

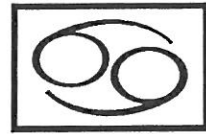
ATTACHMENT 2

Cancer Epidemiology Centre

Victorian Cancer Registry

1 Rathdowne St., Carlton South, Victoria 3053 Australia.

Telephone (613) 662 3300 Fax (613) 663 3412



Breast X-Ray Program Statistical Report No.11

To: Breast X-ray Program Management Committee
From: Susan Hurley, Lichun Quang
Date: October 3, 1989
Subject: Breast X-ray Program Statistics, 31/10/88 - 3/9/89
Copies to: AMEH and ACCV staff on statistics distribution list, Dr Fett (SECU).

Approximately 160 women/week were screened during August, compared with 154/week in July (Table 1). The number of women screened, as at 3rd September, 1989, was 5,916. If screening continues at the rate of the previous 5 weeks, approximately 15,000 women will be screened during the project. The number of women screened per month and the percentage of appointments filled are presented for each month of the Program's operation in Figure 1.

Approximately 77% of available appointments were filled during the period 31/7/89 to 3/9/89 (Table 2). This slight decrease in percentage of appointments filled, compared with most previous months, was due to evaluation of the invitation letter which includes a specific appointment time. This occurred during 14 weekdays, two Saturday mornings and one evening session. Appointments for these sessions were booked assuming a maximum attendance of 50% , except for the 29th, 31st August and 1st September when a 40% attendance was assumed.

The median time to generation of "all clear" letters to women decreased from 7 days in July to 6 days in August. There was a delay of 11 days or more to generation of "all clear" letters for only 5 women (Table 3), but letters for all women had not been generated when this report was prepared.

Statistics on outcomes from screening are presented for August and the duration of the Program in Tables 4 and 5, respectively. The increases in percentages of women recalled and mammograms requiring a consensus reading by radiologists, noted in July (Statistical Report No 10), was sustained during August. In August, 16.9% of women attending screening were recalled either because of a suspicious lesion on mammography, technical reasons or symptoms, compared with 12.8% for the 10 month period.

Susan Hurley

Lichun Quang

Breast X-Ray Program Statistics, 31 October, 1988 to 3 September, 1989

Table 1. Number of women screened

31 Oct 1988 - 3 Sep 1989 (43 weeks of screening)	31 July 1989 - 3 Sep 1989 (5 weeks of screening)
5916	803

*Note: These statistics were extracted on September 22.
The number of screening mammograms required a consensus recommendation was 152 (18.9%) for 31/07/89 to 3/09/89.*

Table 2. Appointments and attendances for screening mammography, 31st July, 1989 - 3rd September, 1989

Week	Projected number of appointments	Actual number of available appointments	Number of women screened	Percentage of actual appts filled
31/07 - 6/08	180	173	158	91.3
7/08 - 13/08	229	212	148	69.8
14/08 - 20/08	210	188	150	79.8
21/08 - 27/08	216	209	160	76.6
28/08 - 3/09	228	254	187	73.6

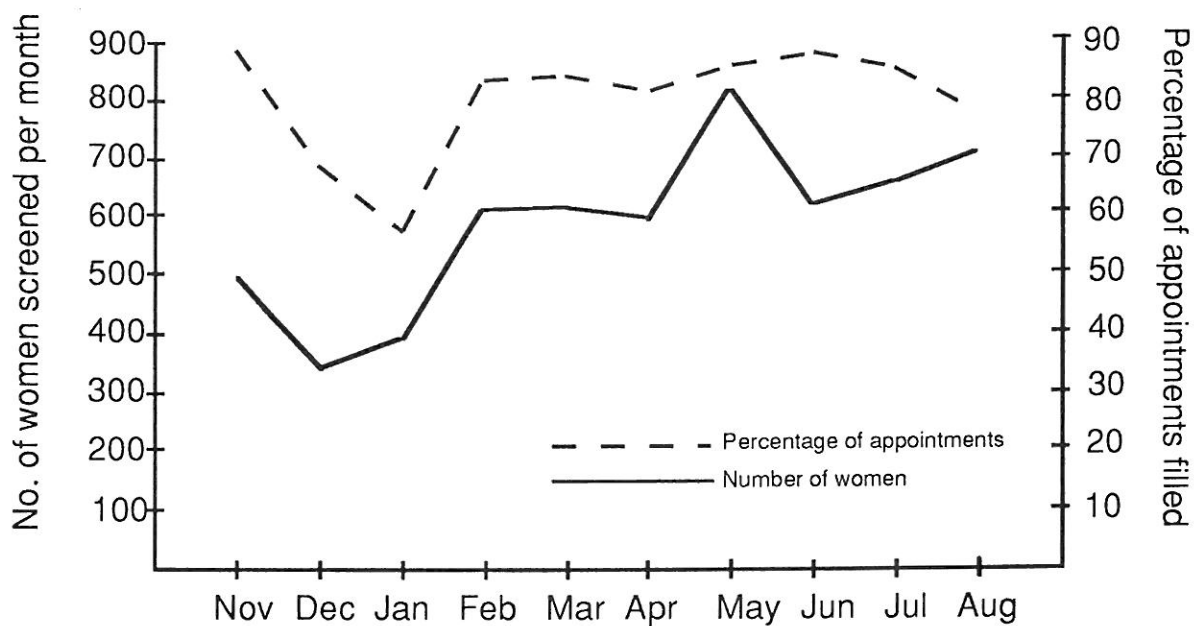
Note: These statistics were extracted on September 22, 1989 hence the number of women screened is an estimate. Appointments were reserved for women sent invitation letters on 3, 4, 8, 10, 11, 15, 17, 18, 22, 24, 25, 26 (Sat), 28 (Mon evening), 29, 31 Aug, 1, 2 (Sat) Sep.

Table 3. Number of days to generation of screening outcomes letters, 31st July, 1989 - 3rd September, 1989

	Letter type		
	"all clear"	"recall mammography (technical fault)"	"recall mammography (suspicion of a lesion)"
Mean	6	8	8
Median	6	8	7
Min-Max	2 - 26	3 - 14	3 - 12

Note: Not all women had been advised of their results when these statistics were extracted.

Figure 1. Women screened Nov 88-Aug 89



**Table 4. Breast X-ray Program statistics, (excluding women with previous breast cancer)
01 August 1989 - 31 August 1989**

	Outcomes from:		
	Screening mammography	Recall mammography	Clinical assessment
clear	587 (83%)		
recall mammography (suspicion of lesion)	85 (12%)	37 clear 23 referred 25 missing	8 clear 10 benign 5 missing
recall mammography (technical)	18 (2.5%)	5 clear 13 missing	
clinical assessment symptoms	17 (2.4%)		14 clear 3 missing
mammography	0		
TOTAL SCREENED	707		

Screening mammograms requiring a consensus recommendation: 144 (20%)

**Table 5. Breast X-ray Program statistics, (excluding women with previous breast cancer)
31 October 1988 - 31 August 1989**

	Outcomes from:		
	Screening mammography	Recall mammography	Clinical assessment
clear	5066 (87%)		
recall mammography (suspicion of lesion)	479 (8.2%)	231 clear 219 referred 27 missing 2 refused	95 clear 84 benign 31 malignant 9 missing
recall mammography (technical)	115 (2%)	97 clear 2 referred 15 missing 1 refused	2 clear
clinical assessment symptoms	139 (2.4%)		91 clear 26 benign 10 malignant 7 missing 5 refused
mammography	13 (0.2%)		5 clear 6 benign 2 malignant
TOTAL SCREENED	5812		

Screening mammograms requiring a consensus recommendation: 795 (13.7%)

Table 6. Outstanding forms. Total (women screened more than one month previously)

Form	Date	10/7/89	14/7/89	28/7/89	4/8/89	29/8/89	22/9/89
B	n/a*	97* (4)	126 (2)	52 (2)	111 (3)	n/a*	n/a*
C	56 (21)	75 (19)	85 (13)	65 (9)	77 (7)	86 (15)	103 (18)
D -symptoms on Form A	71 (61)	69 (60)	61 (50)	25 (18)	21 (11)	25 (11)	15 (10)
-referred from screening (B)	1 (1)	1 (1)	1 (1)	0	0	0	0
-referred from recall mammography (C)	25 (24)	22 (22)	14 (14)	12 (10)	7 (7)	12 (11)	10 (10)
E#	8	12 (12)	13 (13)	15 (15)	19 (19)	20 (20)	21 (21)
F##	n/a	3 (3)	2 (2)	5 (5)	2 (2)	3 (3)	2 (2)

* Not available because A forms entered at the same time as Form Bs until 29/6/89. For 10/7 this was an estimate. Not available for 29/8/89 and 22/9/89 because Form As not entered at screening.

It is not possible to determine exactly how many are outstanding because of missing Form Ds.

Number of missing Form Fs, when benign disease and a surgical biopsy result entered on Form D. This is an estimate because some surgical biopsy results have not been entered on Form D (but diagnosis has) and some clear results had been entered on Form D, when women had a surgical biopsy.

ATTACHMENT 3

FINANCIAL STATEMENT - MAMMOGRAPHY SCREENING PROGRAMME
AS AT 31ST AUGUST 1989

<u>INCOME</u>	\$	\$
VICTORIAN HEALTH PROMOTION FOUNDATION GRANT		249,758.00
 <u>LESS RECURRENT EXPENDITURE</u>		
SALARIES-PAYROLL SYSTEM	48,954.17	
SALARIES-OUTSIDE RELIEF	30.00	
ACCRUED ANNUAL LEAVE	(9,922.39)	
WORK CARE LEVY	1,141.76	
FOOD SUPPLIES	43.38	
MEDICAL AND SURGICAL SUPPLIES	11.88	
X-RAY FILM	11,031.58	
DRUG SUPPLIES	12.40	
CLEANING SUPPLIES	32.47	
PRINTING & STATIONERY	181.31	
ADVERTISING	2,777.74	
POSTAGE	13.99	
TELEPHONE	1,209.22	
FREIGHT	10.00	
OTHER EXPENSES	1,149.64	56,677.15

NET INCOME 1989/90		193,080.85
ADD ACCUMULATED FUNDS AT 30.06.89		17,801.25

BALANCE OF FUND AT 31.08.89		210,882.10
		=====

FINANCIAL STATEMENT - MAMMOGRAPHY EVALUATION PROGRAMME
AT AT 31ST AUGUST 1989

	\$
BALANCE OF FUND AT 31.08.89	56,636,36
<u>NO MOVEMENT IN 1989/90 YEAR</u>	

BUDGET COMPARISON - - MAMMOGRAPHY SCREENING PROGRAMME

AS AT 31ST AUGUST, 1989

<u>RECURRENT EXPENDITURE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE (UNDER) OVER</u>
SALARIES - PAYROLL SYSTEM	48,954.17	51,251.00	(2,296.83)
SALARIES - OUTSIDE RELIEF	30.00	1,000.00	(970.00)
ACCRUED ANNUAL LEAVE	(9,922.39)		(9,922.39)
WORK CARE LEVY	1,141.76	1,500.00	(358.24)
FOOD SUPPLIES	43.38	100.00	(56.62)
MEDICAL AND SURGICAL SUPPLIES	11.88	300.00	(288.12)
X-RAY FILM	11,031.58	5,000.00	6,031.58
DRUG SUPPLIES	12.40		12.40
CLEANING SUPPLIES	32.47		32.47
PRINTING & STATIONERY	181.31	1,600.00	(1,418.69)
ADVERTISING	2,777.74		2,777.74
POSTAGE	13.99	200.00	(186.01)
TELEPHONE	1,209.22	833.33	375.89
FREIGHT	10.00		10.00
OTHER EXPENSES	1,149.64	1,000.00	149.64
MAINTENANCE CONTRACTS		1,666.67	(1,666.67)
	56,677.15	64,451.00	(7,773.85)

ATTACHMENT 4

Anti-Cancer Council of Victoria



Preliminary report on an evaluation of the cost-effectiveness of personal recruitment strategies for the Essendon Breast X-Ray Program

Susan Hurley, Trish Livingston, Damien Jolley, Dorothy Reading, Jill Cockburn
Anti-Cancer Council of Victoria
October 3, 1989

Phase 1

During June and July, a comparison was conducted of the effectiveness of an invitation letter with a specific appointment time included (Letter A) and an invitation letter without a specific appointment time (Letter B). Four hundred of each type of letter were sent to a random sample of women in a sub-set of target postcodes. Postcode areas were excluded if the public recruitment campaign was underway in that area. Letter A was more effective, with 150 (37.5%) women attending compared with 68 (17%) of those sent Letter B. Of those women who attended following Letter A, 46 (11.5% of sample) rang and changed their appointment to another time, giving a 26% attendance rate at the initial appointment time. A further 27 women (6.7%) rang and cancelled their appointment.

Follow-up letters were sent to women who did not attend after the first invitation letter and who did not telephone to cancel their appointment or advise that they had been screened elsewhere. A further 24 women in the Letter A sample attended, giving a total attendance of 43.5% after Letter A plus the follow-up letter. In the Letter B sample, a further 56 women attended, giving a response of 31% after Letter B plus the follow-up letter.

To assess the accuracy of addresses on the electoral register, a sample of follow-up letters was sent by certified mail. The number of letters returned after the original invitation letter and the certified letter indicated that 6.5% of addresses were incorrect.

Phase 2

The aim of Phase 2 is to determine whether a follow-up telephone call to non-attenders after an invitation Letter A is more effective than a follow-up letter, and to continue to monitor the effectiveness of Letter A. During July, August and September a further 1,947 invitation letters (type A) were sent to random samples of women in the same sub-set of postcodes. Of these, 1600 appointments were for normal working hours and 347 were for either Monday evening or Saturday morning. To date, 605 women (31%) have attended, and 10 women have open appointments. Of the women who did not attend, 454 have been sent a follow-up letter and 747 have been allocated to telephone follow-up. This evaluation is still in progress.

Acceptability to women of personal recruitment methods

In recognition of the potentially intrusive nature of these recruitment methods, we have attempted to monitor any negative reactions.

Letters

The Program's counsellor is nominated as the contact person on the invitation letter and she has recorded, on a standard form, details of telephone calls she has received in response to the invitation letters. The reason for the call and a classification of the woman's reaction to the letter are noted. Telephone calls have been received from 48 of the 2,747 women who have been sent invitation letters. The majority of these calls (54%) were to advise the Program of the woman's intention not to attend. Only five women rang and objected to receiving a letter.

Telephone Calls

Women who do not attend in response to an invitation letter have been telephoned by ACCV staff, who follow a prepared script during the call. Further information about the Program is offered if the woman appears ambivalent about attending. If the woman expresses annoyance or anger at being contacted, the caller apologises for disturbing her and terminates the call. Records of these calls are kept. Of the 219 women who have been contacted to date, only two women objected to being contacted in this way.

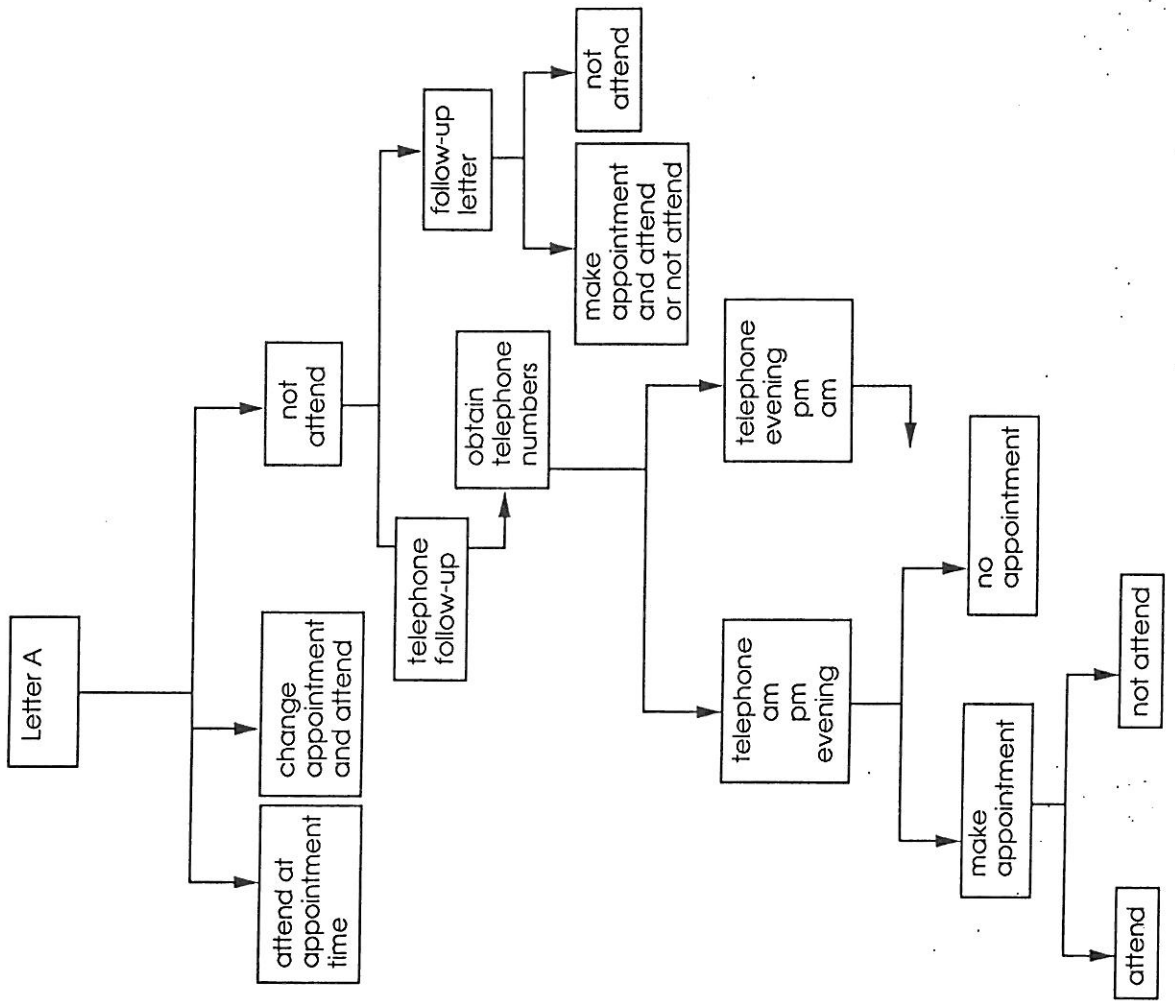
Summary

This study is progressing well. The costs of these recruitment methods are being monitored, and, once the telephone and letter follow-up are completed, we will analyse the cost-effectiveness of each letter and follow-up combination. The cost-effectiveness of Letter A, and the feasibility of using it routinely, will depend on obtaining accurate estimates of the expected attendance, and overbooking appointments at an appropriate level. This is being closely monitored, and, as attendance at the actual appointment time has not exceeded 33% on any day, appointments are now being overbooked assuming that a maximum of 33% of women will attend.

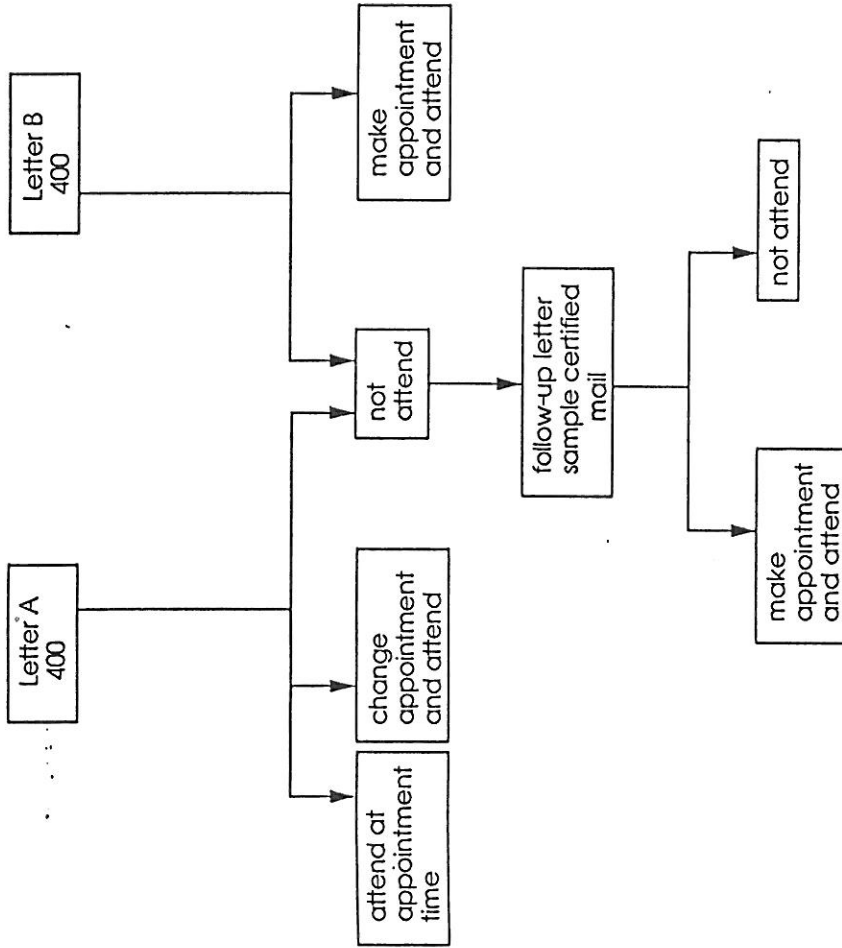
Please Note: This is a preliminary report for the Essendon Breast X-Ray Program Management Committee, it is not for publication or distribution.

Evaluation of invitation letters and follow-up

Main Evaluation-phase 2



Main Evaluation-phase 1





Preliminary report on an evaluation of the cost-effectiveness of personal recruitment strategies for the Essendon Breast X-Ray Program

Susan Hurley, Trish Livingston, Damien Jolley, Dorothy Reading, Jill Cockburn
Anti-Cancer Council of Victoria
October 3, 1989

Phase 1

During June and July, a comparison was conducted of the effectiveness of an invitation letter with a specific appointment time included (Letter A) and an invitation letter without a specific appointment time (Letter B). Four hundred of each type of letter were sent to a random sample of women in a sub-set of target postcodes. Postcode areas were excluded if the public recruitment campaign was underway in that area. Letter A was more effective, with 150 (37.5%) women attending compared with 68 (17%) of those sent Letter B. Of those women who attended following Letter A, 46 (11.5% of sample) rang and changed their appointment to another time, giving a 26% attendance rate at the initial appointment time. A further 27 women (6.7%) rang and cancelled their appointment.

Follow-up letters were sent to women who did not attend after the first invitation letter and who did not telephone to cancel their appointment or advise that they had been screened elsewhere. A further 24 women in the Letter A sample attended, giving a total attendance of 43.5% after Letter A plus the follow-up letter. In the Letter B sample, a further 56 women attended, giving a response of 31% after Letter B plus the follow-up letter.

To assess the accuracy of addresses on the electoral register, a sample of follow-up letters was sent by certified mail. The number of letters returned after the original invitation letter and the certified letter indicated that 6.5% of addresses were incorrect.

Phase 2

The aim of Phase 2 is to determine whether a follow-up telephone call to non-attenders after an invitation Letter A is more effective than a follow-up letter, and to continue to monitor the effectiveness of Letter A. During July, August and September a further 1,947 invitation letters (type A) were sent to random samples of women in the same sub-set of postcodes. Of these, 1600 appointments were for normal working hours and 347 were for either Monday evening or Saturday morning. To date, 605 women (31%) have attended, and 10 women have open appointments. Of the women who did not attend, 454 have been sent a follow-up letter and 747 have been allocated to telephone follow-up. This evaluation is still in progress.

Acceptability to women of personal recruitment methods

In recognition of the potentially intrusive nature of these recruitment methods, we have attempted to monitor any negative reactions.

Letters

The Program's counsellor is nominated as the contact person on the invitation letter and she has recorded, on a standard form, details of telephone calls she has received in response to the invitation letters. The reason for the call and a classification of the woman's reaction to the letter are noted. Telephone calls have been received from 48 of the 2,747 women who have been sent invitation letters. The majority of these calls (54%) were to advise the Program of the woman's intention not to attend. Only five women rang and objected to receiving a letter.

Telephone Calls

Women who do not attend in response to an invitation letter have been telephoned by ACCV staff, who follow a prepared script during the call. Further information about the Program is offered if the woman appears ambivalent about attending. If the woman expresses annoyance or anger at being contacted, the caller apologises for disturbing her and terminates the call. Records of these calls are kept. Of the 219 women who have been contacted to date, only two women objected to being contacted in this way.

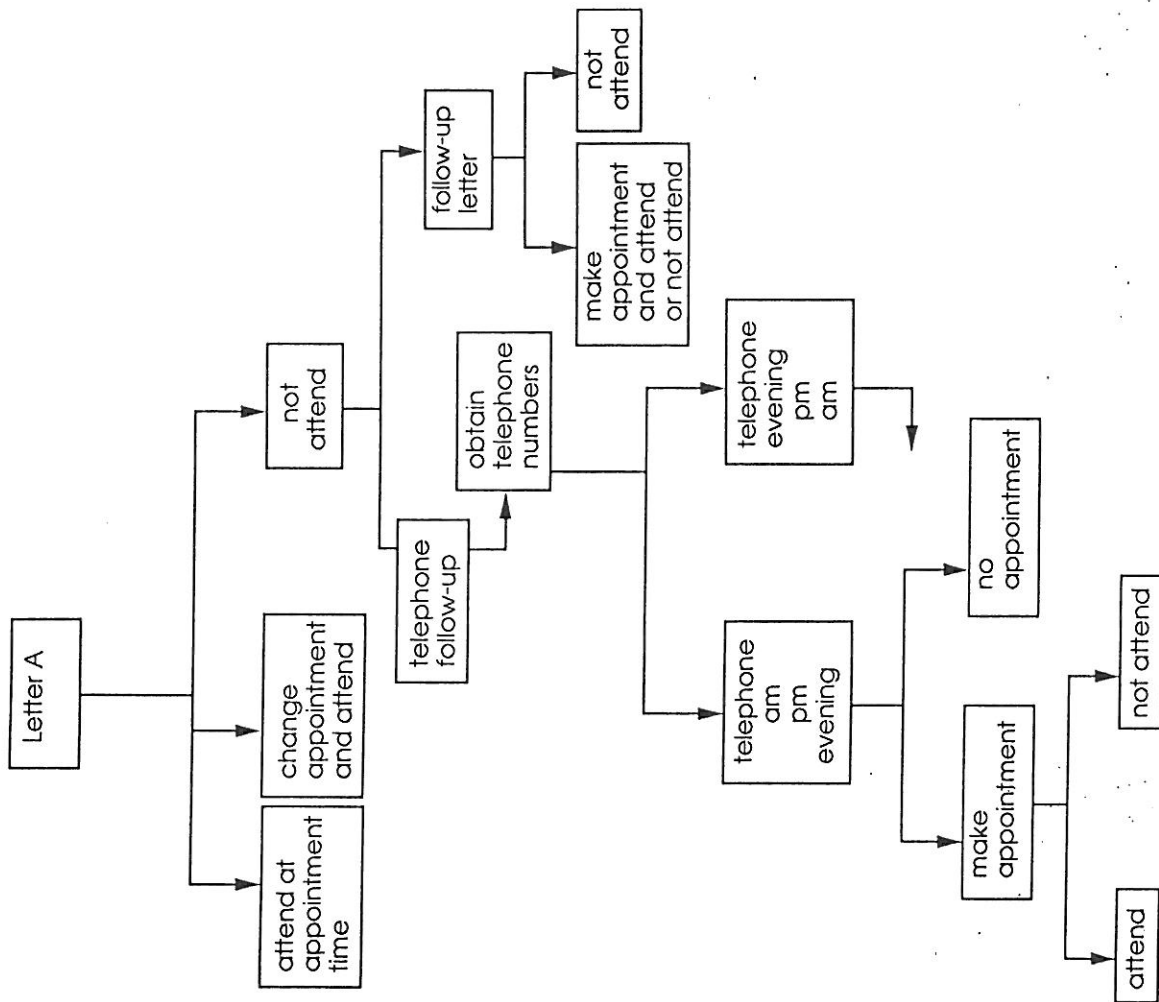
Summary

This study is progressing well. The costs of these recruitment methods are being monitored, and, once the telephone and letter follow-up are completed, we will analyse the cost-effectiveness of each letter and follow-up combination. The cost-effectiveness of Letter A, and the feasibility of using it routinely, will depend on obtaining accurate estimates of the expected attendance, and overbooking appointments at an appropriate level. This is being closely monitored, and, as attendance at the actual appointment time has not exceeded 33% on any day, appointments are now being overbooked assuming that a maximum of 33% of women will attend.

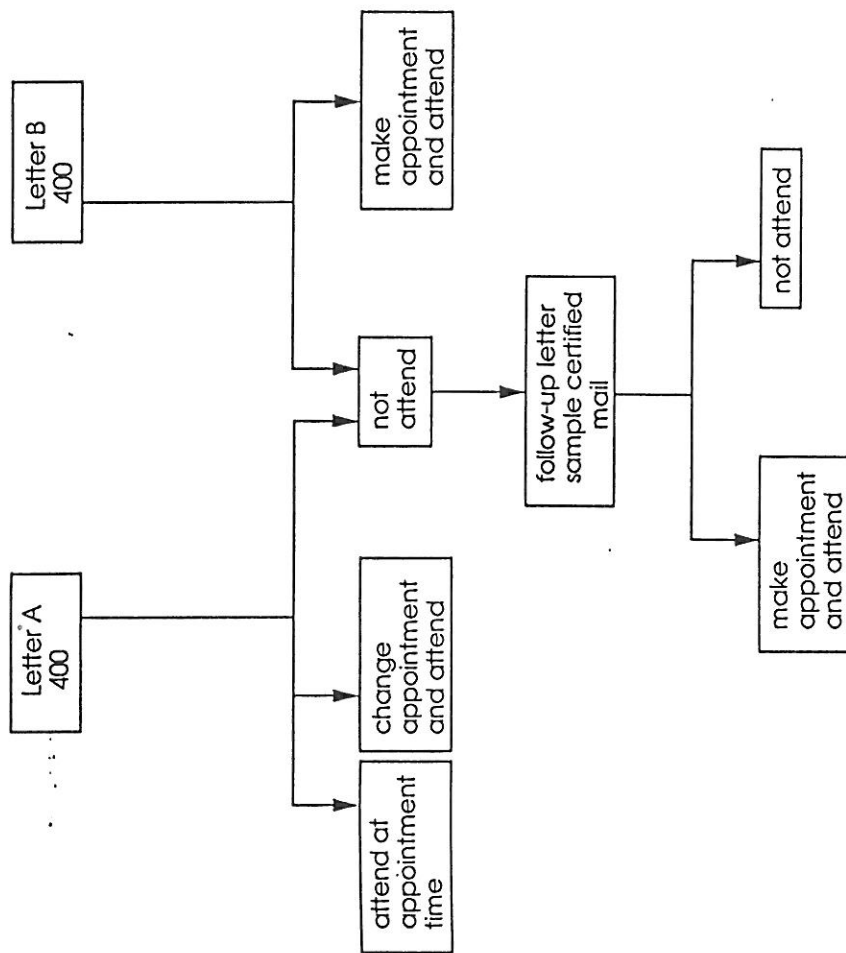
Please Note: This is a preliminary report for the Essendon Breast X-Ray Program Management Committee, it is not for publication or distribution.

Evaluation of invitation letters and follow-up

Main Evaluation-phase 2



Main Evaluation-phase 1



ATTACHMENT 5



Proposal to the Essendon Breast X-Ray Program's Management Committee to increase the Program's screening capacity

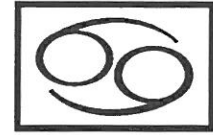
October 3, 1989

It was originally envisaged that the Program would have the capacity to screen 30,000 women over a two year period. However, at current monthly screening rates only approximately 15,000 women will be screened. To date, the recruitment campaign has succeeded in filling 80.5% of available appointments, and an increase in the number of available appointments would allow us to expand our recruitment strategies. Discussions at the Executive Committee meetings over the last few months have indicated that an increase in the number of appointments will not be possible with current staffing levels.

A review of the Program's original documentation indicates that its screening capacity was forecast on the basis of two-view screening at a rate of 12 women/hour, with an establishment of three full-time radiographers. Screening was to take place on weekdays, evenings and Saturday mornings. Subsequently, the budget submission was changed and funds were sought and obtained for two full-time radiographers and one full-time dark room processor. We therefore propose that the Program either employ a dark room processor or increase the radiographer establishment to around 2.5 EFT to enable screening to proceed at a higher rate.

Dorothy Reading
Director, Education Unit

Susan Hurley
Epidemiologist, Cancer Epidemiology Centre



Memorandum

To: Nigel Gray
From: Susan Hurley, Graham Giles
Date: September 27, 1989
Subject: SECU and the Essendon Breast X-Ray Program
Copies to: Professor Lovell

We invited Michael Fett for lunch on Monday 25th September to discuss provision of data to SECU. Despite the fact that Michael was half an hour late for a one hour meeting, the meeting was successful. We offered to provide SECU with the statistical reports, which are prepared each month for the Program's Executive and Management Committees, and a copy of a paper, currently being prepared, which will describe our evaluation of the Program's first eight months. Michael was delighted, describing this plan as "marvellous". He seemed to understand that completion of the latter paper would depend largely on availability of data from the Program.

Michael told us that he had received some data from the Wesley program in Queensland, but nothing from the other projects. He attributed this failure to provide data to SECU to "a myriad of operational difficulties" and a lack of understanding of the concept and importance of the national evaluation!

Michael also said that SECU's report to the AHMAC steering committee in June 1990 would recommend a national screening program, similar to that being implemented in the Netherlands. He implied that data from the pilot projects would not affect this recommendation.

Anti-Cancer Council of Victoria



REPORT TO THE MANAGEMENT COMMITTEE OF THE BREAST X-RAY PROGRAM RE RECRUITMENT STRATEGIES - BROADMEADOWS AREA

Following Meredith Giffin's departure from the Program, the position of Education Officer was advertised, interviews conducted and a new Education Officer, Debbie Sytma, appointed in late August. Debbie has extensive experience in recruitment and training gained during her years of employment with Red Cross and the Multiple Sclerosis Society.

During the months of August and September the education and recruitment staff of the program have been working in Broadmeadows to raise local awareness about the program and attract attendance from that area.

A list of strategies and activities employed in Broadmeadows to date follows:

- . A banner advertising the program has been displayed by the local Council.
- . Personal contact has been made with the Community Health Centre, local Government workers, Migrant Resource Centre, Hairdressers and Pharmacists.
- . 150 posters and 600 brochures have been distributed to local shops.
- . All general practitioners in the area have been contacted by mail and a personal visit organised. These have now been completed.
- . Displays staffed by Education Officers have been held at the Broadmeadows Shopping Centre on five occasions, the Glenroy Shopping Centre on two occasions and the Gladstone Park Shopping Centre on two occasions. Appointments are made on the spot at these displays and a considerable amount of information disseminated.
- . The Education Officer has been invited to address the Glenroy Senior Citizens Group, the Combined Pensioners Group, two recreation groups and three migrant groups in the area. These invitations followed on information mailed out to all identifiable relevant social and other groups in the area. This has now been followed up by a second letter with an order form attached, offering a variety of information, and 29 phone calls have been made to those apparently most relevant groups who have not yet responded to the first letter.
- . The Education Officer has visited five workplaces, distributing printed information and talking to occupational health and safety staff. She has addressed six meetings of workers at Ericsson's with 20 people attending each meeting.
- . Two press releases have been distributed to local media.

Dorothy Reading
Director of Education
bsdr02r

5 October 1989

ANTI-CANCER COUNCIL OF VICTORIA

CANCER EPIDEMIOLOGY CENTRE

MEMORANDUM TO: Professor Lovell
FROM: Dr Graham Giles
DATE: 9 August, 1989

Re. Relationships with SECU

Correspondence with Michael Fett

After the meeting with Dr Fett at the ACCV on the 5th July, Susan Hurley and I prepared a summary of the meeting and sent this to Michael for his comments.

I received a letter from Michael dated the 10 July which set down his views and actions proceeding from the meeting.

Susan and I have subsequently revised our summary and have assisted Michael in identifying the agreed actions from the meeting. We have produced publication guidelines which should be acceptable to both parties. These items are embodied in correspondence which we sent off earlier this week (attached).

Provision of reports

Seven sequential statistical reports have been available to Mr Russell to send to SECU. I understand Mr Russell gave SECU only the seventh report (minus the front page).

The irregularities in the management of the Breast X-Ray Program have led to gross inaccuracies in the data collected at Essendon. I indicated to Michael prior to the meeting on the 5.7.89 that this was the case and, given that we both were interested in clean data, we would not start preparing a report until routine checks of the data indicated that this would be a worthwhile exercise.

It was agreed at the meeting that the CEC's report on the first 6 months data would be given to SECU at the earliest opportunity provided the policy with respect to data distribution and publication was mutually acceptable. As this now seems to be the case, I see no problem in meeting this objective. We have always understood the necessity of assisting SECU with its task to report to government.

The current situation is that the Program has made some progress in cleaning the data but that there are still major omissions and inconsistencies particularly with respect to recording investigations and pathology details for women diagnosed with malignant disease. Susan has arranged for the pathologist to complete the assessment of malignant disease forms. To her knowledge, none have been returned as yet and we, therefore, have poor knowledge of malignant disease at present. For example, surgical biopsy results for 16 of the 42 women with malignant diagnoses have not been entered and there are innumerable other inconsistencies.

Given that the data can be cleaned within the next few weeks, and given the other commitments of the CEC staff involved with the Program, a draft report is likely to be available for the Management Committee's perusal in early to mid October.

Cancer Epidemiology Centre

Australian Cancer Registry



8th August, 1989

Dr. M. Fett,
Australian Institute of Health,
Bennet House
ACTON ACT 2601

Dear Michael,

Thank you for your letter of 10 July regarding our meeting of 5 July. I have revised the summary of the meeting, which I had distributed previously, to incorporate your comments and I have distributed the revised version to all those in attendance (copy attached).

The only points which you seem to have misunderstood were that we intend to provide you with a report of the Program's first 6 months of operation and that we require any reports from the Program to be appended to any reports to Government from SECU.

The policy on publication and provision of data which you forwarded, however, does not represent what was agreed at the meeting. It was the Essendon program's policy which was to be revised, not SECU's policy. I therefore enclose a revision of the policy which I will table for discussion to the next meeting of the Program Management Committee.

With best wishes,

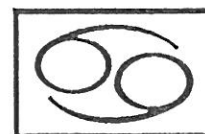
Yours sincerely,

Graham G. Giles, Ph.D.,
Director,
Cancer Epidemiology Centre.

cc. Ian Russell

Cancer Epidemiology Centre
Victorian Cancer Registry

1 Rathdowne St., Carlton South, Victoria 3053 Australia.
 Telephone (613) 662 3300 Fax (613) 663 3412



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

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

Chairman: Mr. I. Russell

The meeting commenced at 4.45 p.m.

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

Government Reports

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

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

Publications by AIH staff

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

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

Essendon Program's right to vet analyses of its data

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

Provision of data to SECU

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

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

Provision of Commonwealth funds

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

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

Action:

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

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

The meeting closed at 5.30 pm

Revised following discussion with Dr Fett

Graham Giles
July 27, 1989

DRAFT

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

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

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

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

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

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

Cancer Epidemiology Centre
Victorian Cancer Registry

1 Rathdowne St., Carlton South, Victoria 3053 Australia.
Telephone (613) 662 3300 Fax (613) 663 3412



Breast X-Ray Program Statistical Report No.10

To: Breast X-ray Program Executive Committee
From: Susan Hurley, Lichun Quang
Date: September 15, 1989
Subject: Breast X-ray Program Statistics, 31/10/88 - 28/7/89
Copies to: AMEH and ACCV staff on statistics distribution list, Dr Fett (SECU).

The screening rate during July was 154/week, compared with 143/week in June and 181/week in May (Table 1). The number of women screened, as at 28 July, 1989, was 5,113. If screening continues at the rate of the previous 4 weeks, approximately 15,000 women will be screened during the project.

Available appointments were well filled (Table 2). Evaluation of the invitation letter which included a specific appointment time occurred on four days (13, 14, 27 and 28th of July). The median time to generation of "all clear" letters to women remained at 7 days, with 53 women waiting 11 or more days until generation of an all clear letter (Table 3).

Statistics on outcomes from screening are presented for the duration of the Program and July in Tables 5 and 6, respectively. Compared with the nine month period, there were marked increases during July in the percentage of mammograms requiring a consensus recommendation (19% vs 12.8%), the recall rate due to suspicion of a lesion (11.2% vs 7.7%) and the recall technical rate (5.5% vs 1.9%).

Excluding women who stated that they had previous breast cancer, 41 women (0.81%) have had breast cancer diagnosed during the nine months of the Program's operation. In asymptomatic women, the cancer detection rate was 0.61% (30/4949). However, these figures should be interpreted cautiously, as information for 12 women referred to clinical assessment has not yet been entered onto computer.

Susan Hurley

Susan Hurley

Lichun

Lichun Quang

Table 4. Outstanding forms. Total (women screened more than one month previously)

Form	Date 23/6/89	10/7/89	14/7/89	28/7/89	4/8/89	29/8/89
B	n/a*	97* (4)	126 (2)	52 (2)	111 (3)	n/a*
C	56 (21)	75 (19)	85 (13)	65 (9)	77 (7)	86 (15)
D -symptoms on Form A	71 (61)	69 (60)	61 (50)	25 (18)	21 (11)	25 (11)
-referred from screening (B)	1 (1)	1 (1)	1 (1)	0	0	0
-referred from recall mammography (C)	25 (24)	22 (22)	14 (14)	12 (10)	7 (7)	12 (11)
E#	8	12 (12)	13 (13)	15 (15)	19 (19)	20 (20)
F##	n/a	3 (3)	2 (2)	5 (5)	2 (2)	3 (3)

* Not available because A forms entered at the same time as Form Bs until 29/6/89.
For 10/7 this was an estimate. Not available for 29/8/89 because Form As not entered at screening.

It is not possible to determine exactly how many are outstanding because of missing Form Ds.

Number of missing Form Fs, when benign disease and a surgical biopsy result entered on Form D. This is an estimate because some surgical biopsy results have not been entered on Form D (but diagnosis has) and some clear results had been entered on Form D, when women had a surgical biopsy.

Table 6. Breast X-ray Program statistics, (excluding women with previous breast cancer)
01 July 1989 - 28 July 1989

	Outcomes from:		
	Screening mammography	Recall mammography	Clinical assessment
clear	500 (81.4%)		
recall mammography (suspicion of lesion)	69 (11.2%)	42 clear 24 referred 3 missing	13 clear 6 benign 1 malignant 4 missing
recall mammography (technical)	34 (5.5%)	30 clear 1 referred 3 missing	1 missing
clinical assessment symptoms	10 (1.6%)		6 clear 2 benign 2 missing
mammography	1 (0.2%)		1 benign
TOTAL SCREENED	614		

Screening mammograms requiring a consensus recommendation: 117 (19%)

Ngil. I shall be away, & have asked for a note of the date to be put in your book.

I have no agenda items to suggest - I don't
it wish to leave the question of authors of publications to
be dealt with informally by me & Jan in the first instance.

THE AMALGAMATED MELBOURNE & ESSENDON HOSPITALS

BREAST X-RAY PROGRAM

*Dirk,
26/9.*

To: Management Committee Members

From: Delia M. Flint-Richter
Program Manager

Date : 14th September, 1989

Re : Agenda Items for Management Committee Meeting on 12th
October, 1989

As indicated in previous correspondence the next Management Committee will be held on 12th October, 1989 at 9.00 a.m. in the Board Room at the Essendon Hospital.

I would be grateful if you would forward to me agenda items and documents for distribution no later than Monday 2nd October, 1989.

Enclosed with this memo are the Executive Committee Minutes for the Meetings of 16th May, 1989, 20th June, 1989, and 18th July, 1989.

Delia M. Flint-Richter

Delia M. Flint-Richter
Program Manager

THE AMALGAMATED MELBOURNE & ESSENDON HOSPITALS

BREAST X-RAY PROGRAM

Minutes of the Fourteenth Executive Committee Meeting held on Tuesday 16th May, 1989 in the Meeting Room of the Breast X-ray Program, Essendon Hospital.

1.0 PRESENT

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

2.0 APOLOGIES

Ms. D. Reading

3.0 MINUTES OF PREVIOUS MEETING- 18TH April, 1989

The Committee agreed to the following amendment to Agenda Item 4.4 -Statistics Report.

- (i) delete "only" and now to read "that women have been recalled for mammography and ultrasound has been performed".

The minutes of the Executive Committee Meeting of 18th April, 1989 were then confirmed as a true and correct record.

4.0 BUSINESS ARISING

4.1 Data Management

Ms. D. Flint-Richter reported that:-

- (i) The procedure for Independent Reading was implemented on 19th April, 1989
- (ii) The Hard disk has been made secure by the addition of a belt, as an added precaution, so that it cannot be knocked.
- (iii) Ms.S.Hurley reported that deceased women are currently being removed from the data base.

4.2 S.E.C.U

After discussion the Executive Committee agree that a decision on the Provision and Publication of Data Policy and the Service Delivery/Epidemiology Data Tabulation needs to be made. The Committee agreed with Dr. Giles' letter and recommended that Mr. I. Russell and Ms.S. Hurley meet with Dr. G. Giles to make a recommendation for the next Management Committee scheduled for 1st June, 1989.

4.3 FINANCIAL AND BUDGET REPORT

Ms. D. Flint-Richter stated that a report was not available for this month as Financial Reports are generated on the 17th or 18th of each month.

Mr. N. Thane did inform Ms. D. Flint-Richter that there are no problems with the Financial status of the Program.

A Financial Statement and Budget Report as at 30th April, 1989, will be available for the next Management Committee on the 1st June, 1989.

4.4 STATISTICS

4.4.1 Deviations from the Protocol

Mr. I. Russell reported that the files of women who have had ultrasound and those who reported symptoms and seen in Recall have been looked at by him.

He stated that for most cases, it is a matter of the results being recorded on the incorrect form. Dr. J. Cawson has been asked to do this and then the necessary changes to the Data Base will be attended to by the Ms. S. Hurley. In the other cases he is attending to these personally.

4.5 INVITATION LETTERS

Ms. S. Hurley gave a brief report on the pilot test of Invitation letters. A full report of the study will be presented at the next Management Committee Meeting on 1st June, 1989. Follow-up letters have been sent to non-attenders, the acceptance of this letter is being assessed by CBRC.

It is planned that 400 letter A and 400 letter B will be sent to a random sample of women in June as planned.

5.0 OTHER BUSINESS

5.1 STAFFING

Mr. Russell reported that :-

- (i) a radiographer has resigned and the position is presently being advertised- Ms. D. Flint-Richter stated that applications from radiographers seeking full time, part-time and sessional employment are being sought. The position is vacant as from 5th June, 1989.
- (ii) The Health Education Officer, Meredith Giffin, has resigned, and leaves in 4-6 weeks.

Ms. S. Hurley reported that it has been difficult to appoint a programmer. After discussion, the Commission agreed that the possible reasons in failing to recruit is that the position is for a limited term and that part of the work has been completed.

5.2 RECRUITMENT STRATEGIES REPORT

Ms. S. Hurley on behalf of Ms. D. Reading distributed the Recruitment Strategies Report from 1st February to 1st April, 1989. The Committee acknowledged the receipt of the report. Ms. S. Hurley also reported that pamphlets in Greek and Italian will be available in about two weeks.

5.3 JOINT PROPOSAL REQUESTING ADDITIONAL FUNDING FROM HEALTH PROMOTION FOUNDATION.

This agenda item was deferred to the next Executive Committee Meeting.

Mr. I. Russell reported that the Report to the Foundation is being sent with a covering letter from Mr. J. Tribe, highlighting to the Foundation, the importance of the confidentiality of the information in the Report.

5.4 QUESTIONNAIRE TO EVALUATE RECALL CLINIC.

This item was deferred to the next Executive Committee Meeting.

5.5 INCLUSION OF COUNSELLOR'S NAME IN RECALL LETTERS

The Executive Committee agreed that the Counsellor's name be included on the Recall letters.

5.6 RADIOLOGY MAMMOGRAPHY MEETINGS

Mr. Russell reported that there are two meetings later in the year which believes staff should attend.

1. Radiographer's- one day workshop -Sydney

The Committee agreed that Amita Vaid attend this workshop and that all costs be met by Program Funds.

2. Meeting in Hunter Valley- specifically for Medical Staff involved in screening programs. After discussion the Executive Committee agreed that at least one person be financially supported to attend the Hunter Valley Meeting.

Commonwealth funds are to be used to meet the costs of staff attending these meetings.

5.7 INFORMATION FROM R.M.H. HISTORIES

Ms. S. Hurley reported that it is necessary to extract information from the medical histories of women who have been referred to the Royal Melbourne Hospital. She stated that she will forward a letter to Dr. D. Campbell seeking permission to access the records, and to liase with the Manager of Medical Records, Ms. N. Durham.

Although the women are discharged from the program at this stage, the Executive Committee agreed that it is important that this information is documented.

Mr. I. Russell stated that he will think of ways by which the information from his R.M.O.'s could be expediated.

5.8 NUMBER OF APPOINTMENTS

Professor B. Tress distributed a document which he had received from Mr. J. Lavin, Head Radiographer, of A.M.E.H. The radiographers have expressed concern to him on the present number of appointments.

After discussion the Executive Committee agreed that Ms. D. Flint-Richter discuss this proposed system of appointments with Mr. J. Lavin and the Radiographers.

6.0 DATE OF NEXT MEETING

The next Executive Committee Meeting will be on Tuesday 20th June, 1989, at 3.30 p.m. in the Meeting Room of the Breast X-Ray Program at Essendon Hospital.

THE AMALGAMATED MELBOURNE & ESSENDON HOSPITALS

BREAST X-RAY PROGRAM

Minutes of the Fifteenth Executive Committee Meeting held on Tuesday 20th June, 1989 in the Meeting Room of the Breast X-Ray Program, Essendon Hospital.

1.0 PRESENT

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

2.0 APOLOGIES

Ms. S. Hurley

3.0 MINUTES OF PREVIOUS MEETING - 16TH MAY, 1989

Minutes of the Fifteenth Executive Committee Meeting held on Tuesday 20th June, 1989, in the Meeting Room of the Breast X-Ray Program at the Essendon Hospital.

After discussion on Agenda Item 5.6 Radiology Mammography Meeting, the Executive Committee Meeting of the 16th May, 1989 were confirmed as a true and correct record.

4.1 DATA MANAGEMENT

Ms. D. Flint-Richter reported that it is necessary for the Contract with Relational Technology for the purchase of Ingres be signed by A.M.E.H. as soon as possible. A copy will be given to Medical Administration.

Ms. D. Flint-Richter also reported that Relational Technology have informed her that the "bug" causing the scrolling effect on one of the monitors can now be fixed by them. When this is done, Relational Technology will then require the monitor which is on loan from them to be returned.

After discussion, the Executive Committee agreed that a third monitor be purchased, when the present one is returned to Relational Technology.

4.2 STATISTICAL REPORT

Ms. Dorothy Reading reported that no statistical report has been prepared for this meeting as a statistical report was presented at the Management Committee which was two weeks ago.

4.3 S.E.C.U.

Mr. I. Russell stated that a letter has been prepared and circulated, and as a result of the comments he received the letter will be modified and sent to Dr. Michael Fett, Head, Screening Evaluation Co-ordination Unit.

4.4 FINANCIAL AND BUDGET REPORT

The reports were tabled and Ms. D. Flint-Richter reported that Mr. N. Thane informed her that there are no problems with the present financial status of the program.

4.5 RECRUITMENT STRATEGIES

Ms. D. Reading presented a verbal report on Recruitment Strategies. The community activities at Deer Park will be completed next week. The Invitation Letter Recruitment has commenced and a letter sent in the Cancer News to women in the target areas and age group resulted in an excellent result.

Ms. D. Flint-Richter reported that 72 women were screened yesterday, which included an evening session. The Executive Committee asked that the staff be thanked for their effort in screening of this number of women yesterday.

4.6 STAFFING

4.6.1 Radiographers

The Chairman welcomed Mr. John Lavin, the Chief Radiographer and thanked him for attending. Mr. John Lavin gave a brief summary on the present position of staffing radiographers.

He stated that he it is difficult to obtain a full time radiographer in mammography, due to the repetitive nature of the work and the higher salary being paid in in Private Radiological Clinics.

Mr. J. Lavin reported presently that once the Radiographer staff position has been filled, it is important to recommence Staff rotation with the Royal Melbourne Hospital campus Radiography Department.

Dr. D. Campbell agreed that Staff rotation should continue.

Professor B. Tress raised the issue of recruiting overseas radiographers, in particular, from Hong Kong. After discussion the Executive Committee agreed that the recruitment of overseas radiographers be deferred until the end of this year.

4.6.2 Health Education

Ms. D. Reading reported that the Health Educator, Ms. M. Giffin, leaves on 29th June, 1989. For the immediate future, sessional staff are being trained in the tasks of this position. Ms. Reading said that the actual tasks of this position are presently being reviewed.

The Executive Committee agreed to note the contribution Meredith Giffin, has made during her 12 months employment as Health Educator with the Program.

4.7 Joint Proposal Requesting funds from the Victorian Health Promotion Foundation.

The Committee agreed that this request be deferred for the time being, and that the decision be reviewed monthly.

4.8 MAMMOGRAPHY MEETINGS

Mr. I. Russell stated that at the last Management Committee, approval was given to pay the costs of one person to attend. He believed it is important for the Executive Committee to discuss these meetings further.

The Meeting is on October 6th, 7th & 8th, 1989, and is a workshop:-

Issues in the Interpretation, Investigation and Management of Mammography, Screening Detected Abnormalities.

The Workshop, Mr. Russell stated is for Medical Personnel who are involved in the establishment of pilot mammography screening programs in Australia.

Documentation of the Workshop was distributed to members of the Executive Committee.

After discussion the Executive Committee agreed that :-

- (i) in principle, it is advantageous for a number of people to attend- Radiologist, Pathologists and Surgeon.
- (ii) Mr. Russell asked for funds from S.E.C.U.- \$7,000.00 to be used for 7 people to attend the meeting.

- (iii) A written reply from S.E.C.U. in response to the request from Mr. Russell be received before the approval by the Executive Committee is given.
- (iv) The cost of staff attending the Workshop must be itemised and accounted for.

5.0 OTHER BUSINESS

5.1 Cost Evaluation- Staff Time and Motion Study

Ms. D. Reading reported on behalf of Ms. S. Hurley that a Time and Motion Study on Program Staff is to commence for the Evaluation of the cost of Specific Tasks done by Program staff.

Ms. D. Flint-Richter stated that this has been developed with Trish Livingstone, herself and Program Staff.

5.2 Victorian Health Promotion Report.

The Executive Committee decided that a draft report needs to be done as soon as possible.

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

Ms.D.Flint-Richter distributed copies of the Draft results to Members. The committee agreed that members forward comments to Ms.J.Cockburn, within one week so that a copy of the report can be sent to the General Practitioners involved as soon as possible.

A final copy will be distributed with the minutes of this meeting.

5.4 Time and Travel Costs Survey

The protocol was circulated at the Meeting. The Committee agreed that the study occur but requested that the Questionnaire be tested prior to implementation.

6.0 DATE OF NEXT MEETING

The next Executive Meeting will be on Tuesday 18th July, 1989 at 3.30 p.m. in the Meeting room at the Breast X-Ray Program at Essendon Hospital.

DISTRIBUTION:

Mr. I. Russell
Professor B. Tress
~~Ms. D. Reading~~
Ms.M.Bickley
Dr.J. Cawson

Ms. D. Flint-Richter
Dr. D. Campbell
~~Ms. S. Hurley~~