

**Anti-Cancer Council of Victoria**



**Meeting of People Involved in Mammography Pilot Projects**

Friday 8 June 1990

Ansett Meeting Room - Tullamarine Airport, Melbourne

**Introduction**

The meeting convened at 10.30am

1. **Welcome:** Dr Michael Fett welcomed those present and thanked them for attending at such short notice. He introduced Professor Lovell, who had agreed to chair the meeting.

2. **Participants:**

Michael Fett, Screening Evaluation Coordination Unit, AIH  
Alison Frece, Australian Institute of Health  
Joan Croll, Breast Health, Sydney  
Sue Hardy, Australian Institute of Health  
Cherrell Hirst, Wesley Breast Clinic, Brisbane  
Kate Priddle, HBF-RACGP Breast Care Programme  
Kevin Balanda, Epidemiology & Prevention Unit, QLD Department of Health  
John Forbes, Hunter Breast X-ray Unit, NSW  
Jennifer Cawson, RMH-ACCV Breast X-ray Program  
David Hill, Anti-Cancer Council of Victoria  
Dorothy Reading, Anti-Cancer Council of Victoria  
Graham Giles, Anti-Cancer Council of Victoria  
Jennifer Muller, EPU, Qld Department of Health  
Margaret Dorsch, SA Breast X-ray Service  
Chris Baker, Royal Women's Hospital Breast Screening Clinic, Brisbane  
Mary Rickard, Central Sydney ARea Breast X-ray Programme  
Alison Rose, RMH-ACCV Breast X-ray program

Susan Fitzpatrick, Administrative Secretary, ACCV  
Richard Lovell, Anti-Cancer Council of Victoria

Professor Lovell outlined the background to the meeting. He advised that Drs Campbell, Fett, Giles, Gray, Hill, Ms Hurley, Professor McMichael, Mr Russell and he had met on 5 July 1989 to discuss the possibilities of pooling data from the various pilot projects. It had been agreed that collaboration over joint publications of the experience of the mammography pilot projects would best be achieved by the formation of a collaborative group of the workers concerned - collaboration could not be imposed.

3. **Agenda:** A draft agenda, as tabled, was accepted

**A G E N D A**

1. **Aim:** *It was agreed that the aim of the meeting was to form a group to collaborate over the publication of findings in the Australian pilot mammographic projects*

2. Procedure:

i) Identify participating groups:

Breast Screening Project, Qld	J Muller, Coordinator
Central Sydney Area Health Service, NSW	M Rickard, Director
The Hunter Breast Screening Program, NSW	J Forbes, Director
Breast Health, Sydney, NSW	J Croll, Director
Breast X-Ray Program, Essendon, Vic	I Russell, Director
SA Breast X-Ray Service	M Dorsch, Director
HBF-RACGP Breast Care Program, WA	K Priddle, Medical Coord
Women's Cancer Prevention Unit, WA	V Gardener, Director
Screening Evaluation Coordination Unit	M Fett, Head

ii) Agree on number(s) from groups to be members of a Collaborative Group

It was agreed that one representative from each group be nominated to the Collaborative Group. The Collaborative Group would have power to coopt as necessary.

iii) Seek agreement of management committees of the several groups to their participation in the Collaborative Group and ask them to nominate representative(s)

A letter would be written to each group's management committee seeking their agreement to participate in a Collaborative Group and requesting them to nominate a representative. The Collaborative Group would steer a series of working/writing groups related to identified tasks. Working groups would be constituted by people with the appropriate interest, and with epidemiological and statistical input.

The Collaborative Group would be concerned in ensuring collaboration over the publication of findings in the studies. It would use its good offices to identify topics, convene the working/writing groups and oversee the final drafts for publication.

iv) Housekeeping: Chairmanship, Secretarial support, Administrative, Finance etc

With approval of the Anti-Cancer Council of Victoria, the Chairmanship and secretarial assistance could be provided by Professor Lovell and Mrs Susan Fitzpatrick. Tele-conferencing, and facsimile transfers should be used to minimise the need for meetings. It was noted that there would be a call on central resources of a statistical nature. Dr Fett advised that SECU might be able to identify limited financial support for essential functions.

3. Topics envisaged

Introducing the discussion, Professor Lovell made the following points:

- \* There had to be a good reason for putting effort into collaborative studies with statistical pooling of data. In each case it must be asked whether this would achieve more than would be achieved by each group publishing their own findings. Where there were several

programs with common topics, the normal scientific convention was to organise a conference or symposium dedicated to the theme. Different groups produced their papers, experience was shared in discussion and the proceedings were published in a way that ensured that the findings were all available together.

- \* It was important to identify targets for any collaborative reports, eg journals, government departments.
- \* In nominating a topic for consideration for a collaborative report, it was essential to identify precisely the data on which the report would be based.

Dr Fett stated that one rationale for aggregating results was the convenience of having data in one place. As examples he referred to recruitment strategies, cancer detection rates in 40-49 year olds and cost project comparisons.

The question of the urgency in publishing was mentioned, and the use of publications to influence the implementation of screening at a state/national level.

It was noted that each program was fully committed and there was a limited capacity to undertake extra work in preparing data. Projects had already contributed to the report to AHMAC, and while the value of pooling some data was recognised, the work involved needed to be justified in each case, having regard for the alternative of producing sets of independently produced papers bearing on a central theme. Such papers would be written anyway.

Professor Lovell re-emphasized the need to distinguish between pooling of data for statistical purposes and the sharing of experience by reporting and publishing through collaborative conferences or seminars.

It was agreed that it was important to determine the compatibility of the programs before the data was pooled. Pooling data would not necessarily provide greater precision where the data was coming from different sources.

It was also agreed that every program must be free to decide whether it wished to collaborate on any particular topic.

It was also agreed, as a preliminary to collaborating on any topics suggested, that, in every case, it was essential: (1) that SECU provide a statement on what data were already available centrally, and what were the possibilities of pooling such data; (2) to clarify definitions used by different centres; (3) to define the target.

Professor Lovell suggested that, in the light of the discussion, the topics suggested would fall into two groups, one involving pooling of statistical information and the second involving presenting individual reports for publishing, such as through a symposium.

Suggestions for topics, each with a convener, were called for, and the following were made:

- (1) Relationship between design of pilot projects and measures of performance - *Michael Fett*

- (2) Usefulness of making a distinction between symptomatic and asymptomatic women - *Alison Free*
- (3) Cost comparison between projects and determinants of variations - *Rob Carter, (SECU), (Frida Cheok)*
- (4) Comparison of fixed vs mobile units - *John Forbes*
- (5) Comparison of organisation and performance of assessment centres - *Mary Rickard, (Joan Croll, Jenny Cawson, Alison Rose)*
- (6) Comparison of steps taken for education and information transfer - *Dorothy Reading*
- (7) Women's satisfaction with services - *Les Irwig (Sydney)*
- (8) Attendance by ethnic groups and socio-economic factors - consolidated papers in monograph with overview - *Dorothy Reading, David Hill, (Sally Redman, Newcastle)*
- (9) Financial costs to women - *Ruth Hart (Qld)*
- (10) Pooled Pathology Data - *Virginia Billson (Gordon Wright, Bris)*
- (11) Surgical Outcome - *I Russell*

4. Procedures for cooperation:

- i) Collection, transfer, handling & use of data
- ii) Specific treatment of data, eg pooling, other forms of analysis etc
- iii) Nomination of drafting groups - conveners for topics
- iv) Approval of manuscripts for publication

It was agreed that these items should be listed on the agenda of the formal Collaborative Group whose formation was anticipated.

It was proposed that the Collaborative Group should include in its discussions the future uniformity of data collection in mammography screening units.

5. Funding for meetings of Collaborative Group and working groups

It was suggested that sponsorship for the Collaborative Group to meet should be sought from either the Australian Cancer Society or individual State Cancer Councils. It was indicated by Dr Fett that SECU would finance the first formal meeting of the Collaborative Group.

It was considered that the writing groups would be able to conduct their work largely by telephone and facsimile.

6. Ownership of data

Comment was made that the spirit of cooperation in the use of data for publications was inherent in a voluntary Collaborative Group, and the question of ownership of data was unlikely to be an issue.

7. Timetable proposed and priorities

Professor Lovell expected that a summary of the day's discussion would be available in about two weeks. He agreed to send a letter to the Directors of each Project inviting nominations for representatives on the Collaborative Group, enclosing the report of this meeting as background information. Letters would also be sent to the nominated conveners inviting them to submit to the Collaborative Group proposals for collaboration leading to publications on the nominated topics.

8. Other matters

Dr Fett advised that funds might be available to assist with the objectives of the Collaborative Group, however these funds were only available until the end of the year. AHMAC had agreed that the Institute could publish technical reports and Dr Fett considered that there was no reason why consolidated monographs of papers could not be published, if thought desirable, as Institute reports, and be funded by the Institute.

9. Date of first meeting of formally constituted Collaborative Group

It was agreed that a date would be set for about mid-September.

10. The meeting ended at 2.30 pm

# Anti-Cancer Council of Victoria



## ACCV MAMMOGRAPHIC SCREENING ADVISORY COMMITTEE (STATE)

Minutes of Meeting  
held on Monday, 14 May, 1990 at 5.00 pm  
in the Boardroom, Anti-Cancer Council of Victoria

**Present:** Dr NJ Gray (Chairman), Professor RRH Lovell (Executive Secretary), Mr J Collins, Mr S Hart, Dr D Hill, Ms S Hurley, Dr G Giles, Dr R Marks, Ms D Reading, Dr N Sacharias, Dr R Snyder, Ms O Stagoll, Mrs S Fitzpatrick

1. **Apologies:** Ms J Forwoodd, Ms J Maddigan, Mr I Russell

2. **Cooption**

Dr Gray advised that the ACCV had held discussions with Professor WSC Hare, Chairman of the Radiation Advisory Committee. It was considered valuable to coopt Professor Hare to this committee in his position on the Radiation Advisory Committee. The meeting ratified the cooption of Professor Hare.

3. **Report of last meeting (19.12.89)**

The final amended minutes of the last meeting had been circulated with the agenda. Noting that this committee met irregularly, it was agreed that draft minutes be circulated in future, for comment within 14 days of their being posted. A definitive version would then be sent out.

The minutes of the previous meeting were accepted as a true record.

4. **Business arising from the minutes:**

4.1 **Letter to Manager, Women's Health Policy Unit**

The letter to Ms Onella Stagoll, dated 26 January 1990, was noted.

4.2 **Accreditation of existing units by RACR**

Professor Lovell referred to the earlier circulated correspondence and advised that the RACR had subsequently taken further action on accreditation. Professor Hare had made accreditation visits to units in Sydney and Brisbane. Dr Sacharias advised that unforeseen problems were arising as accreditation was being undertaken. The accreditation guidelines would be circulated to the units in Victoria which had previously expressed interest, and applications for accreditation would be awaited. The outcome of the Government decisions on mass screening would undoubtedly influence attitudes to seeking accreditation.

4.3 **Second screening of women in Breast X-ray Program**

Dr Gray referred to his comment in the previous minutes of a commitment having been made by the Minister of Health's predecessor for funding the re-screening of women in the Essendon project. No written advice had been found. The assurance had evidently been given verbally only.

Dr Sacharias emphasised the need to conduct second screening to pick up interval cancers.

5. Request for representation on SMAC of Australian Institute of Radiography

The letter dated 2 August 1989 from the Australian Institute of Radiography seeking representation was received. It was noted that this Committee was a group of individuals rather than of representatives, and that it would be appropriate for the membership to include a radiographer.

It was agreed that the Australian Institute of Radiography should be invited to suggest the names of two or more radiographers experienced in mammography so that the Committee could select one for membership.

5.1 The question of the representation of pathology was raised. It was agreed that Dr Gray discuss this with Dr Richard Reed. Names of possible pathologists should be forwarded to Dr Gray.

Dr Gray referred to a letter just received from Professor Brian Tress, regarding the representation on SMAC of a radiologist who was involved in the Breast X-Ray Program. It was noted that radiology was already represented by Professor Hare and Dr Sacharias. It was agreed that Dr Gray discuss this matter with Professor Tress.

6. AMEH Project - Progress Report

Dr Gray asked Ms Reading, who had attended the Management Committee meeting last Thursday, to report on the progress of the program.

Ms Reading advised that a report on the first eight months of screening had been presented to the Management Committee. The Program Executive had approved the circulation of the report to members of SMAC for their personal information only.

The AMEH project was drawing to a close and would complete screening in October 1990. Although the original number of women envisaged for screening would not be achieved, the program would have discovered all that it set out to discover; including how many women were able to be screened, levels of satisfaction, and cost effective means of recruitment. Data analysis would continue over several months. Ms Reading advised that the level of client satisfaction with the program was extremely high and that the response to recruitment by invitation letter was satisfactory.

An interim committee had been convened for the winding down of the project. This committee would be considering such matters as storage of the data, its analysis, its access and control. Dr Gray was on this committee.

Ms Hurley advised that in excess of 10,000 had been screened as at 31 March and at the current screening rate it was projected that approximately 17,000 women would have been screened over the two year period of the project's operation. Appointments had been filled to between 80-90% of the times available, although an active recruitment program had been necessary to achieve this.

Ms Reading referred to a tabled document outlining the attendance of women by post code area, with recruitment activities employed. For those women who were in easy reach of the hospital, attendance was high; attendance was also high where interest and willingness was high, despite distance and access problems; however where there was a lack of interest, even with local access, attendance was not as successful.

Mr Collins commented that there was a problem with funding and that decisions on the operation of the project would need to be made on the number of women to be screened by the end of October. Ms Reading advised that the current recruitment strategies would not have an impact on the budget.

Ms Reading advised that the Management Committee had recommended an approach to the Victorian Health Promotion Foundation for more money in the first instance.

## 7. Advice to the Minister

### 7.1 Discussion paper - "Development of Mammographic Screening in Victoria"

Dr Gray advised that the Australian Health Ministers Advisory Council would be meeting on 1 June, and the Australian Health Ministers would be meeting soon afterwards. There was an urgent need for SMAC to provide advice to the Minister of Health Victoria, who would also be receiving advice from SECU. He referred to the circulated discussion paper and the statement released by the Australian Cancer Society. The discussion paper consisted of three main components:

1. Information update and notice of pre-election promises of money for mammography for the states
2. Technical requirements for good mammographic screening - measures in hand to ensure that units are registered and competent
3. Centres of excellence; recording of outcome; capacity to recall; linkage with registry data.

Professor Lovell noted the deadline target for making comment was the AHMAC meeting. Ms Stagoll advised that the SECU recommendations would be received by the Health Department for the Minister within 10 days prior to the meeting of 1 June. Dr Gray expressed concern that the advice emanating from SECU might not be consistent with the advice from this Committee. It was agreed to advise the Minister that SMAC would be ready to offer advice at short notice.

It was agreed to advise the Minister that for the purposes of registration of mammography units, the professional guidelines to be followed were those issued by the Royal Australasian College of Radiologists, and that under the legal authority of the Radiation Advisory Committee a mechanism existed for aiming that all mammography should be good mammography in Victoria.

It was agreed to advise the Minister that a limited number of centres for assessing breast problems should be established in Victoria. Initially up to three should be envisaged. They would be centres of excellence and provide a gold standard against which assessment and management in other facilities would be measured. It was also agreed to advise that all screening mammography facilities should be accredited. The basis for accreditation should be that they will operate according to the rules laid down by the Radiation Safety Advisory Committee and the professional guidelines of the Royal Australasian College of Radiologists.

Mr Collins advised that the Breast Section of the College of Surgeons was developing recommendations for the accreditation of surgeons to deal with mammographically detected (minimal) lesions. One of the guidelines would be that surgeons be associated with a recognised screening centre.

Ms Stagoll commented that educational strategies for women and their general practitioners on appropriate choices for referral for management would need to be undertaken.

It was agreed to advise the Minister that the expertise and experience of the Essendon project should not be overlooked. In determining the sites of screening units, account should be taken of this and the obligation resting on the RMH-ACCV Essendon Program to ensure repeated screening of women already recruited.

Mr Hart emphasised the need for second screening to be undertaken at the Essendon program.

It was agreed to advise the Minister of the importance of reports on mammographic screening films being recorded and of the outcome of screening being registered. To this end a central coordinating agency should be created in the state in which data from all screening units should be registered. The registry should in due course have a capacity to undertake a recall service. Screening records should be able to be linked to cancer registry data.

It was recognised that the establishment of a recall service could require parliamentary attention and approval by the privacy commission. The Pap smear registry had already set the groundwork for such a service.

Dr Hill stated that there should be an ongoing assurance of client satisfaction with the quality of mammography services. He suggested that accredited units be invited to accept that clients be surveyed for their levels of satisfaction with the service received.

Ms Stagoll commented that money had previously been tagged for screening and that it was important to note that discussion had now moved towards screening plus assessment centres.

Professor Lovell stated that the cost effectiveness of this approach to breast cancer depends not only on persuading a high percentage of women at risk to be screened, but also on the excellence of the consequent management; the first alone was not an end in itself.

Mr Collins re-emphasised that the primary aim of screening was to diagnose cancers earlier and to be able to offer a significantly higher chance of breast preservation surgery.

It was agreed that the points agreed to at the meeting should be conveyed to the Minister as soon as possible.

There being no further business, the meeting closed at 7.00pm.

## Anti-Cancer Council of Victoria



**REPORT TO THE BREAST X-RAY PROGRAM  
MANAGEMENT COMMITTEE MEETING  
10TH MAY 1990**

**Re: Activities of the Education Unit -  
ACCV for the Breast X-Ray Program**

### **1. Education Strategies**

A number of recruitment campaigns have been successfully completed over the past few months.

At present high priority recruitment campaigns are being carried out in the Deer Park and Essendon areas. Four Social Work students from Phillip Institute are assisting with these campaigns.

Special days for women from specific ethnic groups are being planned. The first two will be held within the next month and will cater for women who speak Italian and Vietnamese.

### **2. Results from Recruitment Activities**

A table demonstrating the results of the recruitment activities carried out so far is attached.

The last two columns detail the recruitment activities completed and planned for each area.

Postcode	Suburb	Number eligible women 31/10/88 *	Number women screened at 31/11/88 to 31/3/90	Estimated percentage of eligible population screened 31/11/88 to 31/3/90	Recruitment Activities carried out in each area **	RecruitActivities still to be carried out
3011	Footscray	1,260	181	15.1	A	B
3012	Footscray West	1,267	425	21.6	A	B
3013	Yarraville	1,291	195	16.1	A	B
3019	Braybrook	783	126	17.4	A,B	
3020	Sunshine	3,129	547	18.2	A,B	
3021	St Albans	2,985	434	14.8	A,B	
3022	Ardeer	804	201	25.3	A,B,D	C
3023	Deer Park	649	197	32.0	A,B,D	C
3031	Flemington	829	107	13.6		A,B
3032	Maribymong	1,390	297	24.4	A,B	
3033	Keilor East	1,138	334	31.2	A,B	
3034	Avondale Heights	1,054	263	26.2	A,B	
3036	Keilor	339	109	35.6	A,B	
3038	Taylor's Lakes	352	71	19.7	A,B	
3039	Moonee Ponds	1,106	464	52.0	A,B,D	C
3040	Essendon	2,282	1,060	59.5	A,B,D	C
3041	Strathmore	1,232	586	58.4	A,B,D	C
3042	Airport West	1,518	361	27.5	A,B	
3043	Tullamarine	1,033	256	26.1	A,B	
3044	Pascoe Vale	2,966	743	28.2	A,B	
3046	Glenroy	3,898	1,035	30.0	A,B	
3047	Broadmeadows	1,859	358	20.4	A,B,D	C
3048	Coolaroo	310	67	22.0	A,B,D	C
3049	W'meadows	320	83	27.1	A,B,D	C
3051	N Melbourne	488	35	7.4		A,B
3055	Brunswick W	1,023	173	18.4	A	B
3056	Brunswick	1,424	162	11.7	A	B
3057	Brunswick E	539	51	9.6	A	B
3059	Greenvale	100	26	28.2	A,B,D	C
3063	Oaklands	26	3	11.7	A,B,D	C
3064	Craigieburn	228	57	25.9	A,B,D	C
3427	Diggers Rest	52	13	25.2	A,B,D	C
3428	Bulla	32	12	41.8	A,B,D	C
3429	Sunbury	794	164	21.7	A,B,D	C
	<b>TOTAL</b>	<b>39,404</b>	<b>9,196</b>	<b>23.9</b>		

**NOTES:**

- \* Number of women on the electoral register aged 50-69 years at 31/10/88
- \*\* Codes for Recruitment Activities carried out in each area:
  - A = Phase 1 of recruitment campaign  
Includes all GP's, Pharmacies and shops visited, displays, media coverage, community groups and industries contacted.
  - B = Phase 2 of recruitment campaign  
Follow up campaign. All GP's, Pharmacies and shops visited for second time. Media coverage and telephone contact with community groups.
  - C = High Priority recruitment campaign  
As in Phase 1 plus special activities such as mobile display van, regular provision of transport, letter box drops etc
  - D = High Priority letter campaign  
All women within this area receive a letter B (letter without appointment)

**Note**

All areas receive randomly selected letter A's (with appointment) and B's (without appointment). Press Releases are also sent to all community papers on a regular basis

VICTORIAN  
COOPERATIVE  
ONCOLOGY GROUP

Executive Secretary : Professor Emeritus RRH Lovell

mammog/memo

23 April, 1990

Memorandum to: NJ Gray, G Giles, D Hill, R Marks, D Reading

From: Prof R Lovell

Re:

LUNCH WITH WSC HARE - 27 APRIL - 12.30

Mtg Rm 2.

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A G E N D A

To hear Professor Hare's views on impending developments in mammography, including:

1. Accreditation - in theory and practice; role of RACR
2. Monitoring technical performance
3. Recording activities - central registration of subjects?
4. AHMAC 1 June 1990 & Australian Health Ministers Conference in following week - ACCV's position.

## Anti-Cancer Council of Victoria



smac/memo

26 March, 1990

**Memorandum to:** Members,  
State Mammographic Advisory Committee

**From:** Professor R Lovell

**Subject:** Minutes of Last Meeting

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Attention has been drawn to two changes that are needed to wording in the draft report, previously circulated, of the meeting of the State Mammographic Advisory Committee held on 19 December 1989.

They are as follows:

(a) Item 5 - line 2

The recall rate is "... about 11% ...", not 10%, and "Eighty-nine percent of the subjects were clear" not of the recalled subjects).

(b) Item 5 - last paragraph, the statement should read:

"... the Breast Section of the RACS was already considering possible guidelines for institutions appointing breast surgeons. These would be second to the RACS Council for consideration."

I enclose a copy of the amended draft report to replace the copy you received earlier.

**ACCV MAMMOGRAPHIC SCREENING ADVISORY COMMITTEE (STATE)**

Minutes of Meeting  
held on Tuesday, 19 December, 1989 at 5.30pm  
in the Boardroom, Anti-Cancer Council of Victoria

Present: Dr NJ Gray (Chairman), Professor RRH Lovell (Executive Secretary), Mr J Collins, Ms J Forwood, Mr S Hart, Dr D Hill, Ms S Hurley, Dr R Marks, Ms D Reading, Mr I Russell, Dr N Sacharias, Mrs S Fitzpatrick

Dr Gray opened the meeting, welcoming those present. He referred to the Prime Minister's statement on 1 December, in the tabled letter, proposing to provide funds to 'extend breast cancer screening services for rural women by meeting the capital costs of mobile units.' He noted that a copy of the original press release had not been received and that only press reportings had been seen.

1. Apologies: Dr G Giles, Dr R Snyder, Ms J Maddigan

2. Report of last meeting (12.4.89):

The minutes of the last meeting, noting Mr Russell's apology, were accepted as a true record.

3. Business arising from the minutes:

3.1 Letter to Minister of Health:

The letter to the State Minister of Health dated 20 April, 1989 had been circulated for information.

3.2 Publicity for Epworth Mammography Service:

Professor Lovell advised that the ACCV's Breast Study Committee had contacted Epworth Hospital expressing concern about the wording of their mammography brochure and it had been altered.

3.3 Accreditation of existing units

Professor Lovell referred to item 6 of the previous minutes and asked Dr Sacharias to report on the status of accreditation of mammography units.

Dr Sacharias advised that the RACR had produced guidelines for screening facilities and was in the process of inviting units to participate in accreditation. The Mammographic Sub-committee of RACR was gathering information from interested units and would be convening an accreditation team to review quality control for accreditation.

Dr Sacharias agreed to report on events as they progressed.

It was agreed to write to Dr Peter Wilson, Secretary, RACR Mammography Committee requesting a report on activities in Victoria, particularly the number of units interested in accreditation and the number of units accredited.

Professor Lovell advised that the ACCV Breast Study Committee had considered the RACR Guidelines for Mammography Screening Units and had congratulated the college.

4. Update on overseas screening studies

4.1 Swedish Experience

4.2 British Experience - Lancet (20.8.88)/BMJ (4.11 & 25.11.89)

Recent reports on overseas studies were considered and it was noted that there was disagreement on conclusions to be drawn at this stage. Dr Gray referred to the article by Maureen Roberts as being of particular interest.

It was agreed to note these papers in discussion under item 7.

5. AMEH Project - Progress Report

Mr Russell advised that to date some 7,000 women had attended for screening with a recall rate of about 11%. Eighty-nine percent of the subjects were clear. Eleven percent required further investigation, 7% because of a suspicious lesion, 1.5% for technical reasons, 2% because of a stated clinical abnormality. Twenty-five percent of cancers picked-up were in women who presented with physical symptoms. Of the 62 biopsies, 40 were malignant. The program was demonstrating that it was possible to screen women to detect breast cancer with a good recall and biopsy rate.

There had been a learning curve across the disciplines (radiology, surgery & pathology) and a good multi-disciplinary framework had been established.

The Essendon biopsy rate was considered to be lower than in other States, as was the mastectomy rate which was 7/40 (18%).

Mr Russell advised that it was planned to re-examine those women screened in the first four months of the project's operation, in light of experience gained by the radiologists.

It was noted that there had been difficulty in recruiting radiographers. The throughput was eight women per hour per two radiographers (4 women per radiographer per hour), that was 150-160 patients per week. It was planned to appoint a third radiographer to the unit and rotate the radiographers through the hospital unit in order to provide variety and job satisfaction. It was planned to extend the out-of-hours service which already includes some Monday evenings.

An active recruitment program had been required to ensure bookings were at a satisfactory level. There was no evidence of a great demand for screening mammography. It was suggested that the defined age group and area may have contributed to the low level of interest. It was noted that appointments were filled to 80% capacity generally, (in November over 90%) and at this rate the program would screen about half the number originally anticipated.

It was noted that if a wide-scale mammography service was introduced then a large public education and recruitment campaign would be required. The overall costing of the service would need to include the cost of such a campaign as well as provision of the service.

Mr Collins emphasized that good treatment of women picked up on screening depended heavily on their being handled by a specialised team. Professor Lovell observed that this point would need to be made if, eventually, state-wide mass screening was advocated. It cut across the notion of general surgeons treating breast lesions. Mr Russell indicated that the

Breast Section of the RACS was already considering possible accreditation of breast surgeons. It was preparing guidelines for the RACS Council to be promulgated in connection with the appointment of surgeons to mammography units.

6. Prime Minister's statement on rural mobile mammography facilities

A letter dated 18 December 1989 was received from Ms Onella Stagoll, Manager, Women's Policy & Programs Unit indicating that the "Federal Government now proposes to provide funds to extend breast cancer screening services for rural women by meeting the capital costs of mobile units for breast cancer screening". The Committee was requested "to give consideration to the Prime Minister's statement and provide advice to the Minister at its earliest convenience".

It was noted that the press release of the original statement made by the Prime Minister had not been seen by the State Health Minister. Ms Reading advised that it had been indicated that \$400,000 was to be provided to each State for mammographic equipment to service rural areas and that the States were required to meet the operating costs of these services. It was also noted that this announcement had been made without prior consultation with the State Health Ministers, and that Dr Blewett's office was only aware of the proposal just prior to it being made.

7. Advice to the Minister

- 7.1 Attitude to another pilot project in Victoria  
7.2 Present attitude to a national screening program

Reference was made to the problems identified during the present pilot project, particularly the shortage of radiographers willing to do mammography and the poor job satisfaction associated with it. The amount of work necessary to induce women to attend for screening had not previously been appreciated.

Reference was also made to the extent of disagreement among responsible investigators world-wide on whether existing evidence compelled a conclusion that mass mammographic screening programs would be beneficial. The Committee believed many outstanding questions needed to be answered before a conclusion could be reached.

Professor Lovell recalled that for population-based studies to lead to compelling conclusions, results in several studies needed to be consistent. This had seemed to be so three years ago, but, with further studies reported, this was not the case at present. While inconsistencies were being examined in further studies overseas there was a case for continuing pilot studies in Australia.

Mr Russell stated that there was a need for cooperation between the individual State units in order to have uniform analysis of data. He also stated that it was not feasible to set up nation-wide screening programs. He believed there was evidence that mammography was valuable to screened women.

Dr Gray believed that the advice to the Minister should be that at this time it would be premature to introduce universal screening services, and since the Minister was faced with a decision on extending mammography, the extended activity should be treated as a second pilot project.

Dr Hill questioned what the advice of the other States was. It was stated that NSW were to set up ten separate units.

Mr Russell suggested that a rural mobile van should review a definite area, that it be linked with the Essendon project, using the same data base and recruitment strategies, so that a comparison of the two projects could be made.

Professor Lovell referred to discussion at a meeting of the Committee on 27 January 1988, when it was decided that a call for proposals be made for a second pilot project.

Mr Collins stated that it was originally envisaged that the second project be urban based. He stated that we should not lose sight of other objectives, such as the smaller the lesion detected the less surgery required.

Mr Russell advised that the grant for the Essendon project would come to an end and there was a need for a second screening before a national program should be considered.

Dr Gray stated that we needed to advise the Health Department of the need to look at funding issues for the future of the Essendon project. He noted that the VHPF would not continue to fund the unit past project stage. He also noted that a commitment had been made by the Minister of Health's predecessor for future funds for Essendon. Professor Lovell was asked to review prior relevant correspondence.

It was agreed to advise the Minister that:

1. it was premature to recommend universal screening services;
2. should a mobile unit be accepted, it should be used in a second pilot project;
3. that the Committee was willing to assist in designing a second project (which should benefit from the experience of the Essendon project) and to prepare an estimate of costs.

8. Other matters

Consideration of late papers which concerned inspection of mammographic equipment and a request from the Australian Institute of Radiography for membership of the Committee was deferred to the next meeting.

There being no further business, the meeting closed at 7.00pm.

VICTORIAN  
COOPERATIVE  
ONCOLOGY GROUP

Winding down

Executive Secretary : Professor Emeritus RRH Lovell

mammog/memo

19 March, 1990

AIDE MEMOIR

Meeting - N Gray, D Campbell, R Lovell - 20 March, 1990

Present Management Cttee:

I Russell (E), R Lovell (E),  
D Reading (E), D Flint-Richter (E),  
S Duckett, M Hayes, G Clunie, N Thane, D  
Campbell (E), K Gallagher, D Hill, S Hurley, M  
Bickley (E), P Wilkinson, B Tress (E)

*Leave in place*

Executive Cttee:

(E) above and J Cawson

For consideration:

A Winding-down Supervisory Committee

Functions:

1. to supervise project until completion, once final recruitment plans are approved.
2. to receive reports from Executive Committee up to 31 October, 1990.

Membership:

Administration: D Campbell, N Gray  
 Records/Stats: I Russell, G Giles  
 In attendance: D Flint-Richter

*✓ Lovell  
+ Radiology*

*future off-spec -*

*4-5 years*

*winding down the secondary*

131

Noted. File Gwendolyn.

ANTI-CANCER COUNCIL OF VICTORIA

EDUCATION UNIT

MEMORANDUM

**FROM:** Dorothy Reading  
**TO:** Professor Lovell, Graham Giles,  
David Hill, Robin Marks, Nigel Gray  
**DATE:** 5th March, 1990  
**SUBJECT:** Timeline for tasks identified in meeting about the wind down of  
the Breast X-Ray Program

---


Notes of this meeting are attached.

Quite a number of tasks are identified in the notes. I suggest that a timeline of two weeks should be sufficient to address these tasks and identify a completion date for each. It would then be sensible to meet with Nigel Gray to report to him.

<u>Tasks</u>	<u>Action by</u>
Clarification of Susan Hurley's future availability.	Graham Giles
Costing of CEC staff time until the end of 1991.	Graham Giles
Costing of Trudy de Luise's staff time past October 31.	David Hill
Final budget projections.	Debbie Sytema
Application for further funding to Executive or VicHealth.	Dorothy Reading
Preparation of handbook or guide to the data base.	Graham Giles
Access to Electoral Register data	Graham Giles

Please assign a realistic completion date to each task that concerns you. We will then communicate these to Nigel Gray for his information in discussions with David Campbell about the wind down of the project.

Meeting date to be confirmed.



Dorothy  
bandr03r

## NOTES OF MEETING TO DISCUSS WIND-DOWN OF ACCV COMPONENT OF BREAST X-RAY PROGRAM

**Date:** 27 February 1990

**Present:** Professor Lovell, Graham Giles, David Hill, Robin Marks, Dorothy Reading

### 1. Staffing (especially for data base management and analysis)

The attached document on staff contract expiry dates and jobs to be completed was discussed.

It was agreed that extra funding would be sought where needed (e.g. Li Chun, Debbie) when budget projections are completed.

It was further agreed that Graham would discuss Susan Hurley's future availability with her to clarify any possible need for a replacement.

Crucial post October 31 activity of data base analysis will be undertaken in CEC by Susan Hurley as long as she is available. Margaret Staples should be introduced to the data base to provide continuity after this and her time costed, e.g. 1 day per month until the end of 1991, reimbursed to CEC. Graham will organise this costing.

Trudi de Luise - post October 31 to be similarly costed by David.

### 2. Requests for data analysis

CBRC and other ACCV demands on CEC for analysis to be staggered.

A data analysis sub-committee should be set up to handle requests, e.g. Professor Lovell and David Campbell.

Function: to set priorities in data analysis if requests over-burden available resources.

CEC to prepare a handbook or guide to the data base.

All requests to be in writing using the terminology of the handbook.

### 3. Ownership of data

#### 3.1 Statistical data:

CEC holds identifying data from the electoral register which is integral to the data base.

Graham to check the terms on which it was acquired. Probably can't be used beyond the scope of the pilot project or by non-ACCV staff.

3.2 Hard copy:

- (a) Clinical records of women screened positive once they've become patients.

These should form part of RMH records.

- (b) Paper records of women screened negative. These should form part of RMH records.

3.3 Hardware:

The computing hardware would not be adequate to meet the needs of a continuing screening service but would be useful to ACCV.

5th March, 1990

bsmcr03r

**ANTI-CANCER COUNCIL OF VICTORIA****EDUCATION UNIT****M E M O R A N D U M**

**FROM:** Dorothy Reading  
**TO:** Breast X-Ray Program Executive  
**DATE:** 8 February 1990  
**SUBJECT:** ACCV staff status and tasks completed by October 31

---

---

**Trish Livingstone** Contract expires - Oct 31.

(a) Tasks completed by Oct 31:

- i. Letter recruitment, cost analysis of this, general cost analysis of various aspects of the program, other tasks as directed by supervisor.
- ii. Preparing data relating to attendance for analysis.

(b) Tasks not completed by Oct 31:

Participation in preparation of papers relating to attendance and cost analysis.

**Li Chun Quang** Contract expires - 29 November.

(a) Tasks completed by Oct 31

- i. Production of monthly statistical reports and statistical analysis as required.
- ii. Database support.

(b) Tasks not completed by Oct 31

- . Correcting and analysing data for final reports and papers.
- . Programming of tables, graphs etc. for these reports and papers.

(The estimated and budgetted time for these tasks = 6 months).

**Debbie Sytema**

Contract expires - July 1990

(a) Tasks completed by Oct 31:

- i. Five week recruitment campaigns carried out in all sub-areas of target area.
- ii. High priority campaigns.
- iii. To ensure adequate recruitment activities completed to fill available appointments until the end of the pilot program.
- iv. Phillip Institute student placement.
- v. Volunteer trial and evaluation of trial.
- vi. Proposed publications.

(b) Tasks not completed by Oct 31:

**3 sessional recruitment staff - employed as required to Sept 30.**

**Trudy De Luise - Research Assistant - CBRC**

(a) Tasks completed by October 31:

Data collection of:

satisfaction of participants at screening and recall clinics

psychological consequences of participants and sources of information prompting attendance by eligible women including those interviewed prior to the opening of the Breast X-Ray Program.

(b) Tasks not completed by October 31:

Analysis and preparation of reports for the projects listed above.

**Susan Hurley - Permanent member of ACCV staff**

(a) Tasks completed by October 31:

Monthly statistical reports

(b) Tasks not completed by October 31:

Final analysis of data and preparation of reports and papers.

**Dorothy Reading - Permanent member of ACCV staff.**

**Jill Cockburn - Permanent member of ACCV staff.**

bsrd03r

**Minutes of Meeting**  
**held 4.30pm Thursday 25th February 1990**  
**Centre for Behavioural Research in Cancer**

Notes on meeting between Ian Russell, Dorothy Reading, and David Hill to discuss issues of data release and report writing for the Essendon Breast X-Ray Program.

---

1. **Provision of data to SECU.**

Ian Russell stated that everybody involved with the project at AMEH believed that the program was not doing sufficient to assist SECU with the aggregation of its national data set. The perception at AMEH has been that there has been an antipathy to SECU at the Anti-Cancer Council and ACCV places a low priority on provision of data to SECU. It had been the expectation of Ian and the AMEH group that the role of Susie Alessandrou would include preparation of data to match the tabulations requested by SECU. They expected that Susie would do this under Susan Hurley's supervision.

Notwithstanding the agreements reached with SECU that our reports would meet their data requirements needs, Ian and the AMEH group remain keen to see as much of the currently available data in SECU format as is possible. It is clear that if we work promptly towards this objective tension should reduce.

Ian stated that the AMEH group does not believe that Susan's draft of the 18th December is in a suitable form to send to SECU. He pointed out that much of the introduction, rationale and discussion of results were redundant to SECU's needs, and that there was disagreement from clinicians about some of the interpretations.

We agreed that the tables from Susan's paper (with some amendments to be made after consultations between Ian and Susan) together with brief explanatory comments should be sent to SECU by the 9th February. To achieve this a) Ian Russell to insure that all outstanding details of data are completed by program staff or consultants; b) Tables 6 and 7 to be clarified through discussion between Ian Russell and Susan Hurley; c) a table detailing both mammographic films and views to be included.

Looking ahead, we also agreed that the monthly reports to the Executive of the program should progressively be extended to match the tabular SECU format. In this way, the Executive and others involved in the program would become familiar with the SECU layout and it would be a simple matter to transmit data to SECU after approval by the Executive. It was acknowledged that only a portion of SECU requests, mainly in the epidemiology and service delivery section, could be met now or in the near future.

It was also agreed that Susan Hurley, or someone working under her supervision, should annotate a set of SECU table blanks indicating which data we are collecting, and which data are currently available, for review by the Executive. This would enable the Committee to consider whether further data requested by SECU can, and should be, collected.

2. **Publications**

The more deeply contentious issue of authorship of published reports was discussed at length. Ian Russell made it clear that the AMEH group did not accept that the listed order of investigators under the various areas of research set out in the protocol represented the order in which they should take precedence in publications. The AMEH position is that for the clinical material it is not only appropriate but essential that clinicians take the lead in writing reports and papers. We discussed inconclusively the possibility that the initial material to be presented publicly might fall naturally into two segments, one of which could be principally written by the Director of the program and the other by Susan Hurley. Perhaps these could be a pair of articles submitted simultaneously to the Medical Journal of Australia. However, we did not define what the content of each paper would be, so cannot be sure that this idea is viable.

We did agree that there is clearly much material that is potentially publishable and it covers many perspectives and a number of disciplines. It would be timely to canvass the views and ambitions of all the key participants in the project. Therefore we agreed that Ian Russell, as Director of the Program, would invite the head of participating units at AMEH and the ACCV to define areas of interest and state their interest in playing either a primary or secondary role on an authorship panel for papers in the areas nominated. Heads of participating

units would also be asked to formulate for each nominated area of research specific research questions they would like to address. After responses have been received by the Director from all units, the full set of responses will be circulated to all participants for comment, revision and opportunity to make "second offers". With this request to heads of units would go a worked example to indicate the nature and degree of specificity of the response requested.

MINDH/bas:3  
26 January, 1990

30 January 1990

49-1729

**Summary of the situation re mammographic screening so far as ACCV's position is concerned**

1. Apropos provision of data to SECU. My opinion is straightforward.

- (i) We have met, or will meet, the commitments made to Michael Fett and negotiated between he and Susan Hurley. ✓
- (ii) It would be desirable to progressively start to produce as much data, tabulated as they wish it, in our monthly reports. ✓

I am clear, however, that we have met our commitments as agreed. I believe we should meet SECU's needs as best possible. ✓

2. The issue of authorship.

I am extremely disappointed to find that there is an argument about this in which the Anti-Cancer Council's position has not been satisfactorily defined. -

- (i) I do not think the list of Anti-Cancer Council authors on page 20 of the protocol has any significance whatsoever. For a start it could not be assumed by any reasonable reader that this gives Susan senior authorship of publications from the group and that Anti-Cancer Council is routinely to be featured above AMEH. I think such a proposition is absurd. ✓
- (ii) When I saw the draft of the paper for presentation to the Executive Committee, I smiled, because I thought that it supported my long held opinion that we would make sure we published before Michael Fett. ✓
- (iii) I was appalled to discover later that the issue of senior authorship had not been considered or negotiated by the Management Committee. ✓
- (iv) Let's look at who ought to have what rights. A lot of people associated with the project have done a lot of work. They are all specialists in their own field. ✓

Susan Hurley is unquestionably the analyst (as well as a contributor to the design of the study) and hence in analytical papers would have a claim to seniority. However, the figures which she is analysing are not statistics alone. They are statistical descriptions of events which constitute work by people such as radiologists and surgeons. These individuals have a clear right to seniority in publications where the work they have done is to be described. The fact that every description of every project

*but cent key as a journal document  
I have said all this to  
Susan  
-sett-*

in the whole history of scientific research included some figures does not mean that the people who get the figures together are routinely the senior authors. ✓

In summary, this issue has got badly out of hand and noses are out of joint unnecessarily. I realise that Dick Lovell gave Ian Russell strong and wise advice to the effect that a publications policy should be established. Given that it was a mistake not to do so, I also think that it was a mistake to present the Executive Committee with a fait accompli in the form of a prepared publication with Susan Hurley's position as senior author non-negotiable. ✓

I believe an earlier decision should have been made as to the ways in which the project was to be described in the literature and that Susan should be allocated senior authorship of those papers which are negotiated as appropriate. I think there is a paper which should precede the preliminary results paper. It is a paper which should probably carry Ian Russell's name as the senior author and some of my suggestions for its content are set out in Appendix A. It could possibly be printed together with the results paper in the same issue of the MJA. Such an outcome might satisfy everybody's interests and actually present the project in the proper way. ✓

Attached as an appendix is the proposed content of the paper which Ian could write. I think discussion should be held with Susan as to appropriate titles for papers she should write (Appendix B). David Hill's group have already worked out a tentative list of initial titles and authors (Appendix C). ✓

*Appendices not discussed.*

Att. Appendices A, B & C

## APPENDIX A

### Ian Russell's background paper

1. In 1986 evidence appeared that suggested that it was timely to start working towards the introduction of mammographic screening (Tabar etc.).
2. The question of what to do in Australia arose.
3. Some discussion as to whether we should or shouldn't have copied the English example of simply **establishing** screening programs.
4. Decision that it was better to settle for pilot projects instead of a commitment to mass screening (it's a matter of academic interest that the reason for my visit to David White in February 1987 was to discuss the benefit of **pilot** projects against the establishment of screening **programs**; to persuade him that it was best to keep the cork in the bottle and that pilot projects were a good way to go. It was during this discussion that he indicated an interest in doing something about tobacco which led to the Victorian Tobacco Act passed in November 1987 and the establishment of the Victorian Health Promotion Foundation which funded mammographic screening at the beginning of 1988. (This is a touch of historical irrelevance only.)

There were certain questions which needed to be addressed. These were:

- (i) Delivery of the service, costs, problems, technical quality of mammograms, reading of mammograms, management of clients, recall systems and management of patients.
- (ii) Compliance/attendance, will people come, what sort of people live in the area, how do we reach them, what are the costs of reaching them, what are the reasons why they come/don't come etc.

#### 5. **How to fund such a pilot project?**

The Victorian Health Promotion Foundation was established and had (surprise, surprise) prevention and early detection of disease among its objectives.

#### 6. **What sort of pilot project to choose.**

Mobile units were one possible way to go. Essendon hospital was chosen as the site because it was available, new and a political embarrassment. However, a screening test area was always going to be necessary and there was no political disadvantage in siting it at Essendon.

#### 7. **Objects of the program.**

In more detail:

- (i) Can the service be delivered?

- (ii) Will women attend?
- (iii) Can the x-rays be satisfactorily read?
- (iv) Can the biopsy rate be kept reasonable?
- (v) Can the correct number of cancers be detected.

8. These questions and objectives can be defined in a relatively straightforward way. **Results** which demonstrate the answers to **these** questions could be part of Ian's paper.

## APPENDIX B

### Susan's preliminary paper

1. Description of the demographic makeup of the area, of the ethnic breakdown of the population.
2. The issue of population registers and ways in which people can be identified.
3. Attendance rates
4. Criteria for evaluation
  - (a) Attendance rates, by age, language spoken at home and place of residence relative to the screening centre.
  - (b) Recruitment rates including increments in recruitment rates achieved by different recruitment strategies and attendance rates for women who make appointments.
  - (c) Waiting times between initial contact and appointment, appointment and "all clear report", screening and recall appointment and screening and notification of result or referral.

Additional studies will presumably be conducted to obtain estimates of costs incurred by women attending screening.

## Appendix C

### C.B.R.C. (behavioural science) papers pertinent to the Breast X-Ray Program

Below is a list of proposed papers that could arise out of the Breast X-ray program in the behavioural science area. Suggestions concerning titles, content, authorship and intended journal would be appreciated.

David Hill

---

<b>Paper:</b>	The development and validation of an instrument to measure satisfaction of participants at mammography screening programs
<b>Description:</b>	Describes the psychometric development of the satisfaction with screening questionnaire.
<b>Intended Journal:</b>	Lancet
<b>First author:</b>	Jill Cockburn
<b>Other Authors:</b>	David Hill, Les Irwig, Trudy De Luise, Debby Turnbull, Penny Schofield

---

<b>Paper:</b>	Satisfaction of Participants at an Australian Mammography Screening Program
<b>Description:</b>	Describes the satisfaction of participants over the first year of operation of the Essenden Breast X-Ray Program. This will cover both satisfaction at the screening clinic and the recall clinic
<b>Intended Journal:</b>	MJA
<b>First author:</b>	Jill Cockburn
<b>Other Authors:</b>	David Hill, Trudy De Luise, plus ??

---

<b>Paper:</b>	Development of a strategy to encourage attendance for screening mammography
<b>Description:</b>	Uses data collected from 668 randomly selected women from the community (MARTHA study) and correlates this information with their intentions regarding attending the Program. The results are used to recommend strategies which should be effective for encouraging attendance.
<b>Intended Journal:</b>	Health Education Theory & Practice
<b>First author:</b>	Jill Cockburn
<b>Other Authors:</b>	Barbara Murphy, Penny Schofield, David Hill, Ron Borland

---

- Paper:** Characteristics of women responding to different methods of recruitment to the Breast X-Ray Program
- Description:** Describes the characteristics which differentiate the MARTHA women who i) attended in response to the public campaign; ii) attended in response to an invitation letter; or iii) those who do not attend.
- Intended Journal:** British Medical Journal?
- First author:** Jill Cockburn
- Other Authors:** David Hill, Susan Hurley, Penny Schofield, plus ???
- 
- Paper:** The development of a reliable and valid instrument to measure the psychological consequences of the screening process.
- Description:** Describe the psychometric testing of the psychological consequences questionnaire
- Intended Journal:** ?
- First author:** Jill Cockburn
- Other Authors:** Susan Hurley, Trudy De Luise, Trish Livingstone, Kerry Clover
- 
- Paper:** The psychological consequences of the screening process
- Description:** Describes the process of psychological consequences of the screening process
- Intended Journal:**
- First author:** Jill Cockburn
- Other Authors:** Susan Hurley, Trish Livingston, Trudy De Luise
- 
- Paper:** How do women obtain information about new health service?
- Description:** Describes process by which women obtain information about the Breast X-Ray Program
- Intended Journal:** A health education journal
- First author:** Jill Cockburn
- Other Authors:** Dorothy Reading, Debby Sytema, Trudy De Luise
- 

22GJC02:sn:1  
30 January, 1990



Anti-Cancer Council of Victoria

Executive Secretary : Professor Emeritus RRH Lovell

mammog/memo

22 February, 1990

Memorandum to: Dr NJ Gray, Ms D Reading, Dr D Hill, Dr G Giles (ACCV),  
Mr I Russell, Dr D Campbell (RMH)

From: RRH Lovell

Re: Eight Month Review Seminar - RMH-ACCV Breast X-ray Program

In his letter of 19 February (faxed 21 Feb) to Nigel Gray Jonathan Tribe has given the go ahead.

To carry this forward, tasks include:

1. Making sure everyone understands the primary purpose of the review, which is for the ACCV through it's State Mammographic Advisory Committee (SMAC) to advise the Minister of Health of developments in mammography screening in the light of conclusions that can be derived from the first eight months experience (NJG letter to J Tribe 12.2.90);
2. To prepare a program which might fall under the following headings:
  - (a) What was planned - objectives and design
  - (b) What has happened - eight months experience:
    - \* administrative matters, eg staff and records, progress and problems
    - \* recruitment and factors influencing it (perhaps a series of short papers from Education and CBRC)
    - \* radiological findings at first screen
    - \* patients recalled - findings on them, satisfaction
    - \* the Budget
  - (c) Interim conclusions bearing on the question : What next?
3. Persons to be invited, eg all Project Staff Committee of Management, Members of SMAC, representatives of VHPF, HDV, SECU and other Pilot Project.
4. Decide on title, ensuring it includes RMH-ACCV as co-hosts
5. Budget for seminar - identify costs

I have asked Susan Fitzpatrick to arrange a planning meeting - with a white-board.

*RRH* *Noted*  
*11/2/90*  
*meeting*

*Thus 2/11/90*

**Memorandum**

**To:** Professor Lovell  
**From:** Susan Hurley  
**Date:** 30 January, 1990  
**Subject:** Publications arising from the mammography study  
**Copies to:** Damien Jolley, Graham Giles

---

As requested, I have listed the Cancer Epidemiology Centre's planned publications, with proposed authorship. I have not yet had a chance to discuss authorship issues with Graham Giles. *more than 1 paper*

- 1. Hurley, Jolley, Reading, Giles, Flint-Richter, Billson, Cawson, Russell.** Population-based mammographic screening: a preliminary evaluation of the Victorian pilot program.
- 2. Hurley, Livingston, Jolley, Cockburn, Reading.** The cost-effectiveness of personalised and public recruitment strategies for mammographic screening.
- 3. Hurley, Livingston, Quang, Giles, Thaine, Flint-Richter.** The cost-effectiveness of a population-based mammographic screening program.
- 4. Hurley, Jolley, Livingston, et al.** Predictors of attendance at mammographic screening.
- 5. Hurley, et al.** Final report of the evaluation of the mammography screening program at Essendon hospital.
- 6. Livingston, Kotler, Hurley, Churches, Russell.** A pilot study of psychotherapy for women undergoing mastectomy.
- 7. Hurley.** A chapter in PhD thesis entitled "Cost-effectiveness analysis: studies with breast cancer." describing the studies listed as items 2 and 3.



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HOSPITAL



EST. 1964

ESSENDON  
AND DISTRICT  
MEMORIAL  
HOSPITAL

# The Amalgamated Melbourne & Essendon Hospitals

## FAX COMMUNICATION

**TO:** Dr N. Groux  
Director - ACCU

**FROM:** JEAN RUSSELL  
PROGRAMME DIRECTOR

**NO. OF PAGES:** (Including this page) 2

**FAX REPLY NO.:** (03) 347 4558

Postal address: c/o Post Office, The Royal Melbourne Hospital, Victoria 3050, Australia  
Telephone: (03) 347 7111. Telex: RMHOSP AA37704. Facsimile: (03) 347 4558

**Breast X-ray  
Program**

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

22nd January 1990

Ms. Susan Hurley,  
Anti-Cancer Council of Victoria,  
1 Rathdowne Street,  
CARLTON 3053

Dear Susan,

I enclose a copy of a letter from the Acting Assisting Secretary of the Health Care Strategies branch of the Federal Health Department to Dr. Stephen Duckett.

I have copies of the tabulations requested by SECU. If you do not have copies of them I will be happy to make them available for you.

It is my wish that these tabulations be completed and I would like you to provide the necessary data for their completion.

If you are not able to provide all the data requested please specify:

1. Which tabulations can be completed now.
2. The precise steps which we need to follow to complete the data tabulations indicating resources and personnel that might be required for this task.

Please reply to this letter as a matter of urgency.

Yours sincerely,

IAN S. RUSSELL  
PROGRAMME DIRECTOR

cc - Dr. N. Gray - Director - ACCV  
cc - Dr. D. Campbell - Director Medical Services - RMH

88/15895

Dr Stephen Duckett  
Regional Director  
West Metropolitan Region  
Health Department Victoria  
GPO Box 4057  
MELBOURNE VIC 3001

Dear Dr Duckett

**CONTRIBUTION OF DATA BY ESSENDON HOSPITAL BREAST X-RAY PROGRAM TO  
THE NATIONAL EVALUATION OF SCREENING MAMMOGRAPHY**

I refer to your telephone call of 30 November 1989 to Ms Bellas of this Branch seeking a specification of exactly what is required to enable payment of further instalments of the Commonwealth grant to your department for the evaluation of the Essendon screening program. I regret the delay in replying.

The terms and conditions of the grant require that a project plan be submitted specifying, inter alia, what data will be provided to the Screening Evaluation Co-ordination Unit (SECU) at the Australian Institute of Health. Once the project plan has been approved by this Department, an instalment of the grant would be paid, and further payments would be conditional on timely provision of the data. To date the project plans submitted have not been satisfactory in these respects as well as others.

Enclosed are copies of the data tabulations which SECU seeks for the purposes of the national evaluation. As indicated by the copy of the covering letter from SECU, some of this data has been provided, but not in the desired form, and some tabulations are not applicable until re-screening begins.

If agreement can be reached by all parties, including all relevant people employed by or associated with the Anti-Cancer Council of Victoria, on which of these tabulations would be provided in fully completed form (either on paper or in appropriate electronic media); and when they would be provided, it is likely that any other issues in approving the project plan would be easily resolved.

  
AUSTRALIAN INSTITUTE OF HEALTHGPO BOX 570, CANBERRA, ACT 2601, PHONE (062) 43 5000, FAX (062) 57 1470  
THE INSTITUTE IS LOCATED AT BENNETT HOUSE, HOSPITAL POINT, ACTON, ACT.Chris Stevenson  
(062) 435027  
Doc. Stevenson/4781  
File No. 89/438- CONTACT  
- PHONE  
- REFERENCE

Mr Steve McGinness  
Financial Strategies Branch  
Department of Community Services and Health  
2<sup>nd</sup> floor  
Alexander Building

Dear Steve

Here, as we discussed, are three copies of each of the data tabulations that we requested from the mammography pilot projects.

The Essendon Breast X-Ray project has not provided any completed data tabulations in the form that we requested. However they have provided us with some reports which contain some of the requested data. These reports are:

- Monthly attendance summaries: these contain data which cover some of the totals for the epidemiology and service delivery tables IV and V, but no data classified by the age of the screened women.
- Behavioural Science research reports: Several of these arrived just before Christmas and may contain some of the requested data. Rosemary Knight arrived back from leave today and she and I will go through them and I will let you know what we find. However, this will probably take us a few days.

No data on the economic evaluation has been received from this project.

Tables relating to re-screening are not yet applicable (since the project has not been operating long enough to generate any data on re-screening). These are Tables VI, VII, VIII, IX, XI, XII, XIII and XVIII for Epidemiology and Service Delivery; Tables XIII and XIV for Behavioural Science and Table III for Economic costs to service providers.

2.

Since the initial report of the national evaluation must be drafted in the near future, and the Essendon project could make a major contribution to the development of policy in this field, I should be grateful if you would seek the appropriate agreement as a matter of urgency.

I am sending a copy of this letter and the tabulations to Mr Ian Russell of the Breast X-Ray Program.

The contact officer in this Department in relation to this matter is Steve McGinness, telephone 062-89 7363.

*JML*

JOAN LIPSCOMBE  
ACTING ASSISTANT SECRETARY  
HEALTH CARE STRATEGIES BRANCH  
19 January 1990

88/15895

Dr Stephen Duckett  
Regional Director  
West Metropolitan Region  
Health Department Victoria  
GPO Box 4057  
MELBOURNE VIC 3001

Dear Dr Duckett

**CONTRIBUTION OF DATA BY ESSENDON HOSPITAL BREAST X-RAY PROGRAM TO  
THE NATIONAL EVALUATION OF SCREENING MAMMOGRAPHY**

I refer to your telephone call of 30 November 1989 to Ms Bellas of this Branch seeking a specification of exactly what is required to enable payment of further instalments of the Commonwealth grant to your department for the evaluation of the Essendon screening program. I regret the delay in replying.

The terms and conditions of the grant require that a project plan be submitted specifying, inter alia, what data will be provided to the Screening Evaluation Co-ordination Unit (SECU) at the Australian Institute of Health. Once the project plan has been approved by this Department, an instalment of the grant would be paid, and further payments would be conditional on timely provision of the data. To date the project plans submitted have not been satisfactory in these respects as well as others.

Enclosed are copies of the data tabulations which SECU seeks for the purposes of the national evaluation. As indicated by the copy of the covering letter from SECU, some of this data has been provided, but not in the desired form, and some tabulations are not applicable until re-screening begins.

If agreement can be reached by all parties, including all relevant people employed by or associated with the Anti-Cancer Council of Victoria, on which of these tabulations would be provided in fully completed form (either on paper or in appropriate electronic media); and when they would be provided, it is likely that any other issues in approving the project plan would be easily resolved.

## AUSTRALIAN INSTITUTE OF HEALTH

GPO BOX 570, CANBERRA, ACT 2601. PHONE (062) 43 5000, FAX (062) 57 1470  
THE INSTITUTE IS LOCATED AT BENNETT HOUSE, HOSPITAL POINT, ACTON, ACT.

Chris Stevenson  
(062) 435027  
Doc. Stevenson/4781  
File No. 89/438

- CONTACT  
- PHONE  
- REFERENCE

Mr Steve McGinness  
Financial Strategies Branch  
Department of Community Services and Health  
2<sup>nd</sup> floor  
Alexander Building

Dear Steve

Here, as we discussed, are three copies of each of the data tabulations that we requested from the mammography pilot projects.

The Essendon Breast X-Ray project has not provided any completed data tabulations in the form that we requested. However they have provided us with some reports which contain some of the requested data. These reports are:

- Monthly attendance summaries: these contain data which cover some of the totals for the epidemiology and service delivery tables IV and V, but no data classified by the age of the screened women.
- Behavioural Science research reports: Several of these arrived just before Christmas and may contain some of the requested data. Rosemary Knight arrived back from leave today and she and I will go through them and I will let you know what we find. However, this will probably take us a few days.

No data on the economic evaluation has been received from this project.

Tables relating to re-screening are not yet applicable (since the project has not been operating long enough to generate any data on re-screening). These are Tables VI, VII, VIII, IX, XI, XII, XIII and XVIII for Epidemiology and Service Delivery; Tables XIII and XIV for Behavioural Science and Table III for Economic costs to service providers.

2.

Since the initial report of the national evaluation must be drafted in the near future, and the Essendon project could make a major contribution to the development of policy in this field, I should be grateful if you would seek the appropriate agreement as a matter of urgency.

I am sending a copy of this letter and the tabulations to Mr Ian Russell of the Breast X-Ray Program.

The contact officer in this Department in relation to this matter is Steve McGinness, telephone 062-89 7363.

*JML*

JOAN LIPSCOMBE  
ACTING ASSISTANT SECRETARY  
HEALTH CARE STRATEGIES BRANCH  
19 January 1990



Victoria's first hospital  
EST. 1848

THE  
ROYAL MELBOURNE  
HOSPITAL



EST. 1954

ESSENDON  
AND DISTRICT  
MEMORIAL  
HOSPITAL

# The Amalgamated Melbourne & Essendon Hospitals

## FAX COMMUNICATION

**TO:** \_\_\_\_\_  
Ms. Susan Hurley  
Anti-Cancer Council

**FROM:** \_\_\_\_\_  
I. S. Russell  
ESSENDON BREAST X-RAY  
PROGRAMME DIRECTOR

**NO. OF PAGES:** (Including this page) .... 1 .....

**FAX REPLY NO.:** \_\_\_\_\_ (03) 347 4558

22/1

Nigel

This arrived  
earlier in the  
day from Ian Russell

Susan

Postal address: c/o Post Office, The Royal Melbourne Hospital, Victoria 3050, Australia  
Telephone: (03) 347 7111. Telex: RMHOSP AA37704. Facsimile: (03) 347 4558



## Breast X-ray Program

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

22nd January 1990

Ms. Susan Hurley,  
Anti-Cancer Council of Victoria,  
1 Rathdowne Street,  
CARLTON 3053

Dear Susan,

First I must commend you for the amount of work that you have put into the data from Essendon. It was a pity that it was not available in time for members of the Executive to consider it prior to the meeting and clearly it was not possible to make any worthwhile comment when it was tabled.

I must say however that I was very surprised to find that this was produced as a draft for a journal article and that you had suggested that you would be the principal author.

Following discussion with Professor Lovell in November I had decided that I would ask those concerned with the Programme to indicate their areas of particular interest and to draw up a list of possible publications and determine the authorship of these various publications.

I must also say that I was greatly disappointed that the data was not produced in a tabulated form for transmission to SECU. I have read the correspondence with SECU and although I realise that reference was made to data in a journal form it was clearly always the desire of SECU that the data be produced in a tabulated way, it was certainly the wish of the Executive that we collaborate with SECU and I think that it is a great pity that the Essendon project has not had a major input into the data which SECU has analysed and which is the basis of their first report. I expect to receive a draft copy of that report within the week.

You are also aware that our failure to transmit data to SECU has resulted in us not receiving money from the Commonwealth. Some money has been sent to the Health Department of Victoria and this will not be released to the Project until we have demonstrated our collaboration with SECU. In addition I believe that our failure to collaborate has also jeopardised our chances of receiving funds to set up a training centre and I believe that it will jeopardise our chances of getting funds for Jill Cockburn's project.

I was also disappointed to find that the report came with an attachment setting out the need to 'check, clarify and confirm' various items. Surely, it should have been possible to do this along the way while this draft was being produced. Delia tells me that in fact most of it had been clarified before the report was tabled and that she has attended to all the other matters since then.

A combined project of the Amalgamated Melbourne and Essendon Hospitals and the Anti-Cancer Council of Victoria, funded by the Victorian Health Promotion Foundation.

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P. 2

**Breast X-ray  
Program**

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

cont.

I am sure that you will gather that this report has caused a great deal of unhappiness and dissatisfaction to the clinicians and radiologists concerned with the Project. I have received strong objections that clinical data be published with you as principal author. I am sure that you also have received input from the radiologists concerning inaccuracies and misinterpretations contained within the report.

I believe that we need to do four things.

First, we must be quite certain that the data that you have is correct and that you fully understand it.

Secondly, as a matter of some urgency to prepare data in appropriate format for transmission to SECU.

Thirdly, I think that your draft will provide an excellent base for a general article which can deal with the reason for setting up the Essendon project, rationale for the design of the project and contain some data, sufficient to ensure publication of the article.

Fourthly, we need to decide the titles of other publications which will come from the project and determine an authorship panel for each article.

To deal more specifically with your draft. I must say that my general approach and style would be different from yours but this is only a matter of "personal taste". I would have emphasised in the introduction that the reasons for not establishing universal screening were first, the concern that it may make no difference to the overall mortality of breast cancer, secondly, the cost and thirdly concern about the accuracy of the investigation and the implications stemming from this.

You will already have received a letter from Jenny Cawson dealing with aspects of the radiology results. As far as the surgical results are concerned, I am concerned that Jenny has quite different figures from you. I do agree with Jenny that table 6 is confusing. Table 5 indicates that 80 women had clinical assessment because of symptoms, table 6 presumably refers to those patients plus those referred for clinical examination because of mammographic abnormality. Table 6 seems to indicate that 103 people had clinical examination only whereas they must all surely have had a mammogram.

On page 17, paragraph 1, I think it should be quite clear that technical recalls are not counted as abnormal mammograms.

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cont.

I find paragraph 2 on page 17 quite confusing and the last paragraph clearly underlines the problems of clinical data being written up by non clinical people. Any clinician reading this article would be very suprised to find that 33 women were treated with segmental excision with or without axillary surgery and would want to know how many people had axillary surgery and why some women did not have axillary surgery. I think it is very important in reporting the surgical results that we clearly differentiate between the management of insitu cancer and the management of invasive cancer.

On page 21 you suggest that the number of women recalled was high compared with other countries. To interpret this one clearly needs to know the criteria for recall in Sweden, United Kingdom and Holland.

We will be able to discuss these issues when we meet.

The comments about the interpretation of data are not meant to be critical but simply to emphasise the need for clinical data to be analysed by clinicians and in all articles the need for a panel of authors. I think that the document you have produced is an excellent basis from which we can build and it is certainly a stimulus for us to press on to prepare for publication.

With kind regards.

IAN S. RUSSELL  
PROGRAMME DIRECTOR

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P. 4

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JOAN LIPSCOMBE  
ACTING ASSISTANT SECRETARY  
HEALTH CARE STRATEGIES BRANCH  
19 January 1990

88/15895

Dr Stephen Duckett  
Regional Director  
West Metropolitan Region  
Health Department Victoria  
GPO Box 4057  
MELBOURNE VIC 3001

Dear Dr Duckett

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