research
- Training
- Ovarian Cancer Program.

In addition, a number of communications and public awareness initiatives were developed to support and promote these programs and outcomes.

# EVIDENCE-BASED PRACTICE AND INFORMATION

The NBCC uses the latest evidence and research to develop clinical practice guidelines and recommendations to guide the work of Australian health professionals. In doing so the NBCC is helping close the gap between best available research and current clinical practice. The NBCC also provides comprehensive and easy-to-read information to help women understand their diagnosis, treatment and support options.

Several new evidence-based resources were published this year (see page 35). All our clinical guidelines and consumer publications are developed with input from multidisciplinary working groups comprising both clinical and consumer representatives.

## MAINTAINING THE CURRENCY OF EVIDENCE

The NBCC produces a wide range of evidence-based publications, including clinical practice guidelines, evidence reviews, research reports and consumer resources, in a context of continually changing evidence. Ensuring that publications reflect the best possible evidence and are updated in a timely and cost-effective fashion requires:

- systems for regular monitoring and evaluation of new evidence
- criteria and processes for determining when levels of new evidence are sufficient to consider revising NBCC publications or producing information on new and emerging treatments and technologies
- criteria and processes for prioritising the development and update of NBCC publications.

In 2004, the NBCC conducted a major review of its processes for developing and revising publications and those employed by other organisations, including those outside the health sector. The purpose was to develop and implement new strategies to improve the timeliness and cost effectiveness of processes to maintain the currency of evidence in NBCC publications.

This initiative is complemented by a project exploring how information technology can best be utilised to support the work of the NBCC, both in the development of new resources and in the implementation of evidence-based information.



*Pictured at the launch of the guidelines for the psychosocial care of adults are (from left): Professor Christine Ewan AM, Karen Pedersen (NCCI), Janet McDonald AO, Dr Karen Luxford, Dr Helen Zorbas and Jane Fletcher (NCCI).*

## PSYCHOSOCIAL CARE OF ADULTS WITH CANCER

Almost one-third of people diagnosed with cancer experience clinically significant anxiety disorders and about a quarter suffer depression. Clinical practice guidelines have traditionally focused on the technical aspects of care with little or no attention given to the psychosocial and supportive care needs of patients and their families. In recognition of this gap in care, the NBCC first developed psychosocial guidelines for women with breast cancer in 2000.

In 2003, the NBCC built on this knowledge foundation to develop the world's first *Clinical practice guidelines for the psychosocial care of adults with cancer* in collaboration with the National Cancer Control Initiative. The guidelines were approved by the National Health and Medical Research Council and launched by the Federal Minister for Health and Ageing, Senator Kay Patterson, in Canberra in August 2003.

The guidelines provide health professionals with evidence-based information about the emotional impact of cancer on their patients and patients' families. They also include clear recommendations based on evidence of benefit of psychosocial interventions in improving outcomes for cancer patients.

The guidelines were developed by a dedicated multidisciplinary working group chaired by Dr Jane Turner.



Working group chairman Mr Colin Furnival at the launch of the NBCC's recommendations for management of pre-invasive breast disease.

## INFORMATION ABOUT PRE-INVASIVE BREAST DISEASE

Ductal carcinoma *in situ* (DCIS) is a form of abnormal growth of epithelial cells contained within the milk ducts of the breast. Being diagnosed with DCIS increases a woman's chances of developing invasive breast cancer. Most cases of DCIS are diagnosed as a result of a change seen on a mammogram. Effective treatment of pre-invasive breast disease minimises the risk of subsequent invasive cancer.

Currently about 1200 women are diagnosed with DCIS each year in Australia. The increasing frequency of diagnosis of DCIS associated with the widespread implementation of mammographic screening underlines the need for reliable information about this condition for clinicians and consumers.

In response to this need, the NBCC established a working group chaired by Mr Colin Furnival, which developed evidence-based recommendations about the management of pre-invasive disease for clinicians: *The clinical management of women with ductal carcinoma in situ, lobular carcinoma in situ and atypical hyperplasia of the breast* (2003).

These recommendations are based on the current evidence regarding diagnosis and management of DCIS and advice about the emotional and psychological needs of women diagnosed with pre-invasive breast diseases. Many women diagnosed with DCIS are confused both by the term 'carcinoma' and because DCIS shares similar diagnostic and treatment pathways to invasive breast cancer.

The NBCC's consumer guide *Ductal carcinoma in situ: understanding your diagnosis and treatment* was developed based on the clinical recommendations and launched in March 2004.

The guide explains what DCIS is, how it differs from invasive breast cancer, and summarises treatment and support options. The guide is written in a friendly, easy-to-read format with anecdotes from women who have been diagnosed with and treated for DCIS.

Consumer fact sheets about other pre-invasive breast disease including lobular carcinoma *in situ* (LCIS), atypical ductal hyperplasia (ADH) and atypical lobular hyperplasia (ALH) were also developed and published on-line ([www.breasthealth.com.au](http://www.breasthealth.com.au)).

## EARLY DETECTION ADVICE

The early detection of breast cancer is currently the best means for reducing mortality from this disease. Early detection also means women have more treatment options available to them.

In 2004 the NBCC reviewed the latest evidence about methods for the early detection of breast cancer and updated its position statement with recommendations about breast awareness, clinical breast examination and mammographic screening for women of different age groups and at different levels of risk for breast cancer. The statement received consensus support from other national organisations including The Cancer Council Australia, Breast Cancer Network Australia and the Royal Australasian College of Surgeons.

The NBCC also developed clear, evidence-based information based on the position statement to advise women about what they can do to find breast cancer early and what changes to look for. This is important as more than half of all breast cancers are detected as a change in the breast by women or their doctors.

This work was funded by a donation from Mrs Ann Hollingworth.

## RISK FACTORS FOR BREAST CANCER

At this time, we do not know how to prevent breast cancer. Much research has been published over recent years about factors that may impact on a woman's risk of this disease. We know that many women overestimate their personal risk and are confused about what lifestyle changes they might adopt to reduce their risk.

The NBCC conducted a review of information about risk factors for breast cancer in 2004.

The NBCC's revised *Summary of risk factors for breast cancer*, which will be released in 2005, is based on the most recent evidence and documents new and emerging issues of community concern. It will form the basis of evidence-based messages for health professionals, cancer organisations, media and others who prepare public information resources about risk factors for breast cancer.

The review was conducted by Professor Beth Newman of the Queensland University of Technology.

Family history is a known risk factor for breast cancer. Women who have a strong family history of breast cancer require more regular screening than women in the general population. The NBCC is working with BreastScreen Australia to assist them in advising women about appropriate management and screening options depending on their assessed level of risk.

The NBCC developed a short questionnaire to identify women at higher risk of developing breast cancer based on their family history. A trial was conducted in collaboration with the BreastScreen Queensland State Coordination Unit to assess the accuracy of the 'quick screen' tool and the acceptability of using it in the BreastScreen environment. The trial, involving detailed interviews and completion of family trees with women attending a BreastScreen service in Queensland, will be used to refine the screening tool for broader national implementation.

## KEEPING CLINICIANS UP TO DATE

Clinical practice guidelines provide evidence-based information for health professionals to assist them in their practice. However, new studies are continuously being published and busy clinicians often find it difficult to keep up to date and to assess the quality and potential implications of this research. *Clinical Update* is the NBCC's newsletter that helps clinicians to keep up-to-date with research evidence that could affect clinical practice in Australia. Each issue includes summaries of two new research articles and commentary by clinical opinion leaders about the relevance to the Australian context. It is distributed to around 700 specialist clinicians with an interest in breast cancer.

Four issues were published in the 2003–04 year and included commentaries on treatment developments such as adjuvant radiation and/or tamoxifen after surgery for DCIS, dose-dense chemotherapy as adjuvant treatment in early breast cancer, chemoprevention, fractionation in radiation therapy and tailoring adjuvant treatment for post-menopausal node-negative breast cancer.



*Dr Karen Luxford at the launch of NBCC guidelines for the management of young women with breast cancer.*

## MANAGEMENT OF YOUNG WOMEN WITH BREAST CANCER

One quarter of all cases of breast cancer occur in women younger than 50 years and around 6% are in women under 40 years. Although the incidence is lower in younger women, the disease is likely to be more aggressive and survival outcomes are poorer than for older women.

The impact of a diagnosis of breast cancer and the treatment considerations for a woman aged 40 years or younger may be quite different from those of an older woman with this disease.

Younger women are more likely to experience psychological distress and issues of body image, sexuality and fertility are especially significant. In addition, the decisions about treatment need to balance survival benefit with impact on quality of life.

The NBCC has developed the first *Clinical practice guidelines for the management and support of younger women with breast cancer* to assist younger women with breast cancer and their doctors in making decisions about all aspects of their care. The guidelines were developed by a working group chaired by Dr Jane Turner. They were approved by the National Health and Medical Research Council and were launched at the sixth annual Breast Cancer Nurses Conference in March 2004.

The NBCC also developed a set of questions, based on the guideline recommendations, for use by young women when discussing treatment options with her health professional. These questions are intended to complement the NBCC publications *A guide for women with early breast cancer* and *A Guide for women with metastatic breast cancer*.

## MONITORING

The NBCC collects data to monitor trends in breast and ovarian cancer outcomes and care, drawing from national and international research and from work in other diseases to identify new ways to monitor, treat and support women with breast or ovarian cancer.

In partnership with other national organisations such as the Australian Institute of Health and Welfare and the Australasian Association of Cancer Registries, the NBCC has produced numerous publications examining important aspects of the epidemiology of breast and ovarian cancer. Analysis of State or Territory specific data also allows the NBCC to contribute information to population health initiatives in a focused area.

## NATIONAL BREAST HEALTH SURVEY

The NBCC conducted a national survey in 1996 to assess women's knowledge, attitudes and behaviour in relation to a number of aspects of early detection and risk for breast cancer. The results of that survey informed the development of information and public education strategies over recent years.

The NBCC's second National Breast Health Survey of 3000 well women aged 30-69 years across Australia was undertaken in October 2003. The survey, conducted in collaboration with the University of Wollongong, will provide current information about the knowledge, attitudes and early detection behaviour of Australian women in relation to breast cancer. It also included a small number of questions about risk factors and symptoms for ovarian cancer.

Evaluation of the 2003 survey results will be by age group and urban/non urban place of residence. The results will help determine whether there has been a change in women's knowledge, attitudes or behaviours since 1996 and will provide important information about possible target areas for public awareness and education campaigns around breast and ovarian cancer. The results may also provide a valuable insight into differences that will result in the need to tailor different messages for different age groups. A final report will be available in early 2005.

## PATHOLOGY REPORTING

The accurate and complete reporting of breast cancer specimens by pathologists is vitally important in determining appropriate treatment for women with this disease. In 2001, the Australian Cancer Network (ACN) produced updated pathology recommendations in the second edition of *The pathology reporting of breast cancer*.

The NBCC conducted a project investigating pathology reporting of breast cancer in 2003 to assess the level of compliance with the recommendations of the ACN. An audit of pathology reporting of invasive breast cancer and DCIS was performed at four BreastScreen Services across Australia assessing the inclusion of all features recommended.

Evaluation of the data indicated a very high concordance with the recommendations for reporting of invasive breast cancer. In over 90% of reports information was included about the seven key features recommended to be included by the ACN such as information about size, lymph node involvement and vessel invasion. Over 92% of reports also utilised a 'synoptic report', listing all the information about a tumour in an easily readable form and complementing a narrative report, as recommended by the ACN.

## SUPPORTING QUALITY IMPROVEMENT IN BREASTSCREEN

BreastScreen Australia is the national government-funded program that provides free mammographic screening, targeting women aged 50-69 years, where the evidence of benefit is greatest. Maintaining quality in all aspects of the screening pathway is vital to ensure accurate diagnosis while minimising unnecessary investigations or anxiety to women. The National Quality Management Committee (NQMC) of BreastScreen Australia manages the accreditation process of all BreastScreen services across Australia. In particular, it has developed and is responsible for implementation of the new National Accreditation Standards (NAS) for BreastScreen Australia Services. The NBCC has provided secretariat support to the NQMC of BreastScreen Australia since 1999 and was responsible for the coordination of the revision of the NAS in 2001.

In addition, the NBCC has overseen two projects that will assist in the accreditation process: the development of a site visitor training package (SVT) and electronic forms to document the accreditation process. The purpose of the SVT training package is to provide a comprehensive one-stop resource to support the training of site visitors in assessing the performance of BreastScreen Services against the NAS. The training package will provide clear, objective and transparent processes that will assist in documenting accreditation visits.

## DUCTAL CARCINOMA IN SITU IN NSW WOMEN

In 2004, the NBCC released the second edition of a publication examining patterns of ductal carcinoma *in situ* (DCIS) incidence, pathology reporting and surgical management in 1995-2000 in New South Wales. The report showed that the number of new cases of DCIS increased by 16% from 1995-97 to 1998-2000. Incidence increased by 21% in urban areas but did not change in rural areas.

Slightly more than half of all cases (54%) were high grade and about two-thirds (62%) were smaller than 2cm. Surgical patterns were similar across NSW, with about three-quarters of women having breast-conserving surgery (up from 64% in 1995-1997).

While the proportion of women diagnosed with DCIS under age 40 was small (4%) younger women were more likely to have more extensive (>3cm) DCIS than women aged 40 years and older (36% compared with 16%).

# HEALTH SERVICES RESEARCH

The NBCC is committed to research designed to inform governments and peak health bodies about all aspects of breast and ovarian cancer control, detection and treatment to assist them in developing and implementing the appropriate and effective delivery of health services for women with breast or ovarian cancer.

## IMPROVING MULTIDISCIPLINARY CARE

The NBCC has continued its work in improving and supporting the implementation of multidisciplinary cancer care following completion of the seminal report of the National Multidisciplinary Care Demonstration Project (see opposite).

Recommendations for improving MDC were made to the Australian Government and outcomes from the project are being used to inform the development of practical information to assist health services in implementing a multidisciplinary approach.

### ***Sustainability study***

A series of follow-up interviews were conducted in early 2004 with health care professionals involved in the National Multidisciplinary Care Demonstration Project. The follow-up interviews assessed the sustainability of strategies implemented during the Demonstration Project, and explored any further developments or additional benefits of participation in the project. A final report will be released in late 2004.

### ***Meeting guide***

In June 2004, funding was received from the Australian Government Department of Health and Ageing to develop and pilot a practical guide for health service providers about establishing, preparing and supporting multidisciplinary meetings for cancer care. The guide will be based on outcomes from the Demonstration Project and supporting studies but will have broad application for all cancers. Development of the guide was one of the key recommendations made as a result of the Demonstration Project.

## NATIONAL MULTIDISCIPLINARY CARE DEMONSTRATION PROJECT

Treatment and supportive care for people with cancer involves a number of different medical and allied health care professionals. Evidence indicates that a team approach to cancer care, in which health care professionals together consider all relevant treatment options and develop an individual treatment plan for each patient, can reduce mortality and improve quality of life for the patient.

While this approach, known as multidisciplinary care (MDC), is used by some centres in Australia, there has been little information about the extent of its use, nor any established or recommended models for the Australian context.

Funded by the Australian Government Department of Health and Ageing, the NBCC conducted a National Demonstration Project of Multidisciplinary Care in 2000–2002 to provide an insight into strategies for implementing MDC in Australia, using breast cancer as a model.

The NBCC's report on this project was released in 2003 to a health community eager for evidence about MDC in the Australian setting. It details findings about the outcomes, barriers, enablers and costs of implementing strategies to improve MDC for breast cancer in Australia. The report provides policy recommendations regarding the implementation of MDC in breast cancer and its wider application to other cancers and chronic diseases. It also contains outcomes from a national profile study conducted at the project outset and an observational study exploring 'best practice' in established multidisciplinary care meetings.

Full and summary versions of the report, *Multidisciplinary Care in Australia: a National Demonstration Project in Breast Cancer*, were launched by Professor Mike Richards, UK National Cancer Director, at the Annual Scientific Meeting of the Clinical Oncological Society of Australia in Perth in November 2003.

Widespread implementation and adoption of the recommendations of the national MDC project could improve the standard of care and the way it is delivered to patients with cancer across Australia.

This work would not have been possible without the considerable commitment and dedication of the collaborators at the three demonstration sites: North Queensland Breast Cancer Collaboration (Qld), Barwon and Western Breast Consortium (Vic) and Prince of Wales Hospital, Royal Hospital for Women, Prince of Wales Private Hospital and associated rural sites (NSW).

## SUPPORTIVE CARE IN RURAL AREAS

The special needs of women with breast cancer living in rural and remote areas of Australia were highlighted in 1994 in the House of Representatives Standing Committee on Community Affairs Report on the Management and Treatment of Breast Cancer.

In response to this report, in 1999 the Australian Government announced funding for the four-year Strengthening Support for Women with Breast Cancer (SSWBC) program, in which each State and Territory was funded to develop and implement locally relevant strategies to improve supportive care for women with breast cancer in rural and remote regions.

The NBCC was commissioned by the Australian Government to oversee a national process evaluation of the program initiatives and to provide a clearinghouse function. The final national workshop for the program was held in March 2004 and the national process evaluation was finalised in 2004. The process evaluation will provide a valuable insight into the process, successes, barriers and enablers of the strategies implemented by the States and Territories, many which have broader application beyond breast cancer and will be transferable to other cancers and chronic diseases.

A final evaluation report will be released in early 2005.

## ACCREDITATION AND STANDARDS DEVELOPMENT

In June 2004, the ACN commissioned the NBCC to undertake a scoping study of current international and Australian accreditation systems and standards for cancer services, with a view to identifying common themes, principles, criteria and processes that may inform an Australian model of accreditation for cancer services. Overseen by a multidisciplinary steering committee, the study is funded by the Australian Government Department of Health and Ageing.

The study will involve a review of national and international literature regarding standards development and accreditation processes, and consultations with key national and international stakeholders. The scoping study will critically examine international and Australian models to identify key elements that may be applicable to the Australian health care system. The final project report will be submitted to the Australian Government in early 2005.

## FAMILIAL CANCER CLINICS

Familial cancer clinics provide genetic counselling and testing for people with a family history of cancer.

### **Economic evaluation**

An economic evaluation of breast and ovarian cancer family genetic services in Australia was commissioned by the NBCC to identify the current costs, the sources of the costs and likely benefits through the provision of genetic services in Australia for breast and ovarian cancer.

*Review of various models for the costs, benefits and treatment practices in breast and ovarian cancer family genetic services* was developed by the health economics consultancy group M-TAG.

The report, to be released in 2005, incorporates results of a survey of Australian family cancer clinics which have been used to evaluate resource use at each stage of the genetic counselling and testing pathway.

### **Surveillance of women at higher risk**

A follow-up survey of 400 women at moderate or potentially high risk of developing breast and/or ovarian cancer who attended a family cancer clinic in the last two years was completed in 2004. The survey enabled the NBCC to estimate whether women followed the recommendations for cancer surveillance, such as adherence to the recommended frequency of mammography.

The project was conducted in collaboration with researchers at the Peter MacCallum Cancer Institute. A report will be released in 2005.

## IMPROVING CARE COORDINATION

In Australia, screening, diagnosis, treatment and supportive care are provided by different services, often with little coordination, leading to fragmented care, sub-optimal management, and high health care costs. The need to improve the coordination of cancer services has been highlighted in a number of documents outlining priorities in cancer, including the National Service Improvement Framework (NSIF) for cancer (2004).

In March 2004, the NBCC completed a *National Survey of Coordinated Care in Breast Cancer* to provide an insight into current approaches to the coordination of care for women with breast cancer by exploring the views of healthcare professionals about the care pathway. Areas explored ranged from awareness of programs to inform women about early detection programs, to referral pathways, availability of local protocols for implementation of evidence-based guidelines, and availability of audit programs. The survey explored the perceptions of 95 surgeons, medical and radiation oncologists and supportive care professionals from both public and private hospitals in rural and urban locations, and with different breast cancer caseloads.

The results of this survey highlighted differences between urban and rural centres and between high-caseload centres and those treating few patients with breast cancer, providing further support for the need to improve communication and referral pathways between diagnostic, treatment and supportive care services within rural areas and regions outside the catchment area serviced by the larger breast clinics.

## TRAINING

The NBCC continues to provide specialised training programs and resources to improve the skills and knowledge of the many health professionals who manage the care of women with breast and ovarian cancer. The foci of training initiatives range from developing core competencies to providing training opportunities in clinical and supportive care, and improving communication skills.

### RURAL NURSE SCHOLARSHIPS TO IMPROVE CARE

The Polo Ralph Lauren Pink Pony Initiative aims to address disparities in cancer care in regional, rural and remote Australia. The Scholarship Scheme provides opportunities for nurses and community health workers working in regional and rural areas to undertake further education and training to improve their skills and knowledge in the clinical and supportive care of women with breast cancer.

In the fourth round of grants in 2004, 23 scholarships were awarded. In addition, seeding grants were awarded to two community-based groups with pioneering projects to provide supportive care for women with breast cancer in their communities. To date over 80 scholarships have been awarded to nurses from far-reaching parts of Australia with funds generously donated by Polo Ralph Lauren.

The program is overseen by a Steering Committee chaired by Associate Professor Patsy Yates.



*Josephine Burfield (from Broken Hill), Lola Olley (Lismore) and Elizabeth Todd (Launceston), recipients of Polo Ralph Lauren Pink Pony scholarships in 2004.*

## COMMUNICATION SKILLS TRAINING

Effective communication between patients and their treating clinicians is an important aspect of psychosocial care.

Three new training modules are being developed as part of the NBCC's ongoing Communication Skills Training Strategy to improve the awareness and capacity of health professionals to communicate effectively with women with cancer.

The modules focus on:

- Discussing transition from curative care through to palliative care
- Improving communication within the multidisciplinary team
- Effectively discussing prognosis.

These modules have been developed by external consultants and will be consensus tested by relevant experts. They will add to the NBCC's existing portfolio of communication skills training resources.

## BREAST NURSE CORE COMPETENCIES

Specialist Breast Nurses (SBNs) have been identified as playing a key role in the supportive care of women with breast cancer across the continuum of care. However, the scope of the role, skill level and educational preparation varies significantly.

In collaboration with a multidisciplinary Steering Committee and a team from the Centre for Research into Nursing and Health Care, University of South Australia, the NBCC is developing core competency standards and appropriate minimum education and training standards for SBNs in Australia. These standards are based on international evidence and on consultation with key stakeholders. The standards will be published in 2005.



*Radiologist Dr Stephen Cahill, presenting at an interactive workshop developed by the NBCC as part of the BreastScreen Radiology Training Program.*

## TRAINING FOR RADIOLOGISTS

BreastScreen radiologists' skills in the screening, diagnosis and assessment of breast cancer were enhanced by an NBCC-developed professional development program, according to an evaluation of the program this year.

The BreastScreen Radiology Training (BRT) Program, commissioned by the BreastScreen NSW State Coordination Unit and developed by the NBCC in collaboration with The Royal Australian and New Zealand College of Radiologists, was the first training program of its kind in Australia.

Evaluation of the BRT program, completed in 2004, found a high level of participation by radiologists, who rated the content and format highly, as well as a significant improvement in cancer detection rates. Evaluation of participants' skills in film reading prior to implementation and on completion of the program indicated a significant mean increase in sensitivity post-program but also a significant decrease in specificity. Overall participating radiologists detected proportionally more breast cancers post-training but also increased their recall rates. Evaluation of state-level performance indicated similar findings.

The BRT Program was demonstrated to be an effective and acceptable model for providing training for the professional development of radiologists working in the BreastScreen Program. The modules and self-directed learning resources developed for this Program could potentially be implemented more widely.

The program was developed and implemented in 2001–2003. Its success was largely due to the efforts and expertise of the radiologist project team: Dr Mary Rickard, Dr Marjorie Kossoff, Dr Amanda Palmer and Dr Warwick Lee.

## OVARIAN CANCER PROGRAM

In 2001, the Australian Government provided funding to enable the NBCC to extend its work into ovarian cancer. The NBCC's Ovarian Cancer Program completed a number of projects in 2003–04, under the guidance of a multidisciplinary Ovarian Cancer Expert Advisory Group chaired by Dr Gerry Wain. These activities and achievements have contributed to ensuring a higher profile for ovarian cancer and brought together key stakeholders to foster a national approach to improving the care and support of women with ovarian cancer.



*Professor Bruce Barraclough AO (speaking) and discussion panel members (from left) Dr Rosemary Knight, Wendy Hunt, Dr Peter Grant and Professor Michael Friedlander at the National Ovarian Cancer Forum.*

### OVARIAN CANCER FORUM

More than 80 health professionals, policy-makers and consumers attended a national forum to consider ways of improving the treatment and care of women with ovarian cancer.

The NBCC's Ovarian Cancer Program hosted the forum – Ovarian cancer: health service delivery supporting best practice – in Sydney in February 2004. The forum was co-sponsored by the Australian Government Department of Health and Ageing; OvCa Australia; the ACN; and the Gynaecological Research Fund (Westmead Hospital).

Participants included clinicians and allied health professionals involved in the care of women with ovarian cancer, senior representatives from Federal and State health departments and relevant medical colleges and consumer representatives.

The Forum identified a number of priorities that will be addressed in projects undertaken by the Ovarian Cancer Program.

## SYMPTOMS GUIDE FOR GPs

The symptoms of ovarian cancer are also common to other conditions and often vague. The Ovarian Cancer Program is developing a one-page guide to assist general practitioners in the sometimes difficult assessment of symptoms that may be ovarian cancer. Dr Amanda McBride, a general practitioner, is leading the working group developing this guide.

The guide, based on the recommendations in the new *Clinical practice guidelines for the management of women with epithelial ovarian cancer*, will provide a step by step process for the investigation of symptoms and appropriate referral for management. It is being developed with input from members of the Ovarian Cancer Expert Advisory Group and is undergoing a review process by general practitioners across Australia.

## CONSUMER GUIDE FOR WOMEN WITH OVARIAN CANCER

The Ovarian Cancer Program is developing an information guide for women with ovarian cancer and their partners, family and friends. The information has been prepared by a multidisciplinary working group and underwent an extensive review process this year, including review by a number of women with ovarian cancer and their partners and carers.

It will provide information to assist women diagnosed with epithelial ovarian cancer in making decisions about treatment and care and includes quotes from interviews with women with ovarian cancer and their partners. *Epithelial ovarian cancer: Understanding your diagnosis and treatment* will be launched in early 2005.



*Pictured at the launch of the clinical practice guidelines (from left): Ms Jane Francis (Ovarian Cancer Program Manager); Dr Margaret Davy AM (Chair, Ovarian Cancer Guidelines Working Party); The Hon. Trish Worth MP (Federal Member for Adelaide); Emeritus Professor Tom Reeve AC CBE (Australian Cancer Network).*

## CLINICAL PRACTICE GUIDELINES

The NBCC's Ovarian Cancer Program has produced the first guidelines for health professionals providing care for women in Australia diagnosed with epithelial ovarian cancer.

The *Clinical practice guidelines for the management of women with epithelial ovarian cancer* were approved by the National Health and Medical Research Council in March 2004.

The Ovarian Cancer Program worked collaboratively with the Australian Cancer Network (ACN) to develop, revise and complete the guidelines. Representatives from gynaecological oncology, medical oncology, general practice, genetics, epidemiology, pathology, oncology nursing, radiation oncology and consumers joined the working group, originally convened in 2000 by ACN Senior Clinical Adviser Emeritus Professor Tom Reeve AC CBE.

The working party, chaired by gynaecological oncologist Dr Margaret Davy AM, also sought input from members of the Ovarian Cancer Program's Expert Advisory Group, the Guidelines Review Panel, relevant medical colleges, professional groups and consumer organisations.

The Ovarian Cancer Program will undertake the dissemination and implementation of the guidelines using a number of strategies, such as interactive seminars for clinicians and health professionals in metropolitan and regional areas across Australia, to commence from July 2004.

# COMMUNICATIONS AND PUBLIC AWARENESS

The NBCC's far-reaching public education campaigns and community events help raise community awareness about a range of breast and ovarian cancer issues. As the independent authority on breast and ovarian cancer, the NBCC also helps the media provide Australians with up-to-date, unbiased and accurate information about all aspects of breast and ovarian cancer and translate research findings into meaningful messages for the community.

## PUBLIC AWARENESS CAMPAIGNS

### ***Boys do cry***

The NBCC's 'Boys do cry' public awareness campaign was launched at the start of Breast Cancer Awareness Month (1 October 2003) by the then Federal Minister for Health and Ageing, the Hon. Kay Patterson.

This public education campaign promoted discussion and awareness about the practical things that a husband, partner, son, brother, father, uncle, colleague or friend can do when someone they love is dealing with breast cancer. The campaign is in keeping with the move towards a more holistic approach to cancer treatment and awareness, with concentration on the emotional effects of the cancer experience. While it is being recognised that the diagnosis and treatment of cancer can have a profound psychosocial impact on the patient, rarely is the traumatic effect on their loved ones acknowledged. This campaign was the first of its kind.

Campaign components included a dedicated section on the NBCC consumer website ([www.breasthealth.com.au](http://www.breasthealth.com.au)), a community discussion kit, media promotion, resources such as flyers, posters, avant cards and audio CDs and a public discussion at the 2003 Pink Ribbon Breakfast.



*Theo Edge, whose mother is living with breast cancer, and ABC Radio National presenter Dr Norman Swan at the launch of the Boys do cry campaign at the 2003 Pink Ribbon Breakfast.*

### ***Any change is worth talking about***

There is presently no means of preventing breast cancer, so finding breast cancer when it is small and before it has spread outside the breast provides the best chance of effective treatment.

More than half of all breast cancers are found as a result of noticing a change in the breast. However, preliminary data from the NBCC's 2003 National Breast Health Survey of 3000 women indicates that around 20 per cent of women who noticed a change in their breast did not see a doctor about the change.

The importance of being breast aware and of reporting breast changes promptly was the focus of the NBCC's early detection campaign developed during 2004. Mrs Janette Howard accepted an invitation to be the Patron for this important national awareness initiative. Mrs Howard launched the *Any change is worth talking about* campaign on 18 June 2004, highlighting the importance of women taking ownership of their health.

The campaign, funded by the Australian Government Department of Health and Ageing, will include a series of community health forums held in satellite cities throughout Australia from June to December 2004, supported by a community discussion kit, flyers, posters, and web banners.

The NBCC will work with BreastScreen Australia, Breast Cancer Network Australia, State and Territory Cancer Councils, Divisions of General Practice and other organisations and health professionals to promote the forums and awareness messages to encourage early detection. The campaign is supported by Woolworths, Westpac, Convenience Advertising and the Royal Flying Doctor Service.



*Ita Buttrose AO OBE, Chair of the NBCC's Women's Advisory Network and Mrs Janette Howard, Patron of the Any change is worth talking about campaign.*

## PINK RIBBON BREAKFAST

The annual NBCC Pink Ribbon Breakfast was held on Monday 27 October 2003 at the Westin Hotel Sydney, attended by over 750 guests. The Breakfast is a significant event in the October Breast Cancer Awareness Month calendar and provides a key opportunity to raise community awareness about current issues in breast cancer control and care.

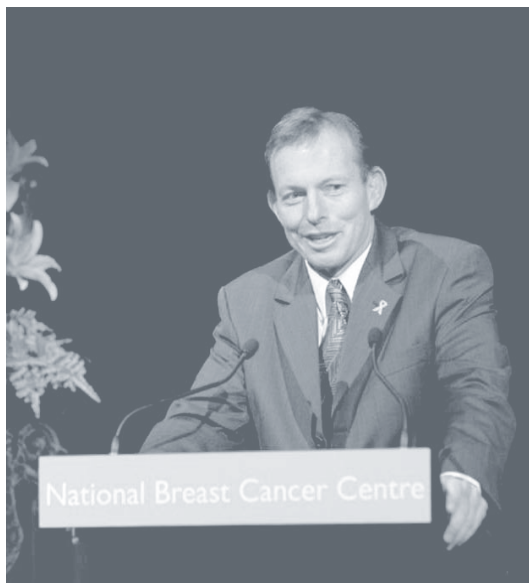
The focus of this year's Breakfast was acknowledging the needs of partners and family members of women with breast cancer, with the launch of the 'Boys do cry' campaign and two new websites providing information for people affected by cancer (see opposite).

VIP guests included Mrs Janette Howard, the Minister for Health and Ageing, the Hon. Tony Abbott, Mrs Ann Hollingworth, and high profile media, business and clinical personalities.

The MC for the event was ABC Radio National presenter Dr Norman Swan. Mr Kevin Walters,

former player and now Assistant Coach with the NRL Broncos and Patron of 'Choices', a support service for women with breast cancer at the Wesley Hospital, Brisbane, spoke about the importance of the 'Boys do cry' campaign. Kevin's wife, Kim, died from breast cancer in 1998. The other speakers were Theo Edge, Offspring Member and President, Queensland Division of CanTeen, whose mother is living with breast cancer, and Dr Jane Turner, Senior Lecturer in Psychiatry, University of Queensland and Consultant Psychiatrist, Royal Brisbane and Women's Hospital, who chaired the working group that developed the NBCC's psychosocial care guidelines.

The Pink Ribbon Breakfast was supported by Jan Logan, Polo Ralph Lauren, Macquarie Bank Foundation, Estee Lauder Companies, Smell the Roses, The Cancer Council Australia, M&C Saatchi, 2UE, 2GB, AMP Foundation, Staging Connection and the Westin Hotel.



*The Hon. Tony Abbott, Minister for Health and Ageing speaking at the Pink Ribbon Breakfast.*



*Dr Helen Zorbas with NBCC supporters Nelune Rajapakse and Jan Logan at the 2003 Pink Ribbon Breakfast.*

## WEB PORTAL

Increasingly the web is being used to support the information needs of patients with cancer, their families and their health care professionals. The provision of NBCC information and resources in an easy to navigate and user-friendly web-based format is an important dissemination strategy.

The NBCC's web portal is a one-stop-shop for comprehensive information about breast and ovarian cancer. The NBCC has sites for health professionals, for the broader community and sites dedicated to supporting families and carers. The NBCC is exploring how to better use new technology to assist health practitioners and women with breast or ovarian cancer access the latest available information on care.

The NBCC web portal now features a clinical site for health professionals, [www.nbcc.org.au/bestpractice](http://www.nbcc.org.au/bestpractice); two consumer sites, [www.breasthealth.com.au](http://www.breasthealth.com.au) and [www.myparentscancer.com.au](http://www.myparentscancer.com.au); and the site for the ovarian cancer program, [www.ovariancancerprogram.org.au](http://www.ovariancancerprogram.org.au).

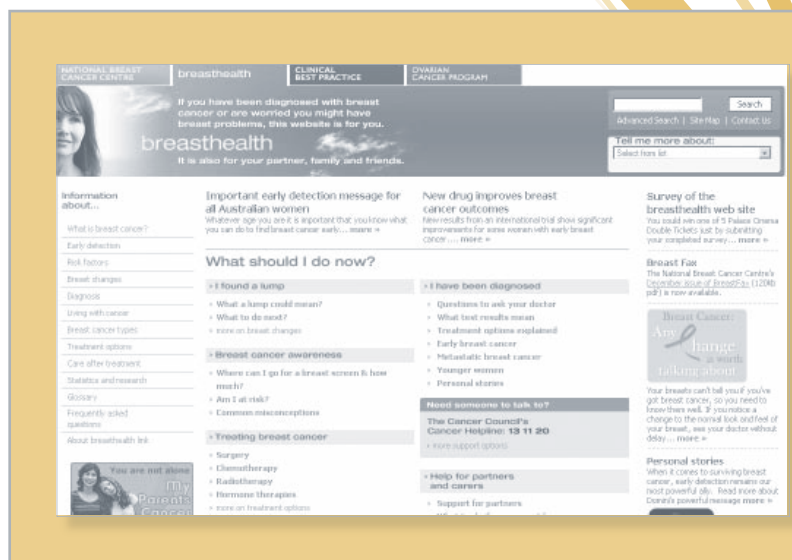
## NEWSLETTERS

The NBCC continues to communicate regularly with stakeholders through a series of newsletters targeted to specific audiences.

*Breastfax* keeps key stakeholders up to date with the latest news and details of NBCC programs and is distributed monthly.

The consumer newsletter *From the Source* is included as an insert in the Breast Cancer Network Australia quarterly newsletter, *The Beacon*. *From the Source* features news and updates from NBCC relevant to women with breast cancer and their families.

*Ovarian E-Update* is sent to health professionals, researchers and consumer organisations to keep them informed about the Ovarian Cancer Program's work and other developments in ovarian cancer control.



## NEW WEBSITES FOR WOMEN AND TEENS

The NBCC launched two new websites providing information for people affected by breast cancer on Australia's Breast Cancer Day, Monday 27 November, 2003.

The NBCC's consumer-oriented site, [www.breasthealth.com.au](http://www.breasthealth.com.au), provides the most readily available and comprehensive information about breast cancer available to Australian women. It is written for women who have been diagnosed with breast cancer or who are worried about breast problems. There is also information for partners, families and friends.

The development and ongoing management of the site is a joint initiative between the NBCC and the Macquarie Bank Foundation.

The NBCC also developed Australia's first dedicated website for young people who have a parent with cancer: [www.myparentscancer.com.au](http://www.myparentscancer.com.au).

The interactive website, aimed at 13–19 year olds, tells users 'You are not alone'. The aim is to help families communicate about cancer, by giving teenagers information and advice when they need it. The site includes information about cancer, medical jargon, coping with grief and personal stories, and features an emotion barometer, to help young people understand the emotions they may be experiencing. Focus testing with a group of teenagers found that an internet-based resource would be the most appealing way for this age group to access information. The site is supported by CanTeen (the Australian Organisation for Young People Living with Cancer).



# ACKNOWLEDGEMENTS AND LISTINGS

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The achievements of the NBCC would not be possible without the contribution of time and expertise, both freely given, of the members of our expert advisory groups (listed below) and working groups.

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Senior Clinical Adviser, Australian Cancer Network

## PRESENTATIONS AND CONFERENCES

### CONFERENCE PAPERS BY NBCC STAFF (2003–04)

Campbell D, Rankin N, Luxford K, Redman S, Minstrel M, Ramsden M. *The challenge of developing and evaluating local programs in breast cancer care: the Strengthening Support for women with Breast Cancer Program*. Rural and Remote Health Papers 1991-2003 (CD-ROM). National Rural Health Alliance, Canberra, 2003.

Ewan C, Zorbas H. Parliamentary Breast Cancer Support Group, Sydney, 13 October 2003.

Ewan C. *Strategies for Treatment and Care*. Future Directions Workshop 2004–2006. Cancer Strategies Group, Canberra, 29–30 September 2003.

Ewan C. *National Multidisciplinary Care Demonstration Project*. Future Directions Workshop 2004–2006. Cancer Strategies Group, Canberra, 29–30 September 2003.

Francis J, Davy M, Reeve T, Luxford K. *Encouraging evidence-based best practice through clinical practice guidelines: the dilemma for ovarian cancer*. (Poster presentation.) 30th Annual Scientific Meeting of the Clinical Oncological Society of Australia, Perth, 25–28 November 2003.

Luxford K, Rainbird K, Evans A, Zorbas H, Redman S. *Improving systems to support multidisciplinary care for women with breast cancer in Australia*. Poster presentation. 3rd Asia Pacific Forum on Quality Improvement in Health Care, Auckland, New Zealand, 3–5 September 2003.

Luxford K, Muller J. *Strengthening support for women with breast cancer initiative*. Future Directions Workshop 2004–2006. Cancer Strategies group, Canberra, 29–30 September 2003.

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Luxford K, Evans A, Zorbas H, Ewan C, Redman S, Rainbird K, and Price N. *Changing service delivery: Outcomes of the National Multidisciplinary Care Demonstration Project*. 30th Annual Scientific Meeting of the Clinical Oncological Society of Australia, Perth, 25–28 November 2003.

Luxford K. *Herding cats? Evaluating an organisational intervention to implement multidisciplinary care (MDC)*. Health Services Research 3rd Conference, Melbourne, November 2003.

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## PAPERS IN PEER-REVIEWED JOURNALS

### PAPERS BY NBCC STAFF (PUBLISHED IN 2003–04)

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## SENIOR STAFF CONTRIBUTIONS TO OTHER ORGANISATIONS AND PROGRAMS

### **Professor Christine Ewan**

- Member, NSW Public Health Forum
- Member, Cancer Strategies Group (CSG)
- Member, CSG Data and Monitoring Sub-Committee
- Member, National Cancer Control Initiative Management Committee
- Member, BreastScreen Advisory Committee
- Member, RACS Audit Advisory Committee
- Member, University of Wollongong Medical School Planning Committee

### **Dr Helen Zorbas**

- Member, Health Advisory Committee of the NHMRC.
- Member, Hormone Replacement Therapy Working Party of the NHMRC
- Member, Policy Working Group, BreastScreen Australia,
- Member, Steering Committee, Prevention and Management of Breast and Cervical Cancer in ATSI women, Royal Australian College of General Practitioners.
- Member, National Breast Cancer Audit, ASERNIP-5 Audit Clinical Advisory Committee (ACAC)

### **Dr Karen Luxford**

- Founding member and Treasurer, Executive Committee, Health Services Research Association of Australia & New Zealand
- Member, Organising and Scientific Committees, Fourth Health Services & Policy Research Conference
- Member, External Advisory Group, Border Cancer Care Coordination Project
- Member, NSW Priority Health Care Programs Committee, NSW Health
- Member, Chronic & Complex Care Implementation Coordination Group, NSW Health
- Member, Medical and Scientific Committee, The Cancer Council of Australia
- Member, Guideline Implementation Steering Committee, Australian Cancer Network
- Member, Accreditation Development Steering Committee, Australian Cancer Network
- Member, Australian Guidelines for Type 1 Diabetes in Children Committee

### **Fiona Bailey**

- Director, Australian Graduate School of Management (AGSM) Alumni Board
- Director and Member of the Executive, SIDS and Kids Board
- Member, Communication and Education Working Group (CEWG), BreastScreen Australia

# PUBLICATIONS AND RESOURCES

## NEW PUBLICATIONS 2003–2004

### **Clinical practice guidelines and recommendations**

*Breast imaging: a guide for practice* (reference card). Camperdown (NSW): National Breast Cancer Centre, 2003.

*Clinical management of ductal carcinoma in situ, lobular carcinoma in situ and atypical hyperplasia of the breast*. Camperdown (NSW): National Breast Cancer Centre, 2003.

*Clinical practice guidelines for the management of women with epithelial ovarian cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Clinical practice guidelines for the management and support of younger women with breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Clinical practice guidelines for the psychosocial care of adults with cancer*. Camperdown (NSW): National Breast Cancer Centre and the National Cancer Control Initiative, 2003.

*The management of the women with metastatic breast cancer: A guide for GPs*. Camperdown (NSW): National Breast Cancer Centre, 2003.

### **Consumer information**

*A guide for women with early breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2003.

*Ductal carcinoma in situ – understanding your diagnosis and treatment*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Lobular carcinoma in situ and atypical hyperplasia of the breast – understanding your diagnosis and treatment*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Boys do cry* community relations kit, brochure and poster.

### **Reports, research and data reviews**

*The identification of psychological distress in women with breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Multidisciplinary Care in Australia: a national demonstration project in breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2003.

*National Survey of Coordinated Care for Breast Cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Psychosocial impact in the areas of body image and sexuality for women with breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Use of luteinising hormone-releasing hormone agonists for adjuvant treatment of early breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

*Use of taxanes for adjuvant and neo-adjuvant treatment of early and locally advanced breast cancer*. Camperdown (NSW): National Breast Cancer Centre, 2004.

### **Newsletters**

*Breastfax* – the monthly newsletter of the NBCC

*Clinical Update* – the NBCC's newsletter for breast clinicians.

*From the source* – the NBCC's quarterly insert into *The Beacon*.

*Ovarian e-upd@te* – the monthly newsletter of the NBCC's Ovarian Cancer Program.

For a full listing of NBCC publications and resources, see [www.nbcc.org.au](http://www.nbcc.org.au)

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