



Epworth Breast Service

New Surgical Breast Cancer Follow Up Programme

The Epworth Breast Service is delighted to announce the commencement of a new team member, Dr Bridie O'Donnell, MBBS. Improved breast cancer survival rates have led to an expanding pool of breast cancer survivors and the escalating number of patients undergoing routine surgical surveillance following their breast cancer treatment has resulted in increasing difficulty in the scheduling of these follow up appointments. This has led us to reassess and restructure the surgical component of the routine breast cancer follow up programme, and we are very pleased to welcome Dr Bridie O'Donnell, to the team here at the Epworth Breast Service. Bridie will coordinate the routine breast cancer follow up programme from year 3 post diagnosis onwards, conducting the clinical and imaging surveillance, and will actively encourage and motivate our breast cancer patients not just to "Survive" but to "Thrive"



Miss Jane O'Brien
MBBS FRACS
Specialist Breast and
Oncoplastic Surgeon
Epworth Breast Service

New Team Member: Dr Bridie O'Donnell

Bridie O'Donnell (pictured below, centre left) works as a medical practitioner at Epworth HealthCheck and teaches doctor-patient communication, motivational interviewing and Health Enhancement at Deakin University Medical School. Graduating Valedictorian of the University of QLD Medical School in 1999, Bridie was awarded the J.R.S Lahz prize for Most Outstanding Intern at the Mater Hospitals. She has had extensive experience working in public hospitals and as an assistant orthopaedic surgeon and intensive care registrar. Both of these roles highlighted the importance of a team approach to the care of patients with serious illnesses.

Bridie is particularly passionate about the management and wellbeing of breast cancer patients: her mother has had breast cancer twice and experienced the difficult but common challenges of decision making regarding surgical intervention, medical therapy, chemotherapy and whether to opt for reconstruction. Bridie's mother, Marg O'Donnell, AO, (pictured below, centre right) is chair of the board of the Breast Care Network of Australia (BCNA). BCNA is the peak national organisation for Australians affected by breast cancer, and supports, informs, represents and connects Australians affected by breast cancer.



Bridie and Marg O'Donnell

Bridie is a former professional road cyclist, a National Champion, Oceania Champion and 3-time National team representative in the Australian women's road cycling team at World Championships (2008-2010). In 2008, after competing at the elite level of endurance sports, Bridie won the Australian road cycling championships and then spent the next 4 years racing in Europe and the United States for professional cycling teams. She rides her bike every day and races for a National Road Series team in Melbourne. She is a director on the Board of Bicycle Network and is passionate about getting Australians more active, specifically getting more girls and women competing in sport.

It is well supported by evidence that women can reduce their risk of breast cancer recurrence by being regularly active, controlling their weight and maintaining a healthy, well balanced diet, and Bridie is very motivated and committed to educating patients about the benefits of adopting healthy lifestyle practices. Bridie will work very closely with our breast care nurse Trish Calder, who has been the driving force behind the development and implementation of a rehabilitation programme for our breast cancer patients after they have completed their primary treatment.

New Surgical Breast Cancer Follow Up Programme – "Survive and Thrive"

Regular follow up is strongly recommended after treatment for breast cancer, to check whether the breast cancer has come back, to monitor side effects of treatment and to provide practical and emotional support, and usually alternates between the breast surgeon, medical oncologist and perhaps also radiation oncologist. The recommended frequency and duration of follow up varies across the world and while the National Institute for Clinical Excellence (NICE) in England, advocates follow up for only 2-3 years, in many other countries, including Australia, it is normal practice for patients to undergo specialist follow up for 5 years.

The purpose of follow up is to help maintain good health after treatment, which includes coping with side effects of treatment, advice on exercise and diet, reducing the risk of recurrence and detecting local recurrence. Cancer Australia in 2010 defined the aims and objectives of follow up as: to detect and treat local recurrence, to deal with adverse effects of treatment, to provide psychological support, to screen for new primary breast cancer, review and update family history, observe outcomes of therapy and review treatment including the potential for new therapies.



Rapid expansion in the follow up workload has occurred through a combination of the ageing of the population, leading to increasing numbers in the cancer prone age groups, and improving outcomes of treatment, massively expanding the pool of survivors. The incidence of breast cancer in Australia is increasing: in 2010, the number of new cases of breast cancer diagnosed in women increased to 14,181, from 5,303 in 1982. In 2014, about 15,270 Australian women are expected to be diagnosed with breast cancer. Early diagnosis and improved treatment outcomes have increased breast cancer survival rates, which has in turn led to increasing numbers of women undergoing follow up after completion of primary treatment. Between 1982-1987 and 2006-2010, the five-year survival from breast cancer increased from 72% to 89%. The ten year survival is now 83% and the current twenty year survival rate is greater than the five year survival rate was 30 years ago!

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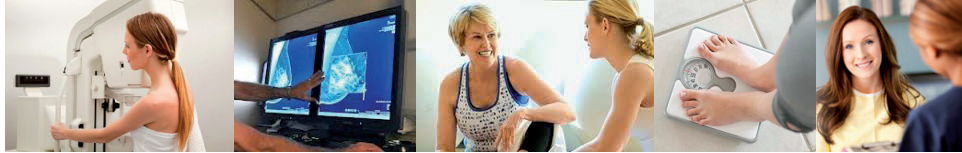
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The escalating workload involved in providing follow up for the increasing numbers of breast cancer survivors is becoming rapidly unsustainable for breast surgeons, who also need to provide surgical care for women newly diagnosed or with a recurrence. The component of breast cancer follow up provided by the breast surgeon has traditionally focused primarily on the detection of local recurrence or a new primary breast cancer, with a combination of clinical examination and annual breast imaging. With modern treatment, the risk of local recurrence after breast conserving surgery or mastectomy is very low, and after the first two years, evidence suggests that review by a specialist breast surgeon is probably unwarranted, based on the number of local recurrences detected by routine follow up. Recently, since the concept of comprehensive 'survivorship' care has evolved, various models have been proposed to deliver this more complex care in an effective, streamlined, organized and efficient manner.

Alternative models of follow up that have been studied include 'shared care' programmes with increased involvement of general practitioners, and those utilising breast physicians (doctors, usually general practitioners, with a special interest in breast disease) and breast care nurses. An Australian study, published in 2014 in the British Journal of Cancer, looking at what sort of follow up services Australian breast cancer survivors would prefer, found that beyond the first two years from diagnosis, in the absence of a specialist led follow up, women would prefer to have their routine breast cancer follow up by a breast physician, in the dedicated local breast cancer centre.

Follow up in the treating breast cancer centre by a breast physician, allows surveillance to continue to be actively overseen by the operating breast surgeon, which not only provides continuity, but may also be an advantage compared to discharge to a general practitioner, in the circumstance for example of a significant change in clinical practice, such as the indications for screening breast MRI or an alteration in eligibility criteria for genetic testing. Routine annual breast imaging continues to be undertaken at the same imaging facility, which facilitates easier comparison with previous imaging, reducing unnecessary recalls. Long term assessment of the cosmetic outcome of oncoplastic and reconstructive procedures is important, and continued follow up at the treating breast cancer centre also allows for ongoing annual clinical photography.



The number of recalls for routine follow up at the Epworth Breast Service each month continues to grow, making scheduling of appointments and coordinating of breast imaging increasingly difficult, and there is currently so little flexibility in the schedule, which is booked to absolute capacity, that if a patient unavoidably needs to reschedule an appointment, there is often a six week wait, and for patients who request an urgent interval appointment between routine visits, there is very limited capacity to offer this in a timely fashion.

To address these problems, in light of the recent local research, and as a result of informal discussions with patients over the last 18 months, we are restructuring our surgical follow up regimen to include a 'breast physician' for the delivery of the routine follow up in years 3, 4 and 5 after diagnosis. The appointment process will remain the same, with patients receiving a recall letter by mail, and breast imaging will be conducted in the same manner, with imaging reports electronically transmitted to the breast surgeon as well as the breast physician. The breast physician will correspond with the general practitioner and all other treating specialists following the clinical consultation in the same manner as previously, and if there are any clinical or imaging concerns, will arrange for prompt review by the breast surgeon. Patients will continue to see their other treating specialists eg medical oncologist/radiation oncologist as previously.

As Australian guidelines support discharge from specialist follow up at 5 years and because of the large numbers of "survivors", this has been our standard routine practice to date in the majority of cases. Many of our patients have however expressed a strong preference to continue with their ongoing follow up after 5 years (annual clinical breast examination and breast imaging) here at the Epworth Breast Service. Some of our patients from remote areas do not have suitable local imaging facilities, some from small country communities prefer not to see their local male GPs for breast examination and many of our patients live locally, and as such it is actually more convenient for them to continue their surveillance here at Epworth Richmond. The introduction of a breast physician to the team will allow us to offer ongoing follow up after 5 years to these patients if requested.

New Surgical Breast Cancer Follow Up Programme

Years	Follow Up Appointments	Doctor
1 and 2	6 months, 12 months, 2 years	Breast Surgeon
3-5	Annual - 3, 4 and 5 years	Breast Physician
6+	Annual	Breast Physician or GP

A diagnosis of breast cancer marks the beginning of a journey full of emotional, psychological, physical and practical challenges. While breast cancer is a major event for all who are diagnosed, it also brings with it the chance for growth. As hard as treatment can be, many breast cancer survivors have told us that the experience led them to make important changes in their lives. Having cancer and treatment often makes people think about their health in different ways. Some people decide they want to live a healthier lifestyle than they did before getting cancer. Many people look for ways to reduce the chance of their cancer coming back and preventing a new cancer developing. It's a great time to make some changes and commit to staying healthy. This includes: having a healthy diet, maintaining a healthy weight, stopping smoking and increasing physical activity. These simple measures may assist in preventing secondary, recurrent or a new primary breast cancer and they may also reduce many of the physical and emotional effects of cancer treatment, helping patients to survive and thrive.

Epworth Breast Service Specialist Breast and Oncoplastic Surgeons

Fewer than 9% of Australian surgeons are female, and the Epworth Breast Service is therefore very fortunate and proud to be able to offer our breast patients the expertise of two highly trained and extremely experienced female specialist breast and oncoplastic surgeons, both of whom have extensive international training and experience.



Miss Jane O'Brien
MBBS 1985
University of Melbourne
FRACS 1995



Miss Melanie Walker
MBBS 1994
Monash University
FRACS 2002

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