

THE AMALGAMATED MELBOURNE & ESSENDON HOSPITALS

BREAST X-RAY PROGRAM

Minutes of the Sixteenth Executive Committee Meeting held on Tuesday, 18th July, 1989, at 3.30 p.m. in the Meeting room at the Breast X-Ray Program, Essendon Hospital.

1.0 PRESENT

Mr. I. Russell (Chairman)
Mrs. D. Flint-Richter
Ms.D. Reading
Professor B. Tress
Dr. J. Cawson
Ms. M. Bickley
Dr.D. Campbell
Ms. S. Hurley

2.0 APOLOGIES

None

3.0 MINUTES OF PREVIOUS MEETING

After an amendment to agenda item-

5.1 Cost Evaluation - Time and Motion study to be changed to Activity Survey, the Minutes of the Executive Committee Meeting of the 18th July, 1989 were confirmed as a true and correct record.

4.0 BUSINESS ARISING

4.1 Data Management

Reports on Outstanding forms are being generated weekly by the Centre of Epidemiology. The action needed for these forms for data entry is being attended to by the Program Manager.

Ms. D. Flint-Richter reported that a Draft Procedure Manual will be presented at the next Executive Meeting.

4.2 Statistical Report

Ms. Susan Hurley spoke to the Statistical Report.

Discussion occurred on the various tables.

With respect to Table 3, the number of days to generation of screening outcomes letters - "all clear".

Ms. D. Flint-Richter stated that the four unique i.d.'s given to her by Lichun Quang, for women whose letters took 29-40 days to be generated, were not "all clear" letters.

Ms. S. Hurley agreed to send the unique-i.d.'s for women screened in May, where it took more than 14 days for a clear letter to be generated.

After discussion the Committee agreed that the increase in the percentage requiring a consensus in May, is most likely due to the experienced Radiologists being on leave.

Discussion occurred on Table 5, Number of women who had more than two views/breast during screening mammography.

Ms. D. Flint-Richter reported that she spoke to the radiographers who told her that routinely three films are done on small breasts.

Dr. J. Cawson stated that Radiographers can tell with experience when they do not have a full picture and therefore do extra films.

After discussion the Committee agreed that it is necessary to identify the reasons why extra films are being done.

Ms. S. Hurley agreed to prepare a form which will be completed by the radiographers for a period of time to identify the reasons why the number of extra films that are done.

Mr Russell requested that the statistical Report be circulated with the Agenda at the future meetings.

4.3 S.E.C.U.

Mr. Russell reported that a meeting between S.E.C.U. and Breast X-Ray Program representatives was held last week. At this meeting the policy on publication and provision of data was discussed.

A draft letter from Dr. M. Fett has been received and stated that a copy will be sent to the Executive Committee.

Mr. Russell reported that he had asked S.E.C.U. if funds could be used to meet the costs of sending staff to the Workshop on Issues in the Interpretation, Investigation and Management of Mammography Screening Detected Abnormalities to be held in October 1989, at the Hunter Valley, N.S.W. S.E.C.U. agreed that the funds can be used and he has a Fax copy of their reply, which he will provide.

4.4 FINANCIAL AND BUDGET REPORT

Ms. D. Flint-Richter reported that Mr. N. Thane stated that a report was not available, because of auditing procedures, but there are no problems with the Program's Finances.

4.5 RECRUITMENT STRATEGIES

Ms. D. Reading spoke to the Report on Recruitment Strategies, which had been circulated with the Agenda. Presently, two part-time Recruitment Officers are working in Brunswick.

Screening appointments are 2- 3 weeks in advance.

Recruitment is about to commence in Broadmeadows and it is important that Program staff are aware of the target area postcodes in the Broadmeadows area.

The full time replacement for Meredith Giffin is to be advertised in early September.

Invitation letters with appointments are to continue to be sent with a follow-up phone call.

4.6 STAFFING

Ms. D. Flint-Richter reported that a number of sessional radiographers have been appointed to replace the full-time radiographer who resigned. The Radiography Department from R.M.H. has provided one Radiographer for June & July.

4.7 MAMMOGRAPHY MEETINGS

This item has been dealt with under Agenda item 4.3 S.E.C.U.

5.0 OTHER BUSINESS

5.1 Satisfaction Protocol for Recall Clinic

Dr. J. Cockburn spoke to the protocol which had previously been distributed with the Agenda.

The question was raised whether the Ethics Approval by A.M.E.H. covered personal interviews in the home. Ms. D. Flint-Richter agreed to obtain a copy of the Ethics Committee, and forward a copy to Dr. J. Cockburn.

After discussion, The Committee agreed that this protocol be accepted and be used to evaluate the satisfaction of the Recall Clinic.

5.2 Results of Satisfaction Screening Report

The Report was tabled at the meeting to which Dr. J. Cockburn spoke. Satisfaction decreased with the convenience of the service and waiting time increased. Overall the women are very satisfied with the Program.

5.3 Review of Number of Views Taken

This item was discussed under Agenda item 4.2

5.4 Criteria of Informing Results to Women by Telephone

Ms. D. Flint-Richter tabled a report on an audit of the results given by the Counsellor by telephone. All phone calls for results are initiated by the woman or her General Practitioner with the exception of one category:-

- (i) Anxiety at initial screening as assessed by Counsellor, and the woman is advised to call.

The Committee agreed that information be continued to be collected.

5.5 Letter to Doctor, Regarding Women seen in Recall Clinic.

Mr. I. Russell agreed to discuss this with Ms.S.Hurley

5.6 Additional Screening-Saturday Morning and Monday Evenings

Ms. D. Flint-Richter presented a report on the cost of screening women on a Saturday morning and Monday evening for four weeks. This is to be evaluated to identify if there is as need to have screening available at these times for women to attend.

The Executive committee agreed that this should be done and Ms. D. Flint-Richter will inform the Centre of Epidemiology when the necessary staff have been recruited.

5.7 Funding for Training of Radiologists and Radiographers in Mammography

Mr. Russell reported that at the recent S.E.C.U. Meeting, a recommendation was made that all screening Programs have the chance to apply for funds which have been allocated for the training of Radiologists and Radiographers.

A formal letter is still to be received.

5.8 Reports by Dr. J. Cawson

- (i) Progress Report on Outcome of Screening
- (ii) Stereodactic Biopsy and Localisation

The Executive Committee received both of these reports.

5.9 Policy on Release of Program Results to outside bodies

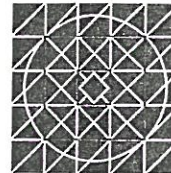
After discussion it was agreed that the Policy re release of data be discussed at the next Executive Meeting.

6.0 DATE OF NEXT MEETING

The Next Executive Meeting will be held on Tuesday, 15th August, 1989, at 3.30 p.m. at the Breast X-Ray Program at Essendon Hospital.

CENTRE FOR BEHAVIOURAL RESEARCH IN CANCER

A centre for research into behavioural aspects of cancer prevention, detection & rehabilitation



Director: David Hill PhD.

STUDIES CONDUCTED BY THE CENTRE FOR BEHAVIOURAL RESEARCH IN CANCER FOR THE BREAST X-RAY PROGRAM

The Centre for Behavioural Research in Cancer carried out a series of studies investigating the behavioural aspects of screening mammography and message testing. Although the research is fully funded by the Anti-Cancer Council of Victoria through the Centre for Behavioural Research in Cancer, it forms a part of the overall development and evaluation of the Breast X-ray Program. These studies are described below.

Pre-testing of Enrolment Form for the Breast X-ray Program at the Essendon and District Memorial Hospital

Description: Tested the enrolment form which was to be used for the Breast X-ray Program.

Status: Complete. Report available on request.

Pre-testing Draft Pamphlet for Mammography Screening Campaign

Description: Examination of certain aspects of the draft pamphlet and evaluation of which elements would be most appropriate and effective for promoting the service.

Status: Complete. Report available on request.

Pre-testing Pamphlets for the Mammography Screening Campaign

Description: Evaluation of which version of the pamphlet, and hence which approach would be most effective for promoting the service and secondly whether the contents of the pamphlet would encourage eligible women to attend.

Status: Complete. Report available on request.

Pre-testing Posters for the Mammography Screening Program

Description: Evaluation of which poster, and hence which approach, would be effective for promoting the service.

Status: Complete. Report available on request.

Pre-testing of Follow-up Letters for the Breast X-ray Program at the Essendon and District and Memorial Hospital.

Description: Tested the suitability of the draft letter to be sent to attenders informing them of the results of the mammogram.

Status: Complete. Report available on request.

Pre-testing Informational Pamphlets for the Breast X-ray Program

Description: Evaluation of women's understanding of the pamphlets contents and their satisfaction with the information given.

Status: Complete. Report available on request.



G.P. Recommendation and Attendance at the Breast X-ray Program

Description: A trial to determine the influence of a G.P. recommendation on a woman's decision about screening.

Status: Complete. Report available on request.

Predictors of intention to attend for screening Mammography at Essendon Breast X-ray Program

Description: Description of knowledge, perceptions and attitudes to breast cancer and screening mammography of women in the target area of the Breast X-ray Program. Specifically, to determine the characteristics of women who:

- 1) indicate that they intend to attend the Program
- 2) attend after routine promotion of the Program in the community and,
- 3) who only attend the Program after extra recruitment efforts, eg, a letter of invitation.

Status: 1) Complete. Report is being finalised.

2) Analysis is in progress.

3) Ongoing.

Cues for Attendance

Description: An ongoing study of cues for attenders monitoring the frequency of use of reported cues such as newspaper coverage, displays etc.

Status: Ongoing, with regular feedback to the Education Officer.

Satisfaction of Participants at the Screening Clinic of the Breast X-ray Program

Description: A measurement of women's satisfaction with the service and facilities provided at the Breast X-ray Program conducted at three monthly intervals.

Status: November 1988, February 1989 and May 1989 reports are complete and available on request. August 1989 is currently being analysed.

Comparison of Two Data Collection Methods by Cost Efficiency, Accuracy and Response Rates for measuring Satisfaction of Participants at the Recall Clinic of the Breast X-ray Program

Description: Comparison of two methods of collecting satisfaction data from attenders at the Recall Clinic.

Status: Complete. Report available on request.

Satisfaction of Participants at the Recall Clinic at the Breast X-ray Program

Description: A measurement of the woman's satisfaction with the service and facilities provided at the Recall Clinic at the Breast X-ray Program.

Status: Ongoing.

Psychological Costs of Mammographic Screening

Description: A measurement and description of the psychological consequences of the mammographic screening process at the Breast X-ray Program.

Status: Protocol still being developed.

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Victorian Cancer Registry

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Summary of meeting held at the ACCV, Wednesday 5th July, 1989, regarding provision of data from the Essendon Breast X-Ray Program to the Screening Evaluation Co-ordination Unit (SECU), Australian Institute of Health (AIH).

Present: Dr D. Campbell, Dr M. Fett, Dr G. Giles, Dr N. Gray, Dr D. Hill, Ms S. Hurley, Prof R. Lovell, Prof A. McMichael, Mr I. Russell.

Chairman: Mr. I. Russell

The meeting commenced at 4.45 p.m.

Mr Russell stated that the purpose of the meeting was to discuss provision of data to SECU, using his letter to Dr Fett (22/7/89) as a basis for discussion (copy attached). Discussion centred around the Essendon Program's publication and provision of data policy (p.2), and issues related to government reports, publications by AIH staff and the Essendon Program's desire to vet analyses of its data before publication by the AIH.

Government Reports

Dr Fett stated that the Program's policy would make it difficult for SECU to include Essendon data in their June 1991 report to the government. Mr Russell said that ACCV and Program staff did not want their opportunities to publish data in journals or theses prejudiced by prior publication of data, by the AIH, in government reports or elsewhere. It was noted that journals, such as the MJA, have a policy of not accepting manuscripts which report data previously published elsewhere. Dr McMichael said that he believed the MJA should be encouraged to waive this policy in certain circumstances, and Dr Fett stated that he had published data from the Australian veteran's mortality study in the Medical Journal of Australia and the American Journal of Epidemiology, after its publication in a government report. Dr Gray stated that release of data to the press by SECU would be particularly undesirable and prejudicial to publication by local staff. Dr Fett replied that SECU had not developed a policy regarding this issue.

Prof McMichael stated that evaluation data were required urgently by Government and that substantial funding had been provided for evaluation, and therefore the government had a right to expect the very best report possible. Prof Lovell pointed out that the AMEH-ACCV project appeared to be different from other pilot projects, in that local staff had started their evaluation studies before SECU was established and that the AMEH evaluation was funded by the Victorian Health Promotion Foundation and the ACCV. Therefore the rights and interests of local staff were paramount.

Publications by AIH staff

Dr Fett was unsure whether SECU had a brief to publish papers itself. Prof Lovell suggested that SECU staff should not individually or collectively author papers using data provided by state pilot projects - instead, any papers for publication in medical journals should be authored by a collaborative group,

using the model developed for multi-centre clinical trials. All present agreed that this was a good idea.

Essendon Program's right to vet analyses of its data

Dr Gray suggested that the Essendon Program should forward its own report to SECU, including data suitable for preparation of SECU's report to government and local interpretations. This local report would be included as an addendum in SECU's report. All present agreed that this was a sensible approach.

Provision of data to SECU

It was agreed that provision of data to SECU, in the first instance, would be in the form of detailed reports. Dr Giles and Ms Hurley agreed to provide a report containing the epidemiological data for the first 6 months of the program, and Dr Hill agreed to provide a report of the behavioural science evaluation, as soon as these reports have been prepared and local formalities have been completed. Dr Fett expressed his appreciation.

The project team provided Dr Fett with preliminary attendance statistics to 28 April 1989, and a report on satisfaction of participants, dated February 1989.

Provision of Commonwealth funds

Dr Fett indicated that he understood the current attitude of the Commonwealth Department of Community Services and Health to the provision of evaluation funds to the AMEH project was that no further funding would be provided until assurances were provided by the project that data required by SECU would be provided according to a timetable which was satisfactory to SECU. Dr Fett indicated that the Department had yet to make a final decision on the matter but the decision was 99% likely to reflect its current attitude.

Dr Russell requested a letter from SECU indicating the data provision requirements which would enable SECU to advise DCSH that funding should be provided.

Action:

- 1. Dr Fett to develop a draft policy regarding release of data to the press by SECU (or AIH) and report back to the Essendon Program.*
- 2. Dr Fett to produce a revised draft of the Essendon Program's policy regarding publication and provision of data to incorporate the fact that papers, for submission to journals, containing data forwarded to SECU by individual pilot projects, should be authored by a collaborative group, not SECU or AIH staff. Dr Fett to forward the revised draft to Dr Giles and Mr Russell.*
- 3. A formal proposal regarding this collaborative group be developed by the ACCV.*

4. The Essendon Program will prepare its own reports for submission to SECU. These reports will be forwarded to government by SECU and used by SECU to prepare its own report to government.

The meeting closed at 5.30 pm

Revised following discussion with Dr Fett

Graham Giles
July 27, 1989

DRAFT**Essendon Breast X-Ray Program publication and provision of data policy for data supplied to the Screening Evaluation Co-ordination Unit (SECU), Australian Institute of Health (AIH)**

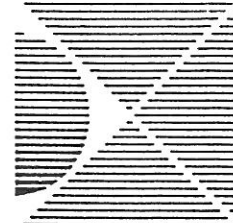
(i) Any paper for publication in a medical journal, or presentation at a meeting, seminar or conference, which includes data supplied to SECU by pilot projects should be authored by a collaborative group, rather than SECU staff (individually or collectively). This in no way affects the right of pilot project staff to publish their own data.

(ii) The collaborative group may not publish any data from the Essendon Breast X-Ray Program or present any such data at meetings, seminars, conferences etc, unless such data have been published previously by program or ACCV staff, or the Program Management Committee has agreed that the AIH may do so.

(iii) The collaborative group may not publish any data from the Program, or present such data at meetings, seminars, conferences etc without prior approval of the Program Management Committee of the Program.

(iv) The above conditions may be waived for the purposes of production of government reports. Any government report containing data from the Program should include, as an appendix, a report from the Program itself. Further, neither SECU nor the AHMAC Breast Cancer Screening Evaluation Steering Committee may release any report containing pilot project data to the media in a way which might prejudice subsequent publication of data by pilot projects.

Graham Giles,
Cancer Epidemiology Centre, ACCV
July 27, 1989



Breast X-ray
Program

Mammographic Screening
Program at
Essendon and District
Memorial Hospital
Chester Street
Moonee Ponds 3039
Telephone (03) 375 1900

22nd July, 1989

Dr. Michael Fett,
Head, Screening Evaluation Co-ordination Unit,
Australian Institute of Health,
G.P.O. Box 570
CANBERRA 2601

Dear Dr. Fett,

I refer to your letter of 2nd February, 1989, and to Dr. Free's letter of the 5th of May requesting data tabulations for the national evaluation of pilot mammographic screening programmes. I wrote to you on 7th March, 1989, indicating that the Essendon Breast X-Ray Programme was willing to collaborate with the Screening Evaluation Co-Ordination Unit however, it has not been possible to provide the tabulation which you have requested for two reasons.

First, there is concern among members of the management committee about the Policy which you circulated on the 2nd February, 1989 relating to "Publication and Provision of Data" and secondly, there is concern about the quantity and scope of the tabulation and the timetable which you nominate for their completion.

At a meeting held at the Anti-Cancer Council of Victoria between yourself, Dr. McCann, ACCV staff and myself we made clear our willingness to co-operate with SECU but emphasized that we reserved our right to publish papers relating to the Essendon Breast X-Ray Programme before any publications produced by AIH and that the programme management committee reserved the right to review and, if necessary veto, any proposed publications by the AIH before it was submitted for publication. We consider that the Policy on Publication and Provision of Data circulated by you does not embody these principles and that it would give AIH staff greater freedom with respect to publications than those concerned with the Essendon X-Ray Programme.

..2/

1. Policy Relating to Publication and Provision of Data

The Management and Executive Committee's of the Essendon Programme have considered this matter at length and wish to establish the following policy:-

- (i) Staff of the AIH,SECU, or other organisations involved in the national evaluation of mammographic screening programmes, and former staff of such organisations, may not publish any data from the Essendon Breast X-Ray Programme in refereed or non-refereed publications, or present any such data at meetings, seminars, conferences etc, unless such data has been published previously by the programme or ACCV staff or the Programme Management Committee has agreed that the AIH may do so.
- (ii) Staff at the AIH, SECU or other organisations involved in the national evaluation of mammographic screening programmes, and former staff of such organisations may not publish any data from the programme in either referreed or non-referreed publications without prior approval of the Programme Management Committee.
- (iii) Staff of the AIH, SECU , or other organisations involved in the national evaluation of mammographic screening programmes, and former staff of such organisations preparing papers for refereed or non-refereed publications must check with the Programme Management Committee whether any relevant local staff wish to be co-authors of the proposed publications.
- (iv) The policy relating to non-referreed publications detailed under items (i-iii) also applies to any reports which the AIH,SECU or other organisations wish to prepare for government departments or other bodies.

2. Tabulations requested:scope, quantity and timetable

At the meeting on June 7th at the Anti-Cancer Council of Victoria it was agreed that discussion should take place between yourself, Dr. Graham Giles, other relevant SECU, programme and ACCV staff regarding the forms of tabulations to be supplied to SECU. The requested tabulations have been prepared without this discussion. Many aspects of the tabulations are not applicable to our programme and other aspects require clarification.

...3/

It has therefore, not been possible to prepare the tabulations you request. Instead, we propose forwarding to you an interim report of our first six months of operations which should contain most of the outcome data you require. We will also forward a copy of the preliminary report of the population review survey which was conducted by the Centre for Behavioural Research in Cancer before the programme commenced. These reports should be available shortly and will be forwarded to you once we have agreement on the policy for publication and provision of data. In the meantime, I enclose copies of statistical reports prepared by the Cancer Epidemiological Centre of the Anti-Cancer Council of Victoria and reports on pilot testing of promotional material and studies of satisfaction of women with the programme prepared by the Centre for Behavioural Research in Cancer of the Anti-Cancer Council of Victoria.

I trust that you will treat these documents as confidential and observe the Programme's publication policy detailed above.

3. Procedure Manual

We are currently preparing a procedure manual which I will send to you in due course.

4. Funding

A forward commitment of \$100,000 for the 1988-89 financial year was made by the Department of Community Services and Health to the Essendon Breast X-Ray Programme. These funds have not yet been received. In view of our plan for data provision which I have outlined would you please inform me of the Department's intention for disbursement of these funds.

Yours sincerely

Ian S. Russell
Programme Director

cc: Mr. Jonathon Tribe
Dr. Nigel Gray
Dr. David Campbell
Dr. Graham Giles
Dr. David Hill
Ms. Dorothy Reading
Ms. Susan Hurley
Mr. Peter Read
Dr. Steven Duckett

5 July 1989

49-1268

Notes on Meeting with NJG and Ian Russell - July 4, 1989

He is anxious to achieve the following:

1. A data handler as part of the staff at the Essendon project.
2. This person to help, find, and produce biopsy reports etc. at the right time and to make sure that all records are well kept and entered into the machine.
3. He would like weekly reports outlining form delinquencies etc. I agreed with this.
4. He wishes that person to be part of the staff of the Essendon project.
5. He agreed that we could do the job description for this person and understood my anxiety that the person should not have the ability to tinker with the program. I also expressed strong opposition to the idea that any data should be sent to Canberra from the project at Essendon directly. *and he agreed.*
6. He is anxious to ~~correspondence~~ with SECU (although he hasn't yet done it) asking their agreement to classify the funding which is currently provided for "evaluation" as being available for "training and evaluation".

Quite apart from the issue of travel for training purposes he is interested in Victoria setting up its own training facility for radiographers and radiologists, including the possible provision of a registrar post out at Essendon for training in the field. I agreed that this was desirable, and that a tentative project which would put such a facility into Sydney as a national one, would probably be unsatisfactory to all of those people running pilot projects.

7. He and I and Dick Lovell need to meet sometime in the near future to discuss the agenda for a State Mammographic Advisory Committee which could discuss the issue of training but also the need and funding for stereotactic equipment for localisation of lumps.
8. There needs to be an interim report to the Foundation. I indicated that this was a matter of some urgency and that we needed to tidy the data up as soon as possible. He agreed.
9. We agreed that the quality of the data coming out of the project, and going to Canberra, was the responsibility of Susan Hurley, possibly subject to Dick Lovell.
10. We both agreed that we wanted a reply from Michael Fett to the letter which Ian wrote on June 22 and which is the subject of discussion for a meeting with Michael and Tony McMichael tomorrow.

*Copy to Susan
to be
done
later*

*Agreed by both of us
w-9*

(Sgd) Nigel Gray

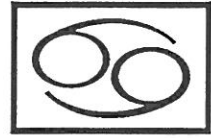
PS We need to write this job description URGENTLY. I have accepted it as a challenge to us that we should get it right and that he should agree with it in detail. It doesn't seem likely that we will need to pay for it.

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SUMMARY OF ACTION TO BE UNDERTAKEN FOLLOWING DISCUSSIONS WITH IAN RUSSELL, SUSAN HURLEY AND DELIA FLINT-RICHTER REGARDING PROBLEMS WITH THE BREAST X-RAY PROGRAM DATA: MEETING AT RMH, 29 JUNE 1989

1. Outstanding forms

(i) Form A details will be entered within 24hrs of women attending the program for initial screening.

(ii) Incomplete C Forms, prior to May, 1989 (17) will be extracted on Monday, 3 July for Ian to review; Incomplete C Forms for the month of May, 1989 (17) will be extracted on Tuesday, 4 July for Ian to review.

(iii) Incomplete D Forms - Delia will review women listed in Table 111-A and categorize

- a) those that can be corrected on the database by Susan; and
- b) present an explanation of why the balance are incomplete.

Ian will complete the D Form (1) listed in Table 111-B and those listed in Table 111-C (25).

D Forms are to be amended so that the final assessment is "benign disease" for women who have had a surgical biopsy, and currently have a final assessment of "clear".

(iv & v) E and F Forms - Delia and Ian to complete and enter backlog.

2. Inconsistencies in the data

D Forms

(i) Ian is to review and complete D Forms for those specified in this category.

It was agreed that results for all tests with fields on Form D would be entered (including surgical biopsy (Paraffin) when a woman has a frozen section). Also, it was agreed that only *complete* Form D's would be entered on computer in future.

Susan mentioned a further inconsistency on Form E, where a woman has clinical and pathological t, n and m and tumour volume all recorded as zero, but a malignant diagnose. Susan is to check pathology for this woman with Virginia Billson (tumour size was 1.5 cm).

(ii) Delia to check whether all Ultrasound details are ready to be altered. Susan to be advised on Tuesday, 4 July and Ian accordingly.

(iii) Staff at the BXRPP are to be asked to use the 'lookup' facility when entering in language other than english details

(iv) An extra staff member may be appointed to check data entry and Forms.

(v) Delia to advise data entry operators to detail referral information on Form D. Delia to obtain followup information from referral locations (tests performed, results etc.) and complete Form D.

(vi) A possible omission in data collection regarding cystic disease (and investigations and treatment of cystic disease) was identified. FNA coding to be changed to include 4 = cystic disease, and all cystic aspirations to be entered here in the future.

3. Other problems

(i) The program's policy of retrieving mammograms done in the previous six months, and the lack of data on this subject, is to be reviewed by the Executive committee members.


(ii) SH to reset the 629 open appointments to attended. Delia is to investigate the remaining 31.

(iii) Executive committee members are to discuss the situation re. number of views per breast. Delia is to question the radiographers.

(iv) Executive are also to followup the issue of notification of results by telephone.

Staff procedure details are to be investigated with the possibility of detailing the duties that require completion on a daily basis, to ensure daily procedures are carried out.

Susan is to followup on the backup situation (corrected 29 June, 1989).


Trish Livingston
30 June, 1989

cc I Russell
D Flint-Richter
S Hurley



Anti-Cancer Council of Victoria

REPORT TO THE BREAST X-RAY PROGRAM EXECUTIVE COMMITTEE

RE: Recruitment Activities February 1 - April 1, 1989

FROM: Dorothy Reading, Director of Education, ACCV
Meredith Giffin - Education Officer

The mean percentage of available appointments filled on a weekly basis was 82% over the February - April period. The aim of promotional activities was to fill available appointments up to 1 - 2 weeks in advance. The average number of available weekly appointments was 169 for the reported period.

Recruitment was achieved through the implementation of a variety of strategies targeting the suburbs in the immediate vicinity of the program; a summary follows.

Brief reports on the findings of three studies implemented to assess the effectiveness of various recruitment strategies is included.

Summary of Recruitment Strategies:

1. Presentations to Community Groups and Bowling Clubs

The Education Officer visited various groups to promote the program and make appointments. The major benefit of this strategy was an increase of awareness; relatively few appointments were actually generated "on the spot".

2. Workplace promotion

a. Visits were made by the Education Officer to local industries employing over 20 women thought to fall within the correct age group. Information and appointments were offered through tea room discussion with little apparent effect in terms of appointment generation.

b. Essendon Hospital: promotional activities in the form of group presentations by the Education Officer served to recruit several eligible women from the hospital staff; promotional brochures were distributed with payslips - no obvious response was seen.

3. Supermarket displays

Sessional workers staffed displays which were conducted on Thursdays and Fridays of pension weeks. Although labour intensive and costly, this strategy served to promote awareness about the Program. Approximately 50 appointments were made by two staff over two days.

4. Bingo:

Visits by the Education Officer and a sessional worker were made to the local bingo. Approximately 300 eligible women were in attendance. Four hours by two staff generated around 100 appointments.

5. Banner:

A 30' x 4' banner promoting "free breast x-rays" was made to display in busy shopping centres and thoroughfares. This eye-catching banner brings the program to people's notice and has generated several appointments. This will be especially useful when targetting new areas.

6. Boundy's Supermarket Promotion:

A small study was carried out to look at using check-out staff to promote the Program. Staff were briefed about the Program and agreed to issue brochures to all "apparently" eligible women who passed through the checkouts. This strategy combined with a five hour display staffed by sessional workers, served to generate 70 appointments.

7. Hairdresser Promotion:

A similar promotion was attempted utilizing hairdressers from a chain of four salons in the immediate target area. Hairdressers were briefed on the Program and asked to raise the subject of the Breast X-ray Program with apparently eligible clients. Promotional posters and brochures were displayed in the salons. Although it was difficult to accurately assess the number of attendances resulting from this strategy, it was probably no more effective than simply supplying hairdressers with promotional materials to display

8. Margaret Street Clinic:

A study of the effectiveness of GPs as recruitment agents for the Breast X-ray Program was conducted through a 24 hour, seven day week practice in Moonee Ponds. Findings from the study will be circulated when compiled. Early indications suggest that the strategies implemented were effective.

9. Media:

Editorial coverage in local newspapers continues to be clearly the single most effective recruitment strategy utilized in the Program. Access to this economical and effective recruitment strategy is still being sought.

Comments:

Over the period covered in this report, available appointments were being filled to approximately 82% of capacity, with an average of 138 women being screened weekly.

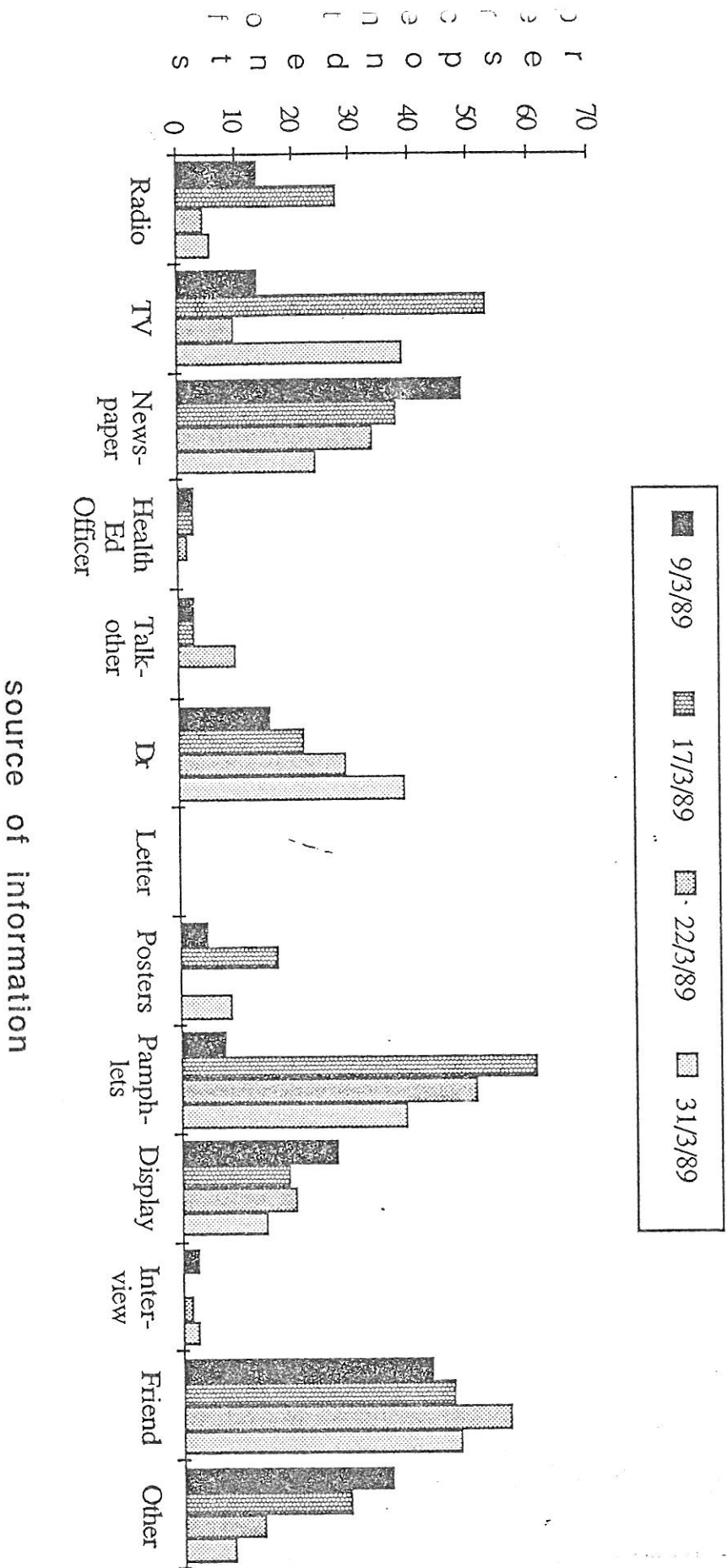
A weekly survey of all attenders is carried out on one random day a week to assess cues to women's attendance at the Program. Women are asked to name all the sources of information they have about the Breast X-ray Program. A summary of the findings for February and March is attached.

Promotional activities from the commencement of screening in October 1988 have been implemented in a staged fashion. This resulted partly from a decision to avoid flooding the program, and partly from the time taken to develop the various recruitment strategies implemented.

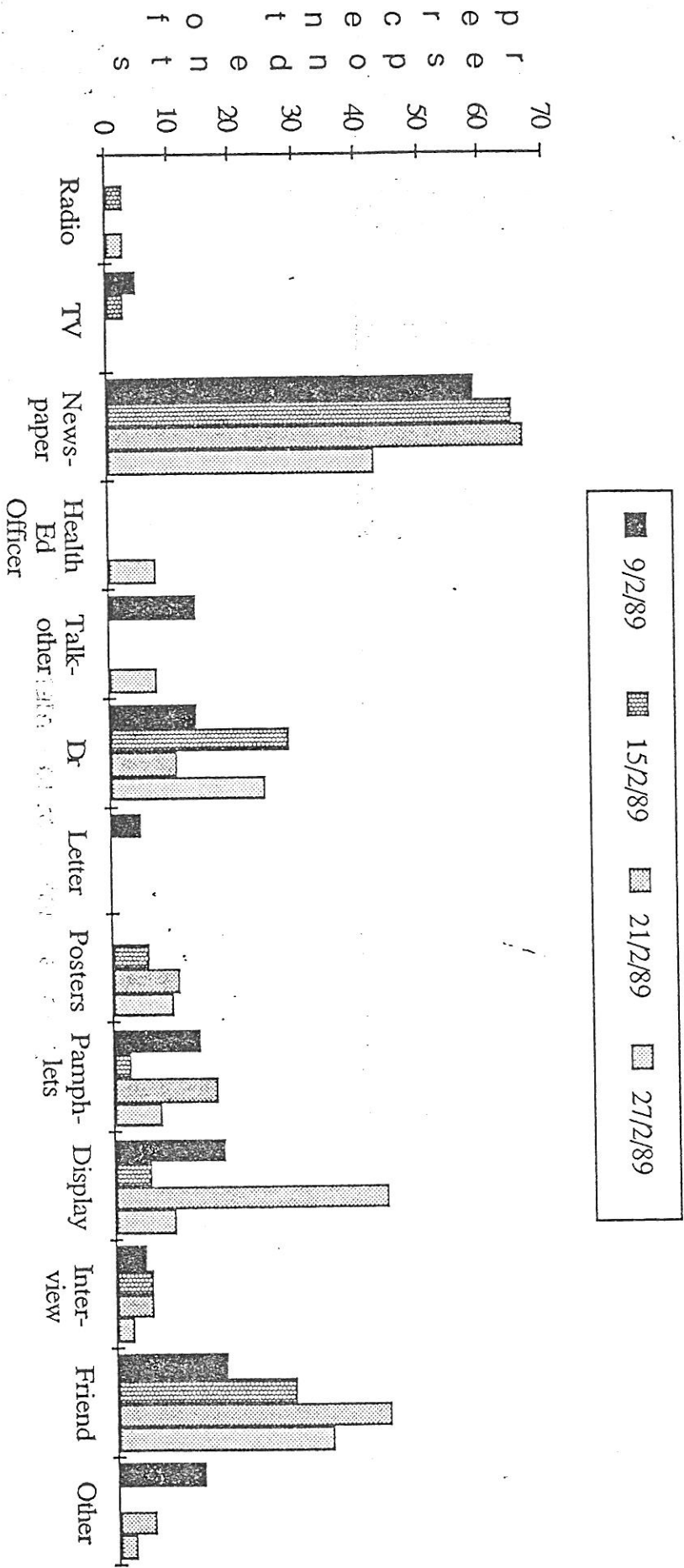
A variety of strategies have now been tried and can be implemented en masse in a given area. This approach will be adopted in the Brunswick area over the next month or two and in Deer Park in June with the aim of filling 250-260 appointments per week.

bsrmg07r
10th May, 1989

Main sources for March



Main sources for February



source of information



Cancer Epidemiology Centre

Victorian Cancer Registry

57-1r-05/9

February 1, 1989

file binder

Memorandum to: N Gray, R Lovell, G Giles, D Reading, D Hill

From: S Hurley

Re: Background material for meeting regarding Breast X-Ray Program (2.30pm today)

=====

I attach:

- (1) A statistical report which I will table for discussion at tomorrow's meeting of the Breast X-Ray Program Executive.
- (2) A report from Dr Jenny Cawson, which has been circulated for discussion at tomorrow's Executive meeting. I have highlighted a paragraph on page 2 which may be of interest.

SM.

Memorandum

To: Breast X-ray Program Executive
From: Susan Hurley, Georgina Chambers
Cancer Epidemiology Centre, ACCV
Date: January 31, 1989
Subject: Breast X-ray Program statistics,
31/10/88 - 13/1/89

Statistics for the period 12 December 1988 to 13 January 1989 (4 weeks of screening) and the total period of operation of the program, 31 October 1988 to 13 January 1989 (10 weeks of screening) are attached (Tables 1 and 2, respectively). The Program was shut from 26 - 31 December. These statistics were extracted on the 23rd of January, when the majority of data entry for screening mammography and recall clinics for the statistical period should have been done.

The Program screened 956 women in the first 10 weeks of operation. If screening continues at this rate, 9,751 women would be screened in the 2 year (102 weeks) timespan of the Program. To achieve the desired screening volume of approximately 30,000 women, 315 women would need to be screened every week from now on.

Overall, 92 women (9.6% of women screened) have been recalled for either recall mammography-clinical assessment or recall mammography (technical). A further 18 women (1.9%) required recall because of symptoms reported on presentation. Records of clinical assessment for 6 of these women were available at the time these statistics were compiled. For the 4 week period (12 December - 13 January), the rate of recall for recall mammography-clinical assessment had dropped to 8.2%, with a further 2.4% of women requiring recall because of symptoms on presentation. No women were recalled for mammography because of technical reasons in this period.

For the 10 week period, 11.2% of screening mammograms required a consensus recommendation after double reading by radiologists. For the 4 week period this figure was 9.2%.

Estimates of the percentages of available screening appointments filled each week from 31 October 1988 to 13 January 1989 are presented in Table 3. The numbers of available appointments were determined retrospectively from the appointment book. At least 70% of appointments were filled each week until 16 December. The decline in attendance over the Christmas-New Year period was anticipated, and the ACCV Education Unit implemented additional recruitment strategies.

Times from screening to generation of an "all clear" letter are summarised for the first 2 weeks of January in Table 4.

Table 1. Breast X-ray Program statistics,
12 December 1988 - 13 January 1989

Outcomes from:	Screening mammography	Recall mammography	Clinical assessment
clear	261 (89.4%)		
recall mammography- clinical assessment (suspicion of lesion)	24 (8.2%)	17 seen	17 seen 8 clear 5 benign 1 malignant 3 awaiting results
recall mammography (technical)	0		
clinical assessment symptoms	7 (2.4%)		4 seen 4 clear
mammography	0		
TOTAL	292		

Screening mammograms requiring a consensus recommendation: 27 (9.2%)

Table 2. Breast X-ray Program statistics,
31 October 1988 - 13 January 1989

Outcomes from:	Screening mammography	Recall mammography	Clinical assessment
clear	846 (88.5%)		
recall mammography- clinical assessment (suspicion of lesion)	76 (7.9%)	69 seen	69 seen 34 clear 9 benign 3 malignant 5 awaiting results 18 forms not completed
recall mammography (technical)	16 (1.7%)	14 clear 1 referred	1 clear
clinical assessment symptoms	18 (1.9%)		6 seen 6 clear
mammography	0		
TOTAL	956		

Screening mammograms requiring a consensus recommendation: 107 (11.2%)

Table 3. Appointments and attendances for screening mammography, 31 October 1988 - 13 January 1989

Week	Number of available appointments	Number of women screened	Percentage filled
31/10 - 4/11	74	67	90.5
7/11 - 11/11	108	106	98.1
14/11 - 18/11	132	95	71.9
21/11 - 25/11	149	144	96.6
28/11 - 2/12	143	140	97.9
5/12 - 9/12	123	113	91.8
12/12 - 16/12	165	132	80.0
19/12 - 24/12	144	38	26.3
3/1 - 6/1	82	44	53.6
9/1 - 13/1	187	82	47.6 43.8

Note:

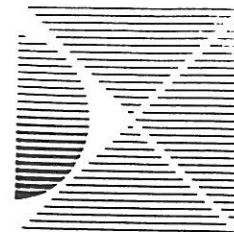
1. The numbers of available appointments were estimated retrospectively from the appointment book.

2. The number of women screened sums to 961, compared with 956 in Table 2, because data for 5 women were entered after preparation of statistics in Table 2.

Table 4. Times from screening to generation of "all clear" letters to women.

Days to letter generation	Week	
	3/1-6/1	9/1-13/1
1	0	0
2	9	0
3	17	10
4	0	23
5	9	11
6	4	21
7	2	5
8	3	0
Mean	4	4.8
sd	1.8	1.2
Median	3	5

Note: Not all results were available when these statistics were extracted



Breast X-ray Program

Mammographic Screening
Program at
Essendon and District
Memorial Hospital
Chester Street
Moonee Ponds 3039
Telephone (03) 375 1900

To: Executive Committee Meeting 26-1-89
Re: Visit to Rachel Forster Breast X-Ray Program,
Redfern, Sydney.

On December 13th and 14th, last year, I was a visitor and observer at the Rachel Forster Breast Screening Program in Sydney, where I was made most welcome by Dr Mary Rickard, the program Radiologist and Director.

I was present on Tuesday and Wednesday, the days she conducts the recall clinic, and was able to observe the clinic in action.

Dr Rickard recalls the high suspicion cases on Tuesday morning, as there is a surgical clinic on Tuesday afternoon to which the women can be referred on if necessary.

The low suspicion cases are recalled on Wednesday morning

Dr Rickard orders further films, performs Ultrasound and examines and advises all the recall patients, most of whom are then discharged. They are advised of the reason for recall and the nature of the findings.

The local Doctor is then informed by telephone that afternoon, and later by letter, of the findings.

She attends the Tuesday afternoon Surgical clinic if there are patients referred on from the Breast Program.

The recall clinic flows very smoothly, with patients booked about every half-hour, which allows time for Ultrasound if necessary.

The recall rate has been high, (15%), compared to other centres. Sydney has had a very high detection rate for cancers (10 per 1000), higher than the expected prevalence rate. This obviously reflects a positive bias in the population screened so far, though the cause for this is not apparent, as the majority of cancers have been impalpable, ruling out self selection for known mass, the most likely cause of high prevalence.



Breast X-ray Program

Mammographic Screening Program at
Essendon and District Memorial Hospital
Chester Street
Moonee Ponds 3039
Telephone (03) 375 1900

I was interested to go through all the cases referred for biopsy while I was there. It was reassuring to see the criteria were similar to ours, that most of the cancers were fairly obvious, and most of the negative biopsies seemed likely to be so prior to biopsy.

Their benign to malignant biopsy ratio, at 1:1, is excellent.

Interestingly, their program functions smoothly with much less staff and angst than ours. Dr Rickard feels they cope comfortably with 40 screenees daily at the present staff level, although the numbers were down at the time I was there, due to trialing of recruitment strategies.

Dr Rickard also gave me information and literature relevant to improving our quality control program further, which I am in the process of introducing.

I also met their C.G.R. representative, now very experienced in their quality control program, who was able to give me useful information.

In summary, I found my visit to be of great interest and usefulness, and consider we can learn from the Sydney experience and practise.

I was very appreciative of Mary Rickard's help and hospitality, and have written and thanked her for the same.

Dr Jennifer Cawson
Program Radiologist