

MEMORANDUM

TO: Meredith Giffin, Dorothy Reading

FROM: Susan Hurley

DATE: 2 December 1988

=====
Thank you for your memorandum of 1st December regarding the proposed suburb list for inclusion on the Breast X-ray program's poster and invitation pamphlet. I have the following comments:

1. The list of suburbs is very long and seems to include all placenames for each target postcode listed in the Australia Post postcode booklet. I doubt that this is necessary, I think that many of the placenames merely represent local regions and that women living in, for example, Travencore, would know that they live in Ascot Vale. I suggest including a shorter list of suburbs, but also including the actual postcodes.
2. Kingsville South, Moreland, Upfield and Derrimut should certainly be deleted as they included non-target area postcodes (3015, 3058, 3061 and 3030 respectively).
3. I agree that Brooklyn and Fawkner West should be excluded.

I think that we should talk about this again before the list is finalised.

cc Graham Giles, Georgina Chambers

SH

S.H.

ANTI-CANCER COUNCIL OF VICTORIA
EDUCATION UNIT

MEMORANDUM

TO: Susan Hurley, Georgina Chambers
FROM: Meredith Giffin
DATE: 1st December, 1988

=====

You will find attached the list of suburbs we propose to include in the revised poster and invitation pamphlet for the Breast X-ray Program.

Can you please check the list for me to ensure that no suburbs have been omitted and that none have been included which don't fall within our target area.

Two suburbs have been left out intentionally; Brooklyn, because only part of it falls within the target area, and Fawkner West, because residents of Fawkner (1759 women in the target age group) are not eligible for participation in the Program and I believe including Fawkner West could create some confusion. Perhaps staff at the program can ensure that women enquiring from these areas are asked their postcode in order to confirm their eligibility.

Thank you,



Meredith Giffin

BSCMG01R

- Aberfeldie 3040 ✓
- ✓ Airport West 3042 ✓
- Albanvale 3021 ✓
- Albion 3020 ✓
- Anstey 3056 ✓
- ✓ Ardeer 3022 ✓
- Arundel 3036 ✓
- ✓ Ascot Vale 3032 ✓
- Attwood 3049 ✓
- ✓ Avondale Heights 3039 ✓

- ✓ Essendon 3040 ✓
- Essendon Airport 3041 ✓
- ✓ Essendon North 3041 ✓
- ✓ Flemington 3031 ✓
- ✓ Footscray 3011 ✓
- Footscray (Middle) ??
- ✓ Footscray West 3012 ✓

- ✓ Braybrook 3019 ✓
- ✓ Broadmeadows 3047 ✓
- Brooklea 3012 ✓
- ✓ Brunswick 3056 ✓
- ✓ Brunswick East 3057 ✓
- Brunswick South 3055 ✓
- ✓ Brunswick West 3055 ✓
- ✓ Bulla 3047 ✓

- ✓ Gladstone Park 3043
- Glenbervie 3040 ✓
- ✓ Glenroy 3046 ✓
- ✓ Greenvale 3047 ✓

- ✓ Hadfield 3046 ✓
- Highpoint West 3032 ✓
- Hotham Hill 3051 ✓

- ✓ Coolaroo 3048 ✓
- Coonans Hill 3044 ✓
- ✓ Craigieburn 3069 ✓
- Cross Keys 3041 ✓

- ✓ Jacana 3046 3047 ✓

- ✓ Kalkallo 3064 ✓

- ✓ Kealba 3021 ✓
- ✓ Keilor 3036 ✓
- ✓ Keilor Downs 3038 ✓

- ✓ Keilor East 3033 ✓
- ✓ Keilor Park

- ✓ Kensington 3031 ✓
- ✓ Kingsville South 3013 3015 ✓
- ✓ Kingsville West 3012 ✓

- ✓ Dallas 3047 ✓
- ✓ Deer Park 3023 ✓
- Deer Park (East) 3032 ✓
- Deer Park (North) 3023 ✓
- Derrimut 3012 3030
- ✓ Diggers Rest 3027 ✓
- ✓ Donnybrook 3064
- Doutta Galla 3042 ✓

✓ musts
 ✓ protocol.

no tick - this list not over

Macauley 3051 ✓
✓ Maidstone 3012 ✓
✓ Maribyrnong 3032 ✓
✓ Mickleham 3069 ✓
✓ Moonee Ponds 3039 ✓
Moonee Vale 3055 ✓
Moreland 3055 3056 3057 3058 ✓
Moreland East 3057 ✓
Moreland West 3055 ✓
Seddon 3011 3013 ✓
Seddon West 3011 ✓
✓ St Albans 3021 ✓
✓ Strathmore 3041 ✓
✓ Sunbury 3429 ✓
✓ Sunshine 3020 ✓
✓ Sunshine North —
✓ Sunshine West —
✓ Sydenham 3028 ✓

✓ Newmarket 3031 ✓
✓ Niddrie 3042 ✓
✓ North Melbourne 3051 ✓
✓ Oaklands Junction 3047 ✓
✓ Oak Park 3046 ✓
✓ Taylor's Lakes 3038 ✓
✓ Tottenham 3012 ✓
Travencore 3032 ✓
✓ Tullamarine 3043 ✓

✓ Upfield 3047 3048 3061

✓ Pascoe Vale 3044 ✓
✓ Pascoe Vale South —
Robinson 3019 ✓
✓ Westmeadows 3049 ✓
✓ Yarraville 3013 ✓
✓ Yuroke 3047 ✓

BREAST X-RAY PROGRAM

MEMO

FROM: Meredith Giffin,
Education Officer.

TO: Management Committee Members.

DATE: 31st October, 1988.

RE: Promotional Resources.

Please find enclosed resources from the Breast X-Ray Program:

- Breast Cancer Screening Canstat.,
- Breast X-Ray Program motivational poster,
- Breast X-Ray Program information/appointment brochure

and background briefing on the Breast X-Ray Program.

The motivational brochure and poster will be displayed in pharmacies, doctors' surgeries, libraries, community health centres and other strategic locations within the target area. These brochures will be made readily available to all women in our target population.

The blue appointment brochure will be less freely available, it will be given to women who enquire about the program or sent to women when they make an appointment. Doctors, Breast X-Ray Program staff and community health workers will distribute these brochures.



MEREDITH GIFFIN.

Distribution List:

Mr. I. Russell,
Professor R. Lovell,
Professor G.J.A. Clunie,
Ms. K. Gallagher,
Ms. S. Hurley,
Dr. D. Campbell,

Dr. D. Hill,
Professor W.S.C. Hare,
Ms. D. Reading,
Dr. J. Yeatman,
Ms. L. Clavarino,
Ms. D. Flint-Richter.

ANTI-CANCER COUNCIL OF VICTORIA

EDUCATION UNIT

MEMORANDUM

TO: Graham Giles, Susan Hurley, Georgina Chambers, Professor R. Lovell, David Hill, Jill Cockburn, Barbara Murphy, Robin Marks, Nigel Gray, Adrienne Holzer, Education Unit Staff

FROM: Dorothy Reading

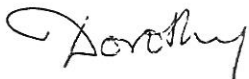
DATE: 30th November, 1988

=====

The poster and one of the brochures (title - *If you are between 50-69 have a breast x-ray just to check. It's free*) produced for the Breast X-ray Program, are incorrect in that the areas listed do not precisely coincide with the target area of the program.

They will be reprinted including the list of suburbs attached replacing the local government areas in the originals. Please make sure that any copies of posters or leaflets, including local government areas, are disposed of, so as to avoid further confusion a few months down the track. Meredith Giffin will come round and ask for people to return copies as well. The distribution of the posters and brochures has not yet commenced in the target area and the reprinted versions will be available in early December so distribution can commence as soon as needed. Recruitment is currently running on target through publicity in local press only.

This problem arose because of lack of consultation during the preparation phase of the printed materials. To prevent this recurring, I propose that we reconvene the in-house mammography working party and suggest that a meeting in the next week or two would be appropriate.



Dorothy Reading

DECDR03R

Aberfeldie

Airport West

Albanvale

Albion

Anstey

Ardeer

Arundel

Ascot Vale

Attwood

Avondale Heights

Braybrook

Broadmeadows

Brooklea

Brunswick

Brunswick East

Brunswick South

Brunswick West

Bulla

Coolaroo

Coonans Hill

Craigieburn

Cross Keys

Dallas

Deer Park

Deer Park (East)

Deer Park (North)

Derrimut

Diggers Rest

Donnybrook

Doutta Galla

Essendon

Essendon Airport

Essendon North

Flemington

Footscray

Footscray (Middle)

Footscray West

Gladstone Park

Glenbervie

Glenroy

Greenvale

Hadfield

Highpoint West

Hotham Hill

Jacana

Kalkallo

Kealba

Keilor

Keilor Downs

Keilor East

Keilor Park

Kensington

Kingsville South

Kingsville West

Macauley

Maidstone

Maribyrnong

Mickleham

Moonee Ponds

Moonee Vale

Moreland

Moreland East

Moreland West

Newmarket

Niddrie

North Melbourne

Oaklands Junction

Oak Park

Pascoe Vale

Pascoe Vale South

Robinson

Seddon

Seddon West

St Albans

Strathmore

Sunbury

Sunshine

Sunshine North

Sunshine West

Sydenham

Taylor's Lakes

Tottenham

Travencore

Tullamarine

Upfield

Westmeadows

Yarraville

Yuroke

APPENDIX II

RESOURCE LIST

A number of resources are available for your organisation or practice.

Posters and brochures will be distributed immediately prior to the promotion reaching your area.

Resources include:

- Motivational poster
- Motivational brochure
- Information/appointment brochure
- Video - on mammography service

Supplies of the listed resources are available from:

Meredith Giffin,
Education Officer,
Breast X-ray Program
Phone: 375 1900

or complete the order form provided and return to The Education
Officer;
Breast X-ray Program
Essendon & District Memorial Hospital
Chester Street
ESSENDON 3040

BREAST X-RAY PROGRAM

DRAFT

AT

THE ESSENDON AND DISTRICT

MEMORIAL HOSPITAL

COPY

A RESOURCE GUIDE FOR

DOCTORS AND

COMMUNITY HEALTH WORKERS

PREPARED BY

Meredith Giffin - Education Officer
Anti-Cancer Council of Victoria

For the Breast X-ray Program

Chester Street

Moonee Ponds

CONTENTS

INTRODUCTION:

SECTION I WHY SCREENING MAMMOGRAPHY?

SECTION II THE BREAST X-RAY PROGRAM

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Introduction

Overseas studies have shown a 30% reduction in mortality from breast cancer when women over 50 years of age participate in carefully controlled population-based screening mammography programs.

This has prompted the development of similar programs in Australia. The Breast X-ray Program based at the Essendon and District Memorial Hospital is Victoria's first pilot program.

The Breast X-ray Program is a joint initiative of the Amalgamated Melbourne and Essendon Hospitals (AMEH) and the Anti-Cancer Council of Victoria (ACCV). Funding has been provided by the Victorian Health Promotion Foundation.

Approximately 35,000 women in the 50 - 69 year age group, living in Essendon and surrounding postcode areas, will be invited to attend for screening mammography. The program will run for 2 years commencing October 1988.

Program Aims:

- * to determine the acceptability of screening mammography to Victorian women.
- * to evaluate the costs of providing such a service.
- * to establish local standards of screening mammography and compare the results with other programs.

For this public screening program to be successful, it is essential that we work closely with medical practitioners and community health workers.

Your active support will enable us to provide a valuable service for our target population.

The Purpose of this Resource Folder:

- * to provide you with some facts and figures relevant to screening mammography.
- * to provide you with an insight into the rationale behind the Breast X-Ray Program.
- * to provide you with a brief outline of the program.
- * to explore ways in which you can support the program.
- * to address some of the ethical and health issues relevant to screening mammography.

WHY SCREENING MAMMOGRAPHY?

Breast Cancer Incidence

Breast cancer is the most common cancer of Victorian (and Australian) women in terms of both incidence and mortality. It is also the second most common cancer in Australians and the third ranking cause of death from cancer.

The annual incidence rate and mean number of cases of breast cancer per year for Victorian women are shown for 1982 - 4 in Figure 1.

Current figures suggest 1 in 14 Victorian women will develop breast cancer in their lifetime, 1 in 39 will die as a result of this disease.

Despite supposedly improved survival rates associated with advanced treatment regimens for breast cancer, the overall mortality from breast cancer in Australian women appears to have remained almost static over the past 50 years. (See Figure 2).

Current figures suggest 1 in 14 Victorian women will develop breast cancer in their lifetime, 1 in 39 will die of this disease.

Breast Cancer Mortality

Despite supposedly improved survival rates associated with advanced treatment regimes for breast cancer, the overall mortality from breast cancer in Australian women appears to have remained almost static over the past 50 years.

This lack of improvement is illustrated for Victoria in Figure 2, where age-specific mortality rates are plotted over 3 consecutive 5 year periods from 1969 - 83.

In 1984 the likelihood of a woman dying from breast cancer before age 75 was estimated at 1 in 40, nearly half of the cancers occurred in women aged 50 - 69 years.

Figure 2.
Breast Cancer Incidence
for Victoria, 1982-88

Screening for Breast
Cancer Considered

delete - as carcinoma is
related to staging
may be: adjuvant &
not widely used

Figure 1.
Breast Cancer mortality
for Vic 1969-83.

Screening for Breast
Cancer Considered
9

Breast cancer is rare before the age of 30.

Most breast cancers occur in the 50 plus age group.

~~Figure 2~~

In the target area.

In 1984, 215 new cases of breast cancer were reported, 71% of which occurred in women between 50 - 69 years of age.

~~Fig. 1~~

how obtained

Who is Most At Risk?

Most breast cancers occur in menopausal or post-menopausal women (75%) according to Victorian figures of 1983.

In high risk populations (Western countries) the risk of developing breast cancer increases progressively with age.

OTHER GROUPS AT RISK:

- Women from higher socioeconomic status
- Family history of a first degree relative having breast cancer.
- Nulliparity, or having the first full term pregnancy at a late age.
- Pre-existing proliferative breast disease.
- Women who eat a diet high in fats are thought to have an increased risk of developing breast cancer.

SCREENING MAMMOGRAPHY:

We must not confuse screening mammography with diagnostic mammography. Here we refer to SCREENING MAMMOGRAPHY through a population based screening program, all women in our specified target group will be invited to attend Program. DIAGNOSTIC MAMMOGRAPHY, on the other hand, is used for women with symptoms, or as a tool for detecting cancer in women in 'high risk' categories. —NO!

For women 50 and over, screening mammography is now widely recognised as a safe and useful means of controlling breast cancer.

- Overseas studies have demonstrated that mortality reduction from breast cancer can be achieved as a result of screening mammography. The Essendon pilot program has been established to determine whether similar results can be achieved under the conditions specific to our target area and program.

— we won't know if it ↓ breast ca mo mortality

WHY A SCREENING PROGRAM:

The cause of breast cancer is not known. Primary prevention is therefore not a possibility. Early detection through population screening is currently our only available strategy for reducing breast cancer mortality.

Breast self examination (BSE), clinical examination (by medical or health care personnel) and mammography are the three methods used for population screening for breast cancer. In terms of reducing breast cancer mortality, the effectiveness of BSE or clinical examination when used alone has not yet been proven.

Overseas studies however have shown that screening mammography, when combined with clinical examination or when used as the sole screening method, can reduce breast cancer deaths by up to 30% in women aged 50 and older.

SOME ETHICAL AND HEALTH ISSUES RELEVANT TO SCREENING MAMMOGRAPHY.

1. *Are we exposing women to unnecessary radiation?*

10 ph: a sc

It is generally believed that the benefits of screening mammography in women over 50 years of age, far outweigh any minute risk associated with exposure to very low levels of radiation.

Mammography is thought to carry less exposure to radiation exposure than most other X-ray procedure.

2. How accurate is screening mammography in detecting very early breast cancers?

With highly skilled technicians and radiologists and rigid quality control, false positive and false negative results will be kept to a minimum. In overseas screening programs a 90% accuracy rate has been demonstrated using skilled, multidisciplinary assessment teams.

One object of this pilot is to achieve a similar accuracy rate locally.

3. Will screening mammography lead to unnecessary intervention?

A small number of women will be called back for investigations which reveal no abnormality. The benefits of reduced mortality from breast cancer and the reassurance which most women involved in the program will experience will outweigh the possible anxiety and unnecessary intervention a few women may experience.

5. What about Breast Self-Examination (BSE) and Regular Physical Examination by the family doctor.

The Breast X-ray Program recommends two yearly screening mammography for women in our target population as one component of a three part breast cancer screening routine. Annual physical examination by a doctor and monthly BSE are the other components of our recommended screening routine. BSE instruction is offered to each woman involved in our program.

6. Should we be screening younger women?

The 50 - 69 year age group has been selected as a result of overseas studies showing that screening mammography is effective for women in this age range.

The advantages of screening mammography for younger women are less clear. Overseas studies of population based screening mammography for women 40 - 49 years of age have demonstrated less overall benefit.

A number of issues contribute to this finding; breast cancer is less common in younger women so fewer breast cancers will be detected overall. The breast tissue of younger women is more dense, this makes it much more difficult to detect any changes which might be present. Consequently, many women would be asked back for extensive tests which would demonstrate no problems.

We will continue to monitor the progress of programs around the world which are currently looking at the issue of screening younger women.

- Issue of limited resources directed to groups where benefits greatest
- Experimental - 'pilot program' aspect rather than merely service

be very careful how this is phrased

?? what is accuracy rate

is this true

valid content

7. *Will the Breast X-ray Program be an expensive service provided for little real benefit?*

The Breast X-ray Program has been developed along similar lines to overseas programs which have been effective in reducing mortality from breast cancer in their target populations. We aim to determine whether it is possible to provide an equally successful and cost effective breast cancer screening service in Victoria.

THE BREAST X-RAY PROGRAM

Scope:

The target population will be identified and recruited to the program through a progressive promotional campaign run by the Education Officer. The promotions will involve local community organisations, doctors, community health workers and local media.

Later in the program, women eligible for screening who have not attended will be personally invited to attend by letter or telephone.

Women in the target population will be offered assessment of any abnormalities detected and referral. Education and counselling related to breast cancer screening will be available at each stage of the program.

Location:

The program will be located at the Essendon and District Memorial Hospital, Chester Street, Moonee Ponds. Fig V shows the location of the Breast X-ray Program.

Figure V

Map

From Breast X-ray
Program Evaluation

Target Population:

All women aged 50-69 years living in the suburbs listed are invited to attend for mammographic screening.

Aberfeldie	Footscray	Oaklands Junction
Airport West	Footscray West	Oak Park
Albanvale	Gladstone Park	Pascoe Vale
Albion	Glenbervie	Pascoe Vale South
Anstey	Glenroy	Robinson
Ardeer	Greenvale	Seddon
Arundel	Hadfield	Seddon West
Ascot Vale	Highpoint West	St Albans East
Attwood	Hotham Hill	Strathmore
Avondale Heights	Jacana	Sunbury
Braybrook	Kalkallo	Sunshine
Broadmeadows	Kealba	Sunshine North
Brooklea	Keilor	Sunshine West
Brunswick	Keilor Downs	Sydenham
Brunswick East	Keilor East	Sydenham West
Brunswick South	Keilor Park	Taylor's Lakes
Brunswick West	Kensington	Tottenham
Bulla	Kensington	Travencore
Coolaroo	Kensington West	Tullamarine
Coonans Hill	Kingsville West	Westmeadows
Craieburn	Macauley	Yarraville
Craieburn South	Maidstone	Yuroke
Cross Keys	Mickleham	
Dallas	Maribyrnong	
Deer Park	Moonee Ponds	
Deer Park East	Moonee Vale	
Deer Park North	Moreland East	
Diggers Rest	Moonee Ponds	
Donnybrook	Moonee Vale	
Doutta Galla	Moreland East	
Essendon	Moreland West	
Essendon North	Newmarket	
Flemington	Niddrie	
	North Melbourne	

The Screening Process

All women attending the centre will have two-view mammography of both breasts. Women with symptoms will be referred for clinical assessment.

Each mammogram will be read independently by two radiologists. Clear results will be advised by mail.

All women involved in the program will be advised about current recommendations regarding regular screening for breast cancer and about the need for immediate investigation of any abnormalities detected.

The screening service will officially end if surgical biopsy is recommended. The client may then choose to go back to her own doctor or make use of day surgery sessions offered at the Essendon Hospital.

If breast cancer is diagnosed, clients will be referred to their family doctor or the AMEH Breast Clinic.

Counselling will be offered to all women at each stage of the clinical assessment process.

Refer to Screening Flow Chart (Fig. VI).

We recommend women in the target age group have repeat screening mammography in 2 years time. At this stage we are unable to offer this service but we will notify women of available services.

Evaluation

As the Breast X-ray Program is the first population-based mammographic screening program to be conducted in Victoria, evaluation of the program is a high priority. The Cancer Epidemiology Centre and the Centre for Behavioural Research in Cancer, which are both research centres of the Anti-Cancer Council of Victoria, will evaluate various aspects of the program.

In particular, attendance patterns and costs will be studied. This will provide information about the acceptability to women and cost effectiveness of such a service. The day to day operation of the program will be monitored very closely.

Reports on client satisfaction, availability of appointments, time to notification of results, investigation rates and cases of breast cancer detected will be reviewed regularly by the Program Management Committee. Our aim is to provide the most efficient and convenient service possible to the women in our target population.

FAMILY DOCTOR INVOLVEMENT

At each stage of the screening process we encourage women to involve their family doctor. Upon receipt of consent from the woman concerned, a copy of her x-ray report will be forwarded to the doctor of her choice.

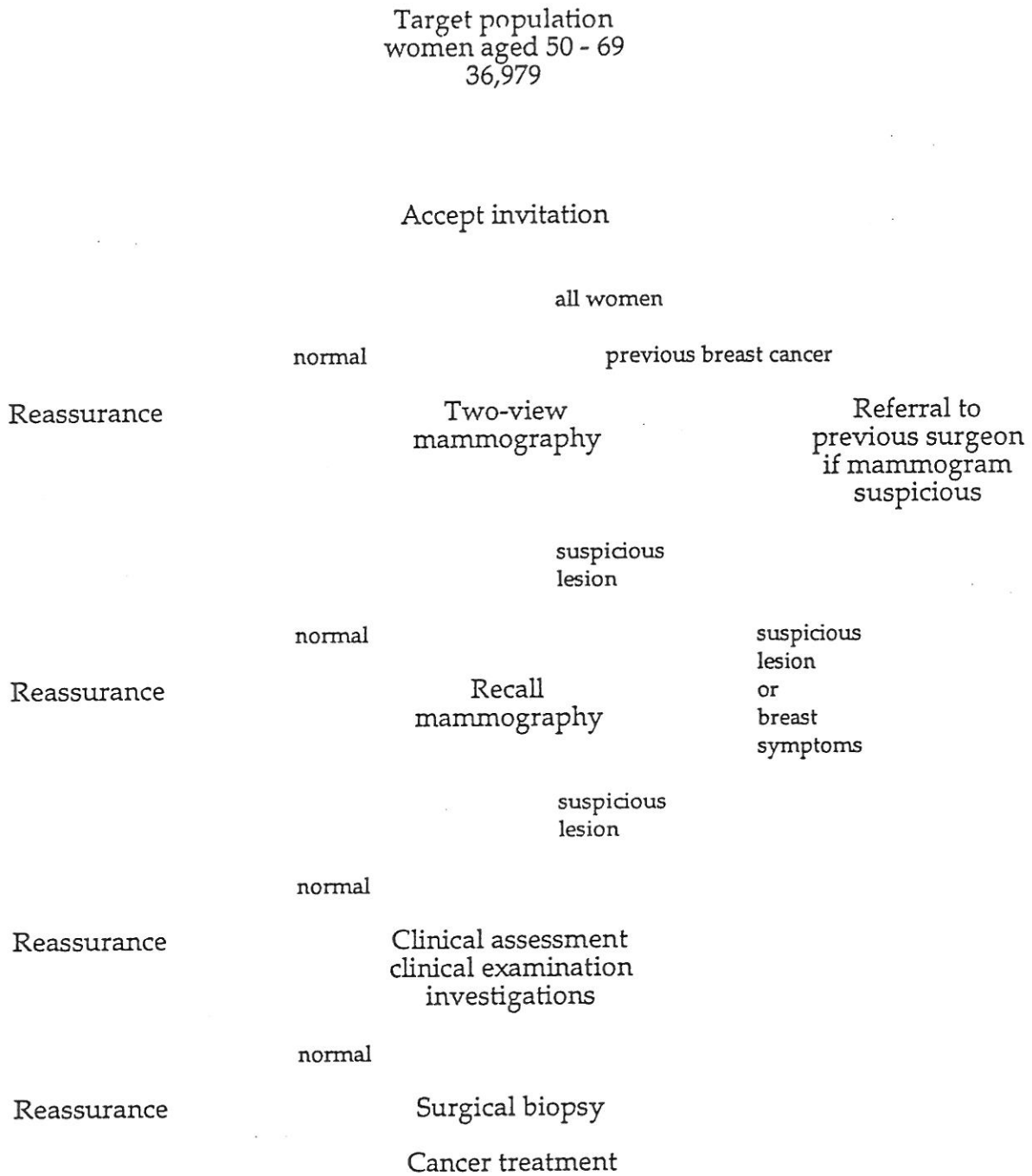
Should the need for further investigations be indicated following screening mammography the woman's doctor will be informed, this feedback will continue throughout the entire screening program. **The Doctor is only informed after CAC.*

We believe it is in the interests of all concerned to encourage involvement of doctors in the Program and so avoid any possible fragmentation of this important component of women's health care.

*x-ray report
is not sent
only we notify
(CAC)*

after

Figure 2: Screening flow chart



TO BE COMPLETED.

You can use
flow chart
from protocol

RECRUITMENT AND EDUCATION

The Education Officer for the Breast X-ray Program, in close liaison with the Director of Education, ACCV and the Centre for Behavioural Research in Cancer, ACCV, has developed various recruitment strategies which she will direct at specific sections of the target population in turn.

Some of the strategies to be employed are street displays in local shopping centres, promotional displays in doctor's surgeries, community health centres and other locations frequented by women from the target group.

Interested women's groups will be addressed by the Education Officer. An informative video has been produced which demonstrates the program, this will be used by the Education Officer when she speaks to women.

The promotional campaign will be largely directed at existing community networks and recruitment will be very much influenced by women spreading the work among friends, relatives and family members.

How You Can Help

Community Health Workers:

- * Display our promotional materials within your centre. These will be distributed closer to commencement of the program. For extra supplies complete the order form in the appendix, and send it to
- * Help the Education Officer to link into existing women's networks in your area. This may be achieved through organising special women's health days or suggesting existing groups set aside a session to hear about the Breast X-ray Program.
- * Encourage local G.P.'s to discuss the service with their patients.
- * Encourage women in your area to attend the program.

Doctors:

- * Research demonstrates that G.P.'s are instrumental figures in encouraging their patients to adopt health related behaviours. The success of this program is therefore reliant on your support.
- * Display promotional material in your surgery. For your supplies complete the order form in the appendix and send it to the address shown.
- * Actively encourage your patients to attend for screening mammography. This may be achieved through:
 - . initiating discussion during consultations.
 - . giving out pamphlets and suggesting your patient make an appointment.
 - . if you are unable to give out pamphlets, have your receptionist give them to your patients.

- arrange meetings with your colleagues. I can provide speakers to discuss mammography and breast cancer upon request.

- openly support the Breast X-ray Program amongst colleagues, patients, and your community. You may consider writing a letter of support to your local newspaper.

Feedback

We recognise local doctors and community health workers have a special understanding of the needs of their community. I would appreciate any suggestions or comments you may have which could help us provide a worthwhile service for your community.

Your suggestions may include:

- ideas on how to reach the target population.
- strategies you have implemented and found effective in recruiting women to services in your community.
- ideas on how I can provide further information to yourselves and your colleagues.
- anything else you may wish to contribute.

* Thank you for participating in the first screening program of this nature to be conducted in Victoria. I look forward to working with you over the next 2 years.

SECTION III

TRUE OR FALSE QUIZ

This section has been developed to explore some issues relevant to screening mammography. It could prove useful for community health workers and doctors when talking with women about breast cancer screening.

I would recommend this quiz not be given to women unless they are in a position to discuss the statements with you as they read them.

Circle either (T) true or (F) false for each of the following statements.

1. Most breast cancers in women are found by their doctors
T F
2. Our most effective available means of controlling breast cancer is a combination of screening mammography, breast self-examination (BSE) and regular clinical examination.
T F
3. Breast cancer is most common in women aged 40 to 50.
T F
4. Breast cancer is the most common cancer cause of death in Australian women.
T F
5. Mortality from breast cancer in Australian women is less today than it was 30 years ago.
T F
6. Regular mammographic screening of women aged 50 and over can reduce mortality from breast cancer by 10%.
T F
7. 1 in 14 Victorian women can expect to develop breast cancer in their lifetime.
T F
8. The radiation dose to a woman having a screening mammogram is less than that incurred through natural background radiation received over 12 months whilst living in Melbourne.
T F
9. Mammographic abnormalities are most difficult to detect in women over 50.
T F

ANSWER SHEET

1. FALSE

Research demonstrates that 80 - 90% of breast cancers are found by the woman herself.

2. TRUE

No one screening method is 100% foolproof, a combination of screening mammography, BSE and regular clinical examination is currently recommended.

3. FALSE

Breast cancer is most prevalent in women 50 years and over.

4. TRUE

Based on 1982 Figures, the likelihood of an Australian woman dying from breast cancer before 75 years of age is estimated at 1 in 45. The next most common cancer cause of death in women, 1982, being cancer of the colon, 1 in 75 women are estimated to die from it by 75 years of age.

5. FALSE

Despite advances in treatment regimes, there has been no marked reduction in mortality from breast cancer over the past 50 years.

6. FALSE

Randomised controlled trials conducted by the Health Insurance Plan, New York, and the Swedish counties of Ostergotland and Koppaberg, demonstrated a 30% reduction in mortality from breast cancer in their target populations.

7. TRUE

Victorian figures of 1983 suggest the life-time risk of a woman developing breast cancer is 1 in 15.

8. TRUE

The whole body dose equivalent radiation for a woman having four mammography views taken is about half the dose the woman would receive through natural background radiation over 12 months whilst living in Melbourne.

9. FALSE

In women 50 and over the small lesions detected through mammography screening are easier to find than in younger women with more dense breast tissue.

10. FALSE

Smaller tumour size and earlier stage at presentation are the factors which most favourably effect breast cancer prognosis, of course appropriate treatment must then be instituted.

10. Appropriate surgical, radiotherapeutic and chemotherapeutic management of breast cancer are the factors which most significantly influence a favourable prognosis.

T

F

Memorandum

To: Dorothy Reading, David Hill, Trudy De Luise, Damien Jolley,
Trish Livingston

From: Susan Hurley, Debbie Sytema

Date: October 11, 1989

Subject: Recruitment working party

Copies to: Jill Cockburn

As discussed at the last ACCV working party meeting, a recruitment working party has been convened, and will meet at 10 am Monday 16th October, in Dorothy's office.

Topics for discussion will be

(1) Plans for the public recruitment campaign, in a standard format, to cover all remaining target areas over the next 12 months.

(2) Components of the standard campaign, and possible methods of evaluating sub-sets of the campaign.

(3) A plan for more intensive recruitment in a sub-set of target postcodes:

- whether to do this
- if so:
 - which postcode areas?
 - what strategies?

(4) Plans for personal recruitment (invitation letters, telephone calls), and how these should be co-ordinated with the public campaign

(5) Targetting women from non-English speaking backgrounds.

(6) Other!

ANTI-CANCER COUNCIL OF VICTORIA
EDUCATION UNIT

MEMORANDUM

FROM: Dorothy Reading
TO: Professor R. Lovell, Nigel Gray, Robin Marks, David Hill,
Graham Giles
DATE: 17th May, 1989
SUBJECT:

=====

I attach the notes of a meeting with Dr. Kathy Meade, Secretary of the NH&MRC Health Care Committee, concerning the draft of a position statement for the NH&MRC on a national mammographic screening program.



Dorothy Reading

Anti-Cancer Council of Victoria

Education Unit

Memorandum

Date: 18.4.89

From: Dorothy Reading

To: Professor Lovell, Ian Russell, Susan Hurley

Subject: Arrangements for media content by Breast X-ray program staff.

Attached is Carol Rushford's draft + my re-draft of a proposal to Jonathan Tribe.

Carol has phoned through + accepted the re-draft.

Dorothy

ROYAL MELB HOSPITAL

The Amalgamated Melbourne & Essendon Hospitals



THE ROYAL MELBOURNE HOSPITAL EST. 1847

THE ROYAL MELBOURNE HOSPITAL



ESSENDON AND DISTRICT MEMORIAL HOSPITAL

PUBLIC RELATIONS DEPARTMENT

FAX COMMUNICATION

TO: Dorothy Reading
Accu 663 3412

FROM: Carole Runkra
342 7044 / 7086

(TOTAL NO. OF PAGES including this one)

FAX REPLY NO.: (03) 347 4558

DATE: 14/4/89.

TIME: 2.20 pm

MESSAGE:

Dorothy
Please advise if this proposal is acceptable to you
Regards *Carole*

DRAFT

The results of this recruitment drive will form the basis of advice to government on the acceptability of full time recruitment program in Victoria.

I am writing in regard to the recruitment program for the Breast X-Ray Unit located at the Essendon campus.

Over the next six months a more intensive recruitment drive is planned and a major part of this initiative will involve the co-operation of local print media in the designated areas. To facilitate this plan I propose that the Education Officer attached to the Unit work with and under the direction of our Public Relations Manager.

In this capacity the Education Officer can directly supply information needed for media releases and utilise the facilities the department offers such as writing and editing copy for press releases, distribution of media releases to defined areas and any other Public Relations assistance that may be required to promote the unit. As well the Public Relations Department would ensure that all parties involved in the unit are kept informed of media contact. It is envisaged that the Education Officer may need to spend up to one or two days a week in the Public Relations Department's office located at The Royal Melbourne Hospital.

I trust this proposal is acceptable to you as a positive step in assisting the program's higher profile objectives.

REF: CLR:rm
25APR89

Dear Carol, I am disappointed to see that your proposal does not

*offer anything that the staff of the Breast X-ray Program are able to supply in-house for press releases & use the services of your department. If merit is to be as part of your department she should be able to perform these duties not simply utilise them. *They can already achieve.*

FACSIMILE TRANSFER INFORMATION

EDUCATION UNIT
ANTI-CANCER COUNCIL OF VICTORIA
1 Rathdowne Street
Carlton South Vic 3053

to:	Fax No.: 347 4558	Date: 18/4/89
	Addressee: Carol Rushford PR Dept, AMEH	No. of Pages:2 (including this page)
	From: Fax No.: 61 3 6633412	
	Originator: Dorothy Reading, Education Unit	

Dear Carol,

I am disappointed to see that your proposal does not offer anything that the staff of the Breast X-Ray Program cannot already achieve. They are currently able to supply information for press releases and use the services of your Department. However, as I have explained in some detail, this does not meet the needs of the Program and will fall far short of meeting the needs of the intensive recruitment plans for the next six months.

If Meredith is to work as part of your Department she should be able to perform these functions, not simply utilize them.

I attach, for your consideration, redraft of your proposal.

Yours sincerely,



for Dorothy Reading
Director of Education

P.S. I am at home sick and cannot be contacted immediately but Rosemary Collins will get a message to me.

I am writing in regard to the recruitment plans for the Breast X-Ray Program located at the Essendon campus.

Over the next six months a more intensive recruitment drive is planned and a major part of this initiative will involve the cooperation of local print media in the target area. The results of this recruitment drive will form the basis of advice to Government on the acceptability of such screening programs in Victoria.

To facilitate this plan I propose that the Education Officer attached to the Unit work with and under the direction of our Public Relations Manager.

In this capacity the Education Officer can directly supply information needed for media releases, write and edit copy for press releases and distribute these to defined areas and participate in any other public relations assistance that may be required to promote the program.

The PR Department would ensure that all parties involved in the program are kept informed of media contact. It is envisaged that the Education Officer may need to spend up to one or two days a week in the PR Department Office located at the Royal Melbourne Hospital.

I trust this proposal is acceptable to you as a positive step in assisting the Program's intensive recruitment drive.

mamog/lr-1

April 19, 1989

Memorandum to: Dorothy Reading
cc Meredith Giffin

From: Susan Hurley

Subject: Breast X-Ray Program Executive Committee
Meeting - Tuesday April 18

=====

1. Available Appointments

Delia and Ian reaffirmed that there would be 250 appointments per week available from the first week after Easter, April 3. I pointed out that Meredith had obtained information that suggested that 250 appointments were not available in that week and had not been available since. This was disputed. Delia agreed to send to me a breakdown of how the 250 appointments would be distributed through the week and to inform me of any variations to this target number. I am not sure whether this is entirely satisfactory and think we will need to monitor it carefully.

2. Meredith's draft letter to GPs was approved and thought to be a good idea.

3. I passed on the papers regarding your discussions with Carol Rushford to Ian Russell and reported at the meeting that discussions regarding publicity for the program were continuing.

Dorothy,

I think you, Meredith and I need to sort out how we are going to handle this, fairly quickly,

Susan.

copy for Susan Hurley

From DR for posting to
GPs - discussed at Exec
18/4 - approved

23rd March, 1989

Dear Doctor,

The Breast X-ray Program at the Essendon & District Memorial Hospital has been offering free mammographic screening to women aged 50-69 from your area since October 31, 1988. To date close to 3000 women have attended the program. We thank you for helping us reach these women. The purpose of this letter is firstly to convey our thanks for your support to date and secondly to provide you with some feedback on our early findings.

Our research into why women attend for screening has demonstrated that doctors play a significant role by encouraging women to attend the Breast X-ray Program. We trust you will continue to support the Program. The optimum benefit to women will only be demonstrated if the majority of those eligible attend for screening.

Statistical information collected to February 10, 1989 demonstrated a total attendance of 1,457 women - approximately 4% of our target population of around 40,000. Of the women attending, 89% were given an "all clear" result, 7.7% were recalled for mammography for suspicion of a lesion and 1.27% were recalled as a result of technical faults. Any women presenting to the Program with symptoms such as a breast lump or bleeding from the nipple are referred for clinical assessment irrespective of x-ray findings. 1.7% of attenders fell into this category. As a result of further investigation, 10 women, to February 10th 1989, have been diagnosed as having malignant disease.

I trust this information is of interest to you. Thank you again for your support to date. We look forward to working with you over the duration of the Program.

You will find enclosed one of our promotional brochures. Should you be interested in more supplies, please contact me on 375 1900.

Yours sincerely,

Meredith Giffin
Education Officer

BSSMG05R

Memorandum

To: Meredith Giffin (Copies to Dorothy Reading, Graham Giles)
From: Susan Hurley
Date: 9 January 1989
Subject: Draft of Breast X-ray Program resource guide for doctors and community health workers.

As requested, I provide the following comments on your draft resource guide.

1. I think the plan to provide resource material on the Breast X-ray Program to doctors and community health workers is good, but the format and content need more thought. I would suggest discussing the guide with Ian Russell, Ray Snyder or Prof Lovell (or all three). Some GPs will know quite a lot about breast cancer - so you need to avoid sounding patronising. Would it be worthwhile having two guides - one for GPs and one for community health workers? The GPs could be given the Canstat directly.

2. I do not like the idea of a true/false quiz.

3. I have written comments on the draft copy you gave me. In particular, I think the ethical and health issues require more work and very careful phrasing.

4. Use of material from Canstats and statistical reports.

I have discussed this with Graham Giles and you can use this material provided you include an acknowledgment, such as:

" The graphs and some of the text in this guide have been reproduced from Canstat No..., VCR Statistical Report No....., and the Working Protocol of the Breast X-ray Program."

We can reprint the graphs for you on glossy paper.

5. Risk factors.

I think you should make the following points:

(i) There are no known risk factors for breast cancer that can (realistically) be reduced by modifying behaviour. Therefore, screening is currently the only means of controlling breast cancer.

(ii) Known risk factors for breast cancer are:

female sex
age

family history
early age of menarche
nulliparous before age 30

Female sex and age are strong risk factors, the others are weak. The role of high fat diet and alcohol intake is controversial. If they are risk factors they are fairly weak.

(iii) Screening mammography is recommended for all women in the high risk age group, irrespective of the existence of other weak risk factors.

6. I would be happy to look at the guide again, when it is more advanced, if you would like me to.

ANTI-CANCER COUNCIL OF VICTORIA

EDUCATION UNIT

MEMORANDUM

FROM: Meredith Giffin
TO: All persons involved with the Breast X-Ray Program
DATE: 23rd December, 1988
SUBJECT: Report on education/recruitment to Executive Committee of the Breast X-Ray Program.

=====

Please find attached report on the education/recruitment component of the Breast X-Ray Program June-December, 1988.

Also included is the complete set of printed promotional resources. The report explains how these will be distributed within the target area.

In January, we will commence active recruitment through street displays in the Moonee Ponds area and targetting specific GP practices.

Meredith Giffin
Education Officer

DISTRIBUTE TO:

GG	RL	OH	RM	
GC	DR	BM		
SH	JC	LG		

+ education unit.

REPORT TO THE BREAST X-RAY PROGRAM WORKING PARTY

re: Recruitment strategies

from: Meredith Giffin, Education Officer
Dorothy Reading, ACCV Education Director

Recruitment prior to the Christmas break resulted from publicity in local newspapers, referrals from local doctors and word of mouth.

Active recruitment strategies have been instituted since screening recommenced on the 4th January 1989.

Summary of recruitment strategies employed to 19th January:

1. Personal visits to doctors by the Education Officer, requesting they encourage women to attend the program. Promotional brochures and posters have been supplied to GPs. Nearly all practices in the immediate target area have been seen - approx. 20 practices - with the majority of doctors expressing their enthusiasm and support. Many have already sent women along to the Program.

2. Street displays: a total of 22 hours have been spent actively recruiting women from the Moonee Ponds Market and Highpoint West Shopping Centre. The Education Officer and a sessional worker have been staffing the displays.

Approximately 900 women have been approached and provided with information about the program. 165 appointments have been generated on the spot and approximately 15-20 have been made later as a result of the displays.

This strategy is extremely labour intensive and time consuming though an effective means of filling immediate vacancies.

3. Local business houses: proprietors of local shops frequented by women in the target age group have been approached and are happy to display our promotional materials.
4. Brochure mail-outs: two residents' associations have been approached and have posted about 150 brochures out with their regular newsletter. Appointments generated as a result of this strategy have not been assessed.

5. Women's community groups: contact has been made with several organisations though many groups have stopped meeting until further into the New Year. Appointments to speak to women's groups are being pursued.

Available appointments are currently being filled close to capacity, one to two days in advance. Media publicity, occupational health networks, pharmacies and bowling clubs will be the focus of the Education Officer's attention in the immediate future. GP contacts will also continue.



Meredith Giffin
Education Officer

January 19, 1989
BSRMG01R



Dorothy Reading
Director of Education

REPORT TO: Dorothy Reading

FROM: Meredith Giffin

1st February, 1989

re: **Factors which hinder planning and implementation of recruitment strategies**

1. No clear directive as to how many available appointments for the next 2-3 weeks.
 - (a) Available appointments from 6th January were changed on the 5th January, creating nearly twice the anticipated number of available appointments; 114 vacant appointments resulted over the next six days.
 - (b) Note in appointment book directing all staff making appointments to encourage women to book in on the Friday as three radiographers were working that day. Several vacant appointments still existed earlier in that week. The education officer was not notified.
 - (c) Program Manager away - several days had half the appointments crossed out and staff were unsure as to whether or not they were to make appointments at those times.
2. Inaccurate report from Program Manager as to the number of possible appointments on a daily basis.

Reported vacancies for following week:

Day	No. of possible appointments
Monday	46
Tuesday	26
Wednesday	46
Thursday	50
Friday	46

Actual vacancies for following week:

Day	No. of available appointments
Monday	Public Holiday
Tuesday	13
Wednesday	32
Thursday	48
Friday	48

3. **Inaccurate feedback to staff & others associated with the program:**
- (a) Regular feedback from program stating there are no bookings for certain days. This usually means that there are some vacancies.
 - (b) "Street displays at the market don't work. All the women ring and cancel or just don't turn up." In reality, 151 appointments were generated on the spot through this means, total cancellations for the program to 26 January were 9 and 5 women failed to attend.
 - (c) Reports that 187 appointments were available in the previous week. In reality, 187 appointments were available since screening commenced on the 4th January.
 - (d) It was stated that there were only 4 appointments made for the 12th January; there were 25 appointments for the day. (This type of report is very common).
 - (e) It has been stated that staff of the program have been unable to make appointments as the education officer had all the appointments with her at the market. Several vacant appointments were left at the centre for staff to fill.

4. **Requirement that all media contacts be handled by AMEH PR Unit.:**

This arrangement is not working because publicity for the Breast X-Ray Program fits in with the needs of all other hospital departments. This means in practice that a relatively cost effective and rapid means of recruitment is not reliably available to us.

Meredith Giffin
1st February, 1989
BSRMG01R

BACKGROUND BRIEFING;

BREAST X-RAY PROGRAM AT THE ESSENDON & DISTRICT HOSPITAL



Breast X-ray Program

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

The Breast X-Ray Program, one of seven pilot programs around Australia, will contribute to an assessment of whether broad-scale cancer screening is a viable option for Australia.

The program is a joint initiative of the Amalgamated Melbourne and Essendon Hospitals and the Anti-Cancer Council of Victoria. Funding has been made available through the Victorian Health Promotion Foundation which was established under the Tobacco Act.

The Council is heavily involved in the behavioural and epidemiological research which is critical to assessing the Program. The ACCV is also responsible for the educational component of the Program and has some involvement in management.

Women 50-69 years of age who live in the Essendon area (see box) are eligible for a free breast X-ray.

The 50-69 year age group was selected after overseas studies demonstrated a reduction in deaths from breast cancer when a large percentage of women in this age group participated in controlled screening programs.

'Mammography' is the X-ray technique used in the Program. For screening purposes, mammography is performed on all women in a chosen group, to detect any early changes in the breast before these changes are evident by sight or touch.

If screening mammography is to be effective in detecting very early breast cancer, specially trained and highly skilled staff are necessary. The effective overseas programs were those programs which were very closely and carefully controlled. Where screening mammograms are available through several different X-ray services, careful control is more difficult and good results cannot be assured.

Mammography pictures not only show up cancer before a woman or her doctor can see or feel it, they can also detect harmless lumps, cysts and other changes which are easily treated. The benefits of screening mammography are two fold; it provides reassurance and it can be a life-saving measure. Women must be alert to the health of their breasts as one Victorian woman in fifteen will develop breast cancer in her life, and the risk increases with increasing age.

Like most cancers, breast cancer is more easily treated the earlier it is discovered. Treatment of breast cancer is changing in line with earlier detection of small lesions. Mastectomy is not the only method of treatment; removal of the lump itself and a small area of surrounding tissue may be all the surgery required for very small cancers.

Women in the target areas for the Breast X-Ray Program will be made aware of the service through their local newspapers, doctors' surgeries, community health centres and other community networks. The areas are listed in the box below.

Women aged 50-69 can make an appointment by phoning 3751900. Those women not between 50-69 years of age and living in the target area are unfortunately not eligible for a free breast X-ray through our program. If you are interested in having a mammogram, or you have any concerns about possible breast changes, contact your doctor who will discuss these matters with you and direct you to appropriate services as necessary, or you can contact the Anti-Cancer Council for information.

Some of the research has already taken place. During August and September, the Centre for Behavioural Research in Cancer conducted a survey which involved interviewing over 600 women from the Essendon and Broadmeadows areas. The Centre was interested in finding out how much women knew about breast cancer and mammography, and what they thought of the idea of a mammography program. Research will be ongoing as the Program progresses. It will include monitoring women's satisfaction with the Program and evaluating information and counselling services which will be available at the Program.

The Cancer Epidemiology Centre (CEC) at the Anti-Cancer Council will play an important role in the Breast X-Ray Program. Data collection and evaluation of the program are the responsibility of the CEC, and a special computerised data base has been designed to assist with these tasks. The CEC will also be evaluating the cost of the program, with the aim of estimating the relative costs and benefits of a statewide (or nationwide) screening service.

Results of the studies carried out on our program will be known at the end of the two year period. Recommendations will then be made to the appropriate bodies and hopefully we will see more wide scale screening mammography being made available for Victorian women.

It must be remembered, however, that no system is foolproof. Monthly breast self-examination and twelve-monthly physical examination, by your doctor or suitably trained health professional, are still recommended with or without mammography.

Women eligible for the Breast X-Ray Program must live in the local government areas listed here:

City of: Broadmeadows
 Brunswick
 Essendon
 Footscray
 Keilor
 Sunshine

or

Shire of: Bulla

Meredith Giffin
Education Officer.

BSXMG04R
20th October, 1988

1/12/85.

Report to Breast X-ray Program Executive Committee

Re: Education/Recruitment

From: Delia Flint-Richter, Program Manager; Meredith Giffin, Education Officer; Dorothy Reading, ACCV Education Director

The education and recruitment component of the Breast X-ray Program is progressing according to schedule. Appointments to 15th December have been full and women are currently booking in for January.

Activities since the education officer's appointment in June have been largely concentrated in the areas of resource development and researching community networks within Essendon and neighbouring suburbs.

Close liaison with the Centre for Behavioural Research in Cancer has enabled the development of promotional resources appropriate for our target population. Pre-testing ideas with women in the community has provided valuable feedback in relation to women's levels of understanding, of concepts with which they could relate, and of factors which would motivate them to participate in the Program. Printed resources have been developed with these findings in mind.

A poster and matching brochure are designed to motivate women to contact the Program for an appointment or more information. These resources will be displayed widely throughout the community, in pharmacies, doctor's surgeries, community health centres, hairdressers, and any other locations where the target population will see them.

The distribution of the second brochure "What happens at the Breast X-ray Program" will be more carefully monitored. The purpose of this brochure is to answer some of the questions women may have about the Program and to enable women to make an informed consent to having screening mammography. Distribution of the appointment/information brochure will be controlled. Each woman making an appointment will have it sent to her, doctors and community health staff will give this brochure to women upon request or in response to enquiries; the education officer will give it to women who wish to make an appointment at a community group meeting.

Preliminary work on translation of printed resources into some of the languages relevant to our target population has commenced.

The following resources have also been developed and will be used in presentations to community groups.

- * An 8 minute VHS video 'Rose takes care of Rose'. The video is a simple dramatic presentation. Some of the issues explored are networking, barriers to attending the program and taking action for your own health.

Viewers are taken through the Breast X-ray Program and see a mammogram being performed.

- * A photographic display has been produced, a set of 8 colour photographs are used to demonstrate the service and the mammography procedure.
- * Several sets of colour slides demonstrating the service are available for use by people involved with the program.

The Breast X-ray Program commenced screening women in the target population on 31 October. To the 15th December, appointments have been full and women generally seem happy with the service they are receiving.

In January 1989, following a short break over Christmas, we aim to recruit 250 women per week to the Program.

An inservice education program for Breast X-ray Program staff commenced on 24 October. To date sessions have been aimed at assessing the type of input required and promoting an understanding of breast cancer screening. Some of the implications of breast cancer screening for staff and women involved in the Breast X-ray Program have been explored and standard answers to commonly asked questions have been developed.

The Education Unit of the ACCV are providing staff to develop and implement this program in close cooperation with the education officer for the Breast X-ray Program. Education sessions will recommence in the New Year.

bsrmg01e
20 December 1988

MEMORANDUM

TO: Meredith Griffin

DATE: 6th October, 1988

FROM: Georgina Chambers

=====

**RE: Monitoring Activities during the trial period
(10th October – 28th October)**

In collaboration with the Program Manager and other program staff I will endeavour to monitor most aspects of the routine workflow as documented in the attachment (planned workflow). Specifically, I will be closely observing:

1. the routine pathway taken by participants,
 - waiting times to registration, screening and discharge
 - timing of appointment slots etc.

2. Data management
 - ease of recording recruitment details, appointments, registrations, producing labels, generating routine letters, generating lists for appointment pamphlets etc.
 - ease of completing data entry forms by participants, radiographers, radiologists etc.
 - ease of data entry by program staff

3. Computing
 - debugging and refining applications.
 - load on the database (staff time and data load)

4. Staff responsibilities (data management)
 - workload of individual staff
 - ease of physically handling all enquiries, appointments screening and data management activities.
 - assessment of overall workflow and workload.

I anticipate that we will be able to identify the main areas of congestion difficulty pertaining to routine data management and workflow, during this trial period. We will then be able to make recommendations, which will ensure the smooth running of the program, with regards to the aspects outlined above.

57-1r-05/8

July 12, 1988

Memorandum to: ACCV Mammography Working Party
 R Lovell, S Hurley, G Chambers
 D Reading, M Giffin, J Cockburn

From: S Fitzpatrick

Subject: Discussion document regarding rescreening of
 women who attend breast x-ray program at
 Essendon & District Memorial Hospital

=====

Please find attached, for your information, a letter to Leanne Clavarino with the above titled document for circulation with the agenda of the next Management Committee meeting.

Anti-Cancer Council of Victoria



22nd June, 1988

Ms Leanne Clavarino,
C/- Administration Unit,
Royal Melbourne Hospital,
Post Office,
ROYAL MELBOURNE HOSPITAL. 3050.

Dear Leanne,

Dorothy Reading has asked if you would be kind enough to have the attached document placed on the agenda for the next Management Committee Meeting.

With thanks,

Yours sincerely,

Rosemary Collins
Secretary - Education Unit

Enc. Discussion Document regarding rescreening of women who attend Breast X-ray Program at Essendon & District Hospital.

**DISCUSSION DOCUMENT REGARDING RESCREENING OF WOMEN
WHO ATTEND BREAST X-RAY PROGRAM
AT ESSENDON & DISTRICT HOSPITAL**

All promotional and educational material prepared for the program must clearly indicate that a single screening mammogram has little protective value. Ongoing protection provided by screening mammography results from regular screening every 2 years. This enables diagnosis of any abnormalities, often at a very early stage, so that full investigation and treatment, if necessary, can occur. The mammogram itself neither cures nor "innoculates against" cancer.

It will also be necessary to state clearly how the women involved can gain access to regular screening mammograms if they should wish to do so.

It can reasonably be assumed that women have been educated by the Breast X-Ray Program itself to understand the value of regular screening mammograms and therefore are seeking a follow-up. There is an ethical obligation on the part of those directing the program to ensure that rescreening is made available to those women who seek it.

The following possibilities for rescreening are listed for discussion purposes:

1. The status quo. The current program will finish in 1990 and no repeat screening will be offered.
2. Rescreening will be available at the Essendon & District Hospital to women who have been involved in the program.
3. Decision pending: At present it is not clear how or whether funds will be made available for the provision of rescreening at Essendon. Discussions are in progress and all participants in the Breast X-ray Program will be informed when a decision has been made.
4. Screening mammography is available for a fee at various private clinics.

Other issues:

Will a cost be involved?

Can this be forecast?

DISTRIBUTE TO:

JC	MG	DR	SN	SH
SS	LJ			

RECRUITMENT STRATEGIES FOR BREAST X-RAY PROGRAM
AT THE ESSENDON & DISTRICT HOSPITAL

1. Recruitment of Women 50-69 to the Mammographic Screening Program:

Two main strategies to encourage women to accept the offer of mammographic screening will be used sequentially.

- i Firstly, a "rolling" localised promotion campaign will be conducted progressively in postcode groups within the target area. Initially, the recruitment campaign will concentrate on the postcode areas selected, because of their proximity to the hospital. The campaign will take the form of advertisements in local newspapers and posters in libraries, shopping centres, community health centres, local employment centres, doctors' surgeries, public transport and other places. Local general practitioners (GPs) will be kept informed of the project, and their co-operation will be sought in encouraging women to accept the offer of screening, possibly through The Royal Australian College of General Practitioners' Family Medicine Programme.

The screening program will be promoted by the health education officer and the recruitment officer, through local community groups and by setting up publicity stands in local shopping centres. In addition, employers and unions will be approached in order to gain access to women in the workforce who are eligible for screening, and lay patrons for the project will be sought. For example, popular female television stars will be asked to support the program publicly.

- ii Secondly, women eligible for screening, who have not already attended, will be identified from the electoral register and will be personally invited to attend, either by letter or telephone call. When a personal letter is sent, women will be invited to attend at a specified appointment time. The letter will ask the woman to telephone and make an alternative appointment if the specified time is unsuitable. If a woman does not telephone, and does not attend the specified screening session, a further letter will be sent inviting her to telephone and make an appointment at a convenient time.

The localised promotion campaign will be tried for a minimum period; the more labour intensive and costly personal invitation program will be started when attendances fall below a pre-set level. This sequential recruitment plan will allow the marginal costs associated with achieving different attendance rates to be determined.

2. Resources to be developed:

- i Poster and pamphlet (for mass local distribution), invitation, introduction, basic information, contact points for follow-up.

Resources to be developed contd.:

- ii Video: introducing the service - why, what, where, when, what does it mean, what might happen - using as much local and identifiable footage as possible. (To be shown to local groups, put in libraries etc. for loan, in waiting area).
- iii Appointment pamphlet:
- map, transport, 10 most commonly asked questions about mammography. (To be sent out when appointment is made).
- iv Information sheet:
How you'll get your results. (To be handed to women after mammogram is completed).
- v Further information (to be available in waiting area of service, distributed in community, sent out with results, etc.).

On: B.S.E., Mammacheck, breast lumps (use existing or adapted ACCV resources but pay for extra print runs).
- vi Video - educational: B.S.E., breast lumps, etc.
For use in waiting area, loan through libraries, etc.
- vii Presentations to various interest groups.
- viii Staff training resources.

3. Education Officer Appointment

- i Applications close Monday 23rd May.
- ii Interviews Wednesday - Friday, June 1 - 3.
- iii Commence duties 20 June.

4. Time line for work of ACCV Education Unit:

- | | |
|------|---|
| May | Develop job description, advertise, interview and appoint Education Officer. |
| June | Collect information on community and professional groups and develop mailing lists.

Develop list of resources needed.

Visit Sydney project and organise resource sharing.

Brief logo designer to develop letterhead/logo program.

Liaise with Jill Cockburn, CBRC, to set up focus groups and test resources. |

- Develop plan for information giving and counselling for Breast X-ray Centre staff - identify education needs.
- Complete lists of all local medical and allied health professionals and community groups.
- June/July** Liaise with CBRC and Project Director to plan and deliver contact with local doctors.
- Identify local educational resources, e.g. B.S.E. courses.
- First draft all printed resources.
- Late July** Brief advertising agency/writer/artist/photographer on design of resources and oversee this process. (Consult CBRC on pretesting).
- Develop seminars and health education talks.
- Pretest resources.
- Article for Cancer News - October edition.
- Organise seminars etc. for local health professionals.
- August** Plan video introducing service.
- Print major resources/promotional materials.
- Organise extra BSE instruction in area e.g. at hospital.
- September** Recruit clients for trial of methods and equipment e.g. RMH, ACCV.
- Begin trialling methods and equipment.
- Distribute promotional materials to health professionals.
- open day for community*
Address community groups.
- October 3** Opening Day - aim for 20 clients.
- October** Film on-site video footage.

Memorandum to: Meredith Giffin ✓

From: Susan Hurley

Re: Draft document on information for staff answering phone enquiries

=====

1. Suggest you leave out reference to Clinic being in proposed casualty department, because:

- (a) decision is not final - it depends on architects' report and funds.
- (b) there may be people in Essendon who will be angry that the area is being allocated to mammography, not casualty.

2. Previous breast surgery

Although these women will not be excluded, I am not sure that they will be encouraged to attend. The intention (I think) is to encourage them to seek ongoing follow-up - management from their original treating surgeon. The program does not want to recruit other doctor's patients.

3. Radiation effects

The carcinogenic effects of mammograms are thought to be negligible -but we can't be certain or dogmatic.

4. Staff

Suggest you leave this out. The program is likely to have female radiographers and male surgeons, but not necessarily

7/17/88.

To: Susan Hurley,
 this is the information
 I have compiled @ people
 receiving telephone enquiries.
 I am interested in any comment
 you may have. If possible
 I hope to arrange a memo
 to switchboard staff @
 RCH + Essendon, asking them
 to direct enquiries to the
 appropriate people

ESSENDON & DISTRICT BREAST X-RAY PROGRAM
INFORMATION FOR STAFF ANSWERING PHONE ENQUIRIES

at the Essendon & District Memorial Hospital

Overview:

The Essendon and District Breast X-ray Program is a joint initiative of the Amalgamated Melbourne & Essendon Hospitals and the Anti-Cancer Council of Victoria. It has been funded by the Victorian Health Promotion Foundation.

*Research indicates 1:15 Victorian women will develop breast cancer at some time in their lives. The highest incidence occurs in the late 40 to late 60 year age group. Despite improved treatment methods, deaths from breast cancer have remained largely unchanged over the past 50 years. Attention is now being turned to early diagnosis through population screening, as our most effective means of breast cancer control. The ~~Essendon & District~~ Breast X-ray Program is the first public breast cancer screening program to be offered in Victoria.

High risk groups
Prevalence groups

at the Essendon & District Mem... Hospital

Where?

The Breast X-ray ~~Clinic~~ ^{Program} will be located in the Essendon & District Memorial Hospital, proposed casualty department, Chester Street, Essendon.

(1)

When:

The proposed commencement date is October 3rd, 1988. The service will operate for a two year period. A "rolling" localized promotion campaign will be conducted progressively in postcode groups with advertisements in local newspapers, posters will be displayed in strategic places in local communities and the Health Education Officer will publicize the program through community groups. We will initially concentrate on the Essendon area.

For further information, contact Meredith Giffin or the Breast X-ray Program, ^{at} Essendon & District Memorial Hospital closer to the commencement date.

How to make contact:

The clinic will function on an appointment basis, appointments can be made by phoning the Breast X-ray ^{Program} Clinic around the beginning of October or when you notice promotional material in your area.

Eligibility:

Funding for the program has been granted for screening of women 50-69 years of age within strictly defined geographical boundaries. See list of postcodes. The 50-69 year age group has been selected because this group has been shown to have a relatively high incidence of breast cancer. Screening women of this age group has been shown to cause a reduction in breast cancer deaths.

Should women outside the target population enquire about screening, they should be referred to their G.P. who will be able to discuss their concerns and direct them to available mammography services if necessary.

At this stage, screening is not available to women outside the target population.

Screening vs. Diagnostic:

The Breast X-ray Program is a screening program which means X-rays will be performed on apparently well women for the purpose of early detection of unrecognised breast cancer.

Diagnostic mammography is performed when women or their doctors are worried about possible breast problems because of breast changes or other "at risk" factors.

Previous Breast Surgery:

2 Women who have undergone breast surgery in the past for whatever reason are still encouraged to attend for screening mammography. Reduction surgery, implants, previous breast cancer do not exclude women from eligibility.

→ Previous mammo does not exclude woman from attending *disorders including breast cancer*

Previous Breast Cancer:

Women who have had breast cancer in the past should be encouraged to attend the screening program.

Symptoms:

Should women express concern about breast changes of any nature - lumps, lesions, discharge from nipple, changes in the nipple or anything else, they should be encouraged to see their Doctor for clinical assessment.

Radiation Effects:

3 With modern *mammo techniques* machinery the amount of radiation delivered to the breast is very low. The health risk of having a mammogram (breast x-ray) is *thought to be* much less than the health risk of smoking one cigarette. *incurred*
The benefits of mammography are thought to far outweigh any risks, even exposure to very low levels of radiation.

Family History:

Research indicates a familial tendency does exist, especially when a mother or sister has had breast cancer. Should women enquire about this, they should be encouraged to discuss their concerns with their Doctor, they may also be interested in information on Breast Self Examination.

Staff:

4 ~~At this stage, it is envisaged~~ the clinics will be staffed by female workers. Male Doctors will be involved in clinical assessment of clients who have been recalled.

Non-English Speaking Clients:

The special needs of non-English speaking clients are being considered in our program. Translated informational material and interpreter services should be available.

Any further queries - please contact Meredith: 662 3300, Ext.139.

BS-IMG-01
7th July, 1988

THE HISTORY OF

THE

REIGN OF

CHARLES THE FIRST

By JOHN BURNET, BISHOP OF SALISBURY.