

Cancer Epidemiology Centre
Victorian Cancer Registry



8th October, 1990

Ms Delia Flint-Richter,
Breast X-Ray Program,
Essendon & District Hospital,
Chester Street,
Moonee Ponds 3039

Dear Delia,

Herewith a list of ids for women who waited 10 days or more for generation of screening outcomes letters.

Yours sincerely,

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

cc. I. Russell

1. Unique_id, screening dates and date of "all clear" letter sent for women who waited 10 days or more (30/7/90 - 2/9/90)

unique_id	b_date	date_sent
3413	31-aug-1990	12-sep-1990
3564	30-aug-1990	12-sep-1990
5118	30-jul-1990	23-aug-1990
12740	29-aug-1990	12-sep-1990
30599	31-aug-1990	12-sep-1990
41966	02-aug-1990	14-aug-1990
46125	31-aug-1990	12-sep-1990
46127	31-aug-1990	12-sep-1990

(8 rows)

2. Unique_id, screening dates and date of "recall mammography" (technical fault) letter sent for women who waited 10 days or more. (30/7/90 - 2/9/90)

unique_id	b_date	date_sent
46118	30-aug-1990	12-sep-1990

(1 rows)

11th September, 1990

Mr. I. Russell,
Director,
Breast X-Ray Program,
Private Consulting Rooms 15,
Royal Melbourne Hospital,
POST OFFICE
VICTORIA 3050

Dear Ian,

I enclose pre publication copies of two articles, which, although not Breast X-Ray Program papers, I thought would be of interest to you. The article on population registers for screening will be published in the MJA in the next couple of weeks, and the article on surgery will be published in the Aust NZ J Surgery in the next month.

Kind regards,

Yours sincerely,

Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.

cc. Graham Giles



Cancer Epidemiology Centre
Victorian Cancer Registry

29th May, 1990

Ms. Delia Flint-Richter,
Breast X-Ray Program,
Essendon & District Hospital,
Chester Street,
MOONEE PONDS 3039

Dear Delia,

Thank you for your memo of the 24th May regarding internal letter recruitment. Our figures indicate that your suggestion of filling every 2 cancellations with a telephone booking is unlikely to fill the 12 wasted appointments. Only 4 - 8 women each week ring to cancel their appointment and therefore only an extra 2 - 4 appointments would be filled. We were rather surprised that you weren't filling these cancelled appointments as we thought this was the Program's policy.

We propose continuing with our initial plan to overbook assuming 25% attendance, commencing 5th June, 1990. We will evaluate this over a 4 week period and provide you with feedback.

Yours sincerely,

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

5th September, 1990.

Dr. G. Giles,
Director of Epidermiology,
Anti Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON, 3053.

COPY

Dear Graham,

Re: Access to patients files for cost evaluation

I have reviewed the records of the Executive and Management Committees and the situation is as I remembered and as we discussed.

At the Executive Meeting of 16th May, 1989, Susan Hurley raised the question of gaining access to the files of patients at the Royal Melbourne Hospital for cost evaluation of treatment delivered subsequent to the diagnosis of breast cancer. While the Executive noted that the treatment of patients in this circumstance was outside the protocol it was felt that it was desirable to obtain the information. Susan Hurley subsequently wrote to Dr. Campbell requesting permission to gain access to the files at the Royal Melbourne Hospital and on 23rd May, he wrote to her confirming that permission was granted.

The question of access to the files of private patients was realised to be a sensitive issue. Although not minuted it was discussed on several occasions and it is my clear recollection, and certainly my instruction to Susie Alessandri, that the files of private patients should not be inspected unless permission had been granted by the treating doctor. Susie has obtained information from four private patients' files - three of my patients with my consent and one a patient of Mr. Leslie's from whom she obtained specific consent.

When Mr. Collins raised the issue of whether the woman should also give consent the matter was discussed by the Executive and, at the meeting of 17th April, 1990, it was agreed that "before access to the medical record it is necessary to have the hospital's and patient's consent. The Committee agreed that a patient's consent form needs to be devised and submitted to the hospital for approval."

A draft consent form was tabled at the Executive Committee Meeting of 19th June. It was agreed that Medical Administration would modify the form and that this be sent to the Hospital's solicitor for comment.

I was certainly unaware that the records of 121 women had been assessed and in particular unaware that records outside the Royal Melbourne Hospital had been assessed. This did not come to light at any of the discussions at the Executive Meetings.

I must say that I understand Mr. Collin's concern that the records of a patient he has treated privately (outside the X-ray Programme) should be scrutinized by a third party without either his consent. I understand that he has discussed this matter with the Medical Defence Association of Victoria and with the Medical Defence Association of Victoria's Solicitor and as a result he is concerned that, should a patient discover that her record was inspected by a third person without his consent, she may have a complaint on the grounds of breach of confidentiality as she would almost certainly presume he had given consent.

While Mr. Collins is clearly most sympathetic towards the Programme this may not be the case for other surgeons who have treated patients from the programme. I note that information has been obtained from histories at the Freemasons, St. Vincent's Private, St. Andrew's, Mercy Private and Royal Womens Private Hospitals.

I am not sure what the implications of this are for the Programme, for the Royal Melbourne Hospital or for the Anti Cancer Council of Victoria and I think it is important that both Dr. Campbell and Dr. Gray be appraised of the situation. Certainly in the meantime no further information should be gathered from patients records without the consent of the patient and the treating doctor or unless there is a decision to the contrary by the Executive Committee of the Programme.

Yours sincerely,



IAN S. RUSSELL.

c.c. Mr. J. Collins
Mrs. D. Flint-Richter
Dr. D. Campbell
Dr. N. Gray

Cancer Epidemiology Centre
Victorian Cancer Registry



Mr Ian Russell
Private Consulting Suite No 15
Royal Melbourne Hospital
Post Office
Parkville 3052.

4 June, 1990

Dear Ian,

I received notification from Delia that our plan to overbook letter appointments assuming 25% attendance will cause stress to staff. As I indicated in my memo of the 21 May, 1990, attendance over weeks 37 to 45 was consistently lower than the assumed 30% (around 23%). Approximately 12 appointments per week were wasted and it is difficult to understand how this could cause stress to staff.

With reference to Delia's suggestion that the wording in the letter be changed asking women to confirm their appointments, I suggest this would cause additional stress on staff as the number of incoming calls would increase dramatically and some women would arrive without telephoning. It is also contrary to the whole concept of a letter with a specific appointment time. We suspect that this recruitment method has been so successful because women are not required to take any action, apart from attending at the suggested time.

I, therefore, recommend the wording remain the same and that we proceed with the original plan on a trial basis and notify you each week of the attendance figures. The only other alternative is to stop sending these letters, which would be unfortunate, as they have been one of our most successful recruitment strategies.

I trust this is acceptable.

Yours sincerely,

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

cc Delia Flint-Richter
Susan Hurley
Dorothy Reading
memo33.doc

Sent by G3 to RMU.

EXHIBIT

DRAFT 22.5.90

CONSIDERATIONS WITH RESPECT TO THE LOCATION AND PROTECTION OF RECORDS AND DATA RELATED TO THE PILOT BREAST X-RAY PROGRAM AT THE ESSENDON HOSPITAL

The Breast X-Ray Program has produced two types of record related to individual women who have attended for mammographic screening; a) hard copy medical and radiological records and b) computerised data.

It has been determined that the hard copy records, films etc. are the property of the Program i.e. the Royal Melbourne Hospital and that these should be housed and protected by the Hospital according to the guidelines determined by its Board of Management.

The computerised database is comprised of records originally obtained from the Electoral Office to which have been added women who attended the Program but who were not on the Electoral Register. There are three categories of individuals on the database; non-attenders, attenders who have been screened as clear and attenders who have been sent on for assessment and treatment.

At the close of recruitment and after data completion and cleaning, the entire database (the principal database) will be ported to the Cancer Epidemiology Centre where the official analyses and evaluations of the data will be performed. The data will be kept under the strict provisions for security and confidentiality provided by the Cancer Registry.

The principal database will be accessible to Hospital, Program and ACCV staff for analytical purposes. The prioritisation of analyses at the Epidemiology Centre will be overseen by the Winding Down & Continuation Committee.

The Epidemiology Centre will match the principal database against the Cancer Register annually and feedback information about new cancers to the Program.

Given that the Electoral Register was obtained purely for the purpose of the pilot study (and incidentally is very out of date) it should not be used after the pilot study has ceased.

A subset of the principal database (Program's database) including all attenders to the Program will be maintained at the Program. These data are to be used solely for the purposes of client and patient management e.g. to enable possible re-screening in the future.

All changes to the Program's database should be communicated to the Epidemiology Centre staff in charge of the principal database.

GGGiles

Anti-Cancer Council of Victoria



VICTORIAN
COOPERATIVE
ONCOLOGY GROUP

Executive Secretary : Professor Emeritus RRH Lovell

mammog/lr-1

17 May, 1990

Mr IS Russell
Private Consulting Suite 15
Royal Melbourne Hospital
Post Office
Victoria 3050

Dear Ian

Susan Hurley asked me the other day about the way in which final decisions are made about the pathology of small breast cancers in the Essendon study. I could not remember, if indeed I ever knew. I would be glad if Pathological Review could appear as an agenda item for the next Executive Committee so that I and perhaps others may be reminded about this.

Yours sincerely

RRH Lovell

cc Delia Flint-Ritcher
Manager, AMEH-ACCV Breast X-ray Program

Susan Hurley
Epidemiologist, ACCV

PS. See also Vetcham et al. enclosed.



Cancer Epidemiology Centre

Victorian Cancer Registry

MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 21 May, 1990

SUBJECT: Internal letter recruitment

I refer you to the attached Summary of Overbooking Practices , weeks 37 to 46. Over the past eight weeks, attendance figures on internal letter recruitment days have been consistently lower than the assumed overbooking figure of 30% (averaging 23%). It is clear that approximately twelve appointments are wasted per week and we therefore plan to overbook appointments assuming a 25% attendance, commencing 5 June, 1990. I am sure you will agree that it is important that we screen the maximum number of women in the remaining few months of the Program.

A²

cc Ian Russell
Susan Hurley

memorec.doc



Cancer Epidemiology Centre
Victorian Cancer Registry

3rd May, 1990

Mr. Ian Russell,
Program Director,
Breast X-Ray Program,
Royal Melbourne Hospital,
Private Consulting Suite No. 15,
POST OFFICE
VICTORIA 3050

Dear Ian

Thank you for your letter of 4th April which I received on the 24th April. Unfortunately, I have to bring a series of problems to your attention again.

1. Access to the program computer

You may remember that the ACCV funded an update to the computer's operating system to allow a third person access. This was done so that we could access the database for analytical purposes without disturbing your staff. Subsequently, a Council modem was placed at the Breast X-Ray Program to avoid the need for our staff to make frequent trips out to Essendon. I was concerned to hear that the Program staff have been denying Trish and Li-Chun access to the computer. For them to complete their routine work, it is necessary that they have access to the computer between 3.00 and 5.00 pm each day, and that Li-Chun have access to the database every second Friday for approximately two hours. If this does not occur it will not be possible to send out invitation letters to women or to prepare statistical reports. I am happy to report that this situation has now been resolved at this afternoons working party meeting.

2. Activity Survey

I was again disappointed that you have cancelled the plan to repeat the activity survey over April - May. This survey was approved by the Executive Committee last year. It was always intended that it would be repeated, and it is necessary in order to allocate expenditures on staff salaries to the appropriate cost centres for the economic analysis. For us to meet our timetable for these analyses it will be necessary for the activity survey to start in the week of 8th May and therefore be completed in the week of 5th June. If this is not possible we will have to complete our analyses without this information, which would be most unfortunate.

.../2

3. Entry of Recruitment Details

In your letter you state that the Program receives a list 1000 names and addresses per week, and that it takes 4 mins to enter each on the computer, this is quite incorrect. Over the past 20 weeks on average, 330 names and addresses for which these recruitment details must be entered, are sent per week. It takes 5 mins to enter 4, i.e. approximately 1 1/4 mins per record. The entry of 330 will take less than 7 hours a week. I would be grateful if the backlog could be entered.

I would still like to talk to you about the problem with one surgeon refusing access to the histories of women who have been referred to private hospitals. It is very important that we resolve this quickly.

Yours sincerely,



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

cc. Dr. N. Gray
Prof. Lovell
Dorothy Reading



Essendon and District Memorial Hospital

FAX MESSAGE

TO:

Dr Abraham Ailes
ACCU

FROM:

Dr Dennis G. Brown
Breast X Ray Program

DATE:

27/4/90

NUMBER OF PAGES:

4

(INCLUDING THIS PAGE)

REPLY NUMBER: 375 4905 (E.D.M.H. ADMINISTRATION)

20/4/90



Breast X-ray Program

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

Dr Graham Giles
Epidemiology Centre
A.C.C.V

Dear Graham,

- ① We need some information regarding various aspects of double reporting:
- a) Cancers diagnosed which were recalled by only 1 radiologist on the B form, and numbers for each radiologist (initials or R₁, R₂ etc)
 - b) Total numbers of women screened for each radiologist
 - c) Recall rates per radiologist
 - d) % recalled after 2 R.S. decisions + after consensus ^{decision} for 1st year
 - e) Recall rates per radiologist linked to R.S. decision after consensus
 - f) Benign biopsy rates generated initially by one R.S. decision on B form.

It would be very helpful if the biopsies generated by one R.S. decision on form B could be listed.

② I am reviewing the women who presented with a history of previous breast cancer. They have a very high rate of recurrence or second cancer, and have been poorly followed up by their previous surgeons.

How many women have we screened in this category to the end of say, February or March

Just under 1% fall into this category for the first 8 months, from the report, so I presume there will be N(100-100) at this stage

I hope this information is available

Yours Sincerely

Dr Graham Cohen
Epidemiology Unit
ACCU

30/4/90

RECITL CKNV



**Breast X-ray
Program**

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

Dear Graham,

I did write to you before regarding the recall clinic, but found I was unable to get the FAX to transmit on several occasions.

It concerns me that it is unclear from reading the protocol exactly how the recall clinic works in practice.

Certainly, from talking to Trish Swinburn on the phone, she had little idea of the functioning of the clinic.

There are nearly always 2 radiologists working for the full time of the clinic, and it involves 4-5 hours busy work for both.

One Radiologist generally stays in the consulting room with the Surgeon on a consultative basis, the other supervises the work-up, does the ultrasound and sees the women who do not require clinical assessment.

The Radiologist's workload includes

- reviewing and marking the mammograms before and deciding what needs to be done.
- consulting with Surgeon, other Radiologist, Counsellor, Gynaecologist and Radiographers
- telephone calls to pathology RMT for reports of previous weeks biopsies
- phone calls to outside Doctors
- supervising work-up
- doing ultrasound
- consulting with recalled women.
- writing letters for each woman who attends the recall clinic to one or more doctors, and arranging for copy films to be sent away again.
- reviewing the films and the biopsy cases

with the radiographers afterwards.

The time spent with each individual woman would vary between 5 and 15 minutes, and each ultrasound would involve 10-20 minutes of the Radiologist's time (Radiographer move).

However this is only a fraction of the time involved in the clinic.

All the films from recall are reviewed by both radiologists before a decision is made and the woman is informed.

The vast majority of decisions to biopsy are generated from the mammography alone.

Only 2 cancers detected have not been picked by the mammography (out of 290).

I believe this is due to our consistent audit of all stages of the mammographic process.

One last point: all the mammographic work up and ultrasound is performed prior to the referral to the surgeon, for 2 reasons:

- the Radiologist knows what needs to be done this being her area of expertise
- it is not practicable to do it any other way in the time available.

My main point to you is however that there is a lot more work involved in the recall process than meets the eye on reading the protocols.

We would be delighted to have you visit us on-site at any time. You may be interested to see the recall clinic in operation.

It is a matter of regret to me that there is little interaction between the epidemiology service and the on-site activity. Please give me a ring and come out at any time.

Yours Sincerely
Jennifer Campbell



Breast X-ray Program

Mammographic Screening Program at
Essendon and District Memorial Hospital
Chester Street
Moonee Ponds 3039
Telephone (03) 375 1500

IR:RT
90IR0404

4th April, 1990

*rec'd
24/4*



**Breast X-ray
Program**

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

Dr. G. Giles
Director
Cancer Epidemiology Centre
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH, Vic

Dear Graham,

Thank you for your letter of the 29th March.

In relation to the data regarding attendance during sessions, it was Delia's plan to graph attendances, so that the staff could see the variation in throughput, attributable to their effort. I understand that when Trish heard of this, she volunteered to do this for Delia. Thank you for forwarding the information which Delia can now translate into a graph for the staff to see.

As far as the attendance of women, who do not appear to be on the database is concerned, the procedure is that if a woman phones in to make an appointment and if her name does not appear on the database, she is not given an ID number until she attends. The reason for this is that the receptionist may make a mistake when recording the spelling of the woman's name or in many instances, the woman spells her name differently from the spelling which appears on the electoral register.

I am afraid there is nothing more we can do to minimize errors apart from this. I understand that some of the duplications that have occurred relate to women who were screened at the very beginning of the Program, when the Program had a few "teething" problems and when the operators were less familiar with procedures.

A further check carried out is for all women to be shown their A Form with the label printed and asked to check that the details are correct. Perhaps it is a reflection of the population that we are screening that they sometimes state that the information is correct, when this is not the case.

Dr. G. Giles
4th April, 1990

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As far as the backlog of recruitment details is concerned, we are receiving at the Program, a list of 1,000 names and addresses per week. As it is estimated each takes 4 minutes to enter on the computer, this is the equivalent of 4 working days per week. Furthermore, it also involves the use of the computer terminal for that time. This is not feasible at present. We will have to look into this and either obtain more assistance and/or additional computer terminal or reconsider whether this information is vital. Could you discuss this directly with Delia?

I understand that Ross has discussed it with Delia already, and suggested an alternative simpler procedure which would be less time consuming. I note you would like to have a second activity survey. At present, everyone is working very hard and as you know, we are dealing with very large numbers, so I am reluctant to introduce anything additional that will compromise their activities. Is it really essential for us to do this again? Perhaps you could send me some more details of what you propose and why this is required.

I wonder if I could remind you again about the problem of gaining access to the Cancer Register. Our aim is to follow up women who have been through the Program and who subsequently develop breast cancer. For this reason, it is necessary that we know the names of the women rather than simply the numbers of women who develop breast cancers. The reason for knowing the name of the women, is that we would like to go back and review their x-rays and perhaps even follow through with further x-rays that they may have had taken between leaving the Program and developing their cancer.

I believe that it could be possible to have the information from the Cancer Register if a suitable release was appended to our Form A. Could you please advise whether this is correct and if it is correct, advise the correct wording we should use to ensure access to details from the Cancer Register.

Kind regards,
Yours sincerely,



I. Russell
Program Director



Cancer Epidemiology Centre
Victorian Cancer Registry

MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 20 April, 1990

SUBJECT: Internal letter recruitment

Could you please update the appointment times for the following women and advise me of the outcome:

17471; 387; 29824; 1129; 997; 2213; 18236; 1772; 1995;
16223; 1350; 16320; 17829; 20548; 16223; 1350; 22416; 15743;
24148; 22789; 15249; 16455; 22845; 16458; 24849; 1003; 1604;
45555; 15370; 32150; 32348; 15580; 32709; 1851; 17805;
15611; 43246; 31816; 15666; 31839; 15448; 22077; 15887;
30457; 15885; 30527; 16581; 16119; 30610; 30836; 30923;
31172; 31408; 31681; 31896; 31915; and 32023.

There appears to be an excessive number of outstanding appointments. Could you look into this matter please.

With thanks.

memo30.doc



Cancer Epidemiology Centre
Victorian Cancer Registry

MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 19 April, 1990

SUBJECT: Internal letter recruitment

Could you please check that appointment times have been updated on the following days:

1 February, 1990; 1 March; 11 April; 22 March; 5 March and 5 February; 16 February; 27 February; 6 March; and

for the following women:

25213; 25160; 15448; 45555; 15953; 15543; 15611; 16458;
16474; 16458; 16223; 20688; 31900.

With thanks.

memo29.doc

MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 18 April, 1990

SUBJECT: Internal letter recruitment

Our records indicate the following women have open appointments after their appointment date:
740; 29748; 29963; 30105; 32498; 8862; 1554; 30152; and 9937.
Could you please advise me of their appointment status.

With thanks.

memo21.doc

Cancer Epidemiology Centre
Victorian Cancer Registry



MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 2 April, 1990

SUBJECT: Internal letter recruitment

Could you please check that appointment times have been updated on the following days:

27 February, 14 February and 15 March.

With thanks.

memo24.doc



Cancer Epidemiology Centre
Victorian Cancer Registry

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 8 March, 1990

SUBJECT: Internal letter recruitment

Our records indicate the following women have open appointments after their appointment date: 21257, 2333, 2644, 3771, 3753, 7639, 8005, 13579, 35805, 37137, 6981, 20973; and all internal appointments on the 15 February, 1990.

Could you please advise me of their appointment status.

With thanks.

memo21.doc

Director: Graham G. Giles Ph D

Cancer Epidemiology Centre
Victorian Cancer Registry



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MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 3 March, 1990

SUBJECT: Internal letter recruitment

Our records indicate the following women have open appointments after their appointment date: 34243; 21279; 34084; 39272; 45555; 45621; and all internal recruitment appointments on the 16 February, 1990.

Could you please advise me of their appointment status.

With thanks.

memo20.doc



Cancer Epidemiology Centre
Victorian Cancer Registry

9th April, 1990

Mr. Ian Russell,
Private Consulting Suite No. 15,
Royal Melbourne Hospital,
POST OFFICE,
VICTORIA 3050

Dear Ian,

I attach details of women who waited 10 days or more for generation of screening results letters during January.

Yours sincerely,

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

cc. Delia Flint Richter

1. Unique_id, screening dates and date of "all clear" letter sent for women who waited 10 days or more (29/1/90 - 25/2/90)

unique_id	b_date	date_sent
1881	16-feb-1990	27-feb-1990
6083	19-feb-1990	04-mar-1990
7552	14-feb-1990	27-feb-1990
15651	16-feb-1990	27-feb-1990
18609	08-feb-1990	19-feb-1990
20188	16-feb-1990	27-feb-1990
20438	23-feb-1990	06-mar-1990
20674	05-feb-1990	15-feb-1990
21781	09-feb-1990	19-feb-1990
21913	16-feb-1990	27-feb-1990
21914	16-feb-1990	27-feb-1990
23912	15-feb-1990	25-feb-1990
25030	08-feb-1990	19-feb-1990
27316	31-jan-1990	13-feb-1990
31152	15-feb-1990	12-mar-1990
33623	16-feb-1990	27-feb-1990
34342	22-feb-1990	06-mar-1990
38423	02-feb-1990	15-feb-1990
43822	16-feb-1990	27-feb-1990
43823	16-feb-1990	27-feb-1990
44094	16-feb-1990	27-feb-1990
45625	16-feb-1990	27-feb-1990
45629	16-feb-1990	27-feb-1990
45631	19-feb-1990	01-mar-1990
45636	14-feb-1990	27-feb-1990
45638	19-feb-1990	01-mar-1990

(26 rows)

2. Unique_id, screening dates and date of "recall mammography" (technical fault) letter sent for women who waited 10 days or more.
(29/1/90 - 25/2/90)

unique_id	b_date	date_sent
11447	16-feb-1990	27-feb-1990
18727	05-feb-1990	16-feb-1990
19462	23-feb-1990	07-mar-1990
19979	05-feb-1990	16-feb-1990
20046	05-feb-1990	16-feb-1990
24809	16-feb-1990	27-feb-1990
45603	09-feb-1990	20-feb-1990

(7 rows)

2. Unique_id, screening dates and date of "recall mammography" (suspicion of a lesion) letter sent for women who waited 10 days or more. (29/1/90 - 25/2/90)

unique_id	b_date	date_sent
7669	06-feb-1990	16-feb-1990
12248	30-jan-1990	16-feb-1990
12265	23-feb-1990	07-mar-1990
16450	16-feb-1990	27-feb-1990
20296	22-feb-1990	07-mar-1990
20952	03-feb-1990	14-feb-1990
23054	23-feb-1990	07-mar-1990
23233	22-feb-1990	07-mar-1990
25581	05-feb-1990	16-feb-1990

(9 rows)

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

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

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

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

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

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

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

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

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

2. **Publications**

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

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

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

MINDH/bas:3
26 January, 1990

Director: Graham G. Giles Ph.D

Cancer Epidemiology Centre
Victorian Cancer Registry



20th February, 1990

Mr. Ian Russell
Program Director,
Essendon Breast X-ray Program
Royal Melbourne Hospital
Pte Consulting Suite No. 15
PARKVILLE 3052

Dear Ian,

We received clarification of the final outstanding items for the Breast X-ray Program report last Tuesday, and as I indicated in my letter of the 7th February, have now completed the report for SECU over the past week. I enclose copies of the report for yourself and SECU.

Also enclosed is a disk with unit record non-identifying pathological data for the 39 cancers detected and a hard copy of the data on the disk. I think it would be appropriate to send these to Michael Fett also.

With best wishes,

Yours sincerely,

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

Enc.

cc. Dorothy Reading, Prof. Lovell, Susan Hurley, Nigel Gray

SH

Director: Graham G. Giles Ph.D



Cancer Epidemiology Centre

Victorian Cancer Registry

7 February, 1990

Mr Ian Russell
Breast X-Ray Program
Amalgamated Melbourne and Essendon Hospitals
Chester Street
MOONEE PONDS 3039

Dear Ian,

We have recently reviewed our administrative arrangements within the Cancer Epidemiology Centre and from now on I would appreciate all correspondence related to the database, statistical analysis and evaluation of the Breast X-Ray Program to be directed to me. I have found this to be a necessary precaution to keep track of all the various events and activities. For similar reasons, I suggest that you might find it useful to have all correspondence from the Program channeled through you.

Having returned to work this week, I have had a fresh look at recent events and would like to make some observations on the difficulties with the draft report on the first 8 months' experience at the Program.

Reviewing all correspondence, it is apparent that the production of the draft report was hampered by delays in data entry and quality. Indeed the most recent communication from the data handler indicates that further corrections are required. This will take more time. As you know, the data handler was appointed in November and could not have been expected to have an impact on data presented in December.

As I see it we now have two major items to work through together; a) provision of data to S.E.C.U. and, b) authorship panels for papers emanating from the project.

With respect to provision of data to S.E.C.U., I regret that there remain some unresolved issues. These are as follow.

1. There are data outstanding that you personally need to clarify before Lichun can make adjustments to the database and produce further tabulations.
2. There is a continuing problem in the seeming differences between the "official" statistics and the "casual" data compiled by staff at the Program. These are probably best resolved by Trish and Susy comparing lists at the Program.
3. Because as detailed above, Program staff have not been able to provide data to meet the February 9th deadline, this will have to be reviewed. It is estimated that a person week of time will be required after these tasks are accomplished.

4. I cannot emphasise too strongly that the proper denominator for all evaluations must be the population obtained from the Electoral Roll. The walk-ins etc have no denominator and will introduce immeasurable bias into any analysis. If you wish, these additional women's data may be added to the tables at a later date to satisfy any clinical interests.
5. We plan to provide S.E.C.U. the evaluation tables and a modified version of the methods and results section from Susan Hurley's draft report as explanatory text. You will then be able to forward this at your convenience.
6. Susan mentioned at the executive committee that it would be appropriate to send non identifying unit records of all detected cancers to S.E.C.U. I assume that this is still to be done?

With respect to publications from the Program, at the time that Susan submitted her report there was no policy other than prior submission to the Executive Committee. I understand that action has now been taken to develop publication plans both at AMEH and at the ACCV and I am sure that a happy resolution of the different interests can be achieved.

I would like to be able to discuss these issues with you in the near future.

With kind regards,



Graham Giles
Director, Cancer Epidemiology Centre

cc. David Hill, Nigel Gray, Dorothy Reading, Susan Hurley

Cancer Epidemiology Centre
Victorian Cancer Registry



30th January, 1990

Dr David Campbell
Medical Director,
Royal Melbourne Hospital
Post Office
MELBOURNE 3050

Dear Dr Campbell

RE: Breast X-Ray Program data

You may remember that I mentioned at the last meeting of the Breast X-ray Program executive that I planned to send a file with pathological details of the cancers detected in the first eight months to Dr Michael Fett at the AIH. I have not done so yet, as some details still require clarification by Ian Russell. I plan to produce the file in unit record format including women's Program unique-ids, but excluding names. Would you please let me know if the hospital has any objections to inclusion of unique-ids in this file.

Yours sincerely,

Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.

Director: Graham G. Giles Ph.D

Cancer Epidemiology Centre

Victorian Cancer Registry



13th March, 1990

Mr. Ian Russell,
Private Consulting Suite No. 15,
Royal Melbourne Hospital,
Post Office,
VICTORIA 3050

Dear Ian,

I received a telephone message from Susy Alessandri on Friday apparently relaying a query from you as to whether Eva Valente (38238) has been included on the database. All women who attend the Program are included on the database, and as far as I know Mrs Valente is no exception. Your letter to Susan Hurley of 30th January indicated that you believed she had previous cancer and she was therefore excluded from the tabulations in the 8 month report.

Yours sincerely,

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



Cancer Epidemiology Centre

Victorian Cancer Registry

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 8 March, 1990

SUBJECT: Internal letter recruitment

Our records indicate the following women have open appointments after their appointment date:
21257, 2333, 2644, 3771, 3753, 7639, 8005, 13579, 35805,
37137, 6981, 20973; and all internal appointments on the 15
February, 1990.

Could you please advise me of their appointment status.

With thanks.

memo21.doc

Director: Graham G. Giles Ph.D

Cancer Epidemiology Centre
Victorian Cancer Registry



13th March, 1990

Ms. Delia Flint-Richter,
Breast X-Ray Program,
Essendon & District Hospital,
Chester Street
MOONEE PONDS 3039

Dear Delia,

I enclose 10 copies of the statistical report, and lists of women who waited 10 days or more for generation of screening results letters over the period.

Yours sincerely,

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

Enc.

Cancer Epidemiology Centre

Victorian Cancer Registry



SH

MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 3 March, 1990

SUBJECT: Internal letter recruitment

Our records indicate the following women have open appointments after their appointment date:
34243; 21279; 34084; 39272; 45555; 45621; and all internal recruitment appointments on the 16 February, 1990.

Could you please advise me of their appointment status.

With thanks.

memo20.doc

SH

Director: Graham G. Giles Ph.D



Cancer Epidemiology Centre

Victorian Cancer Registry

1st March, 1990

Mr. Ian Russell,
Private Consulting Suite No. 15,
Royal Melbourne Hospital,
POST OFFICE,
VICTORIA 3050

Dear Ian,

I have been reviewing the status of some of the Breast X-Ray work with Susan Hurley and its clear that some matters require your attention.

1) Reports of outstanding forms

As you know we continue to supply lists of outstanding forms on a fortnightly basis. Initially, Delia provided us with explanations for each form outstanding but this practice appears to have lapsed. Would you like this practice to continue? If so, could we be provided with explanations for any forms that are more than 2 weeks overdue.

2) Adding recruitment records for women sent follow up letters

This practice appears to have lapsed since November 1989. I am aware that Ross Millward has undertaken to devise a computerised method to update these records but until this is in place, would you ensure that the manual updating is reinstated and the backlog reduced. This backlog impedes the analysis of the program recruitment data.

3) Adding of women to database who already exist on the database

This has occurred on a number of occasions and although the number is not large (16), it is extremely time consuming to correct and if it has occurred on occasions when it hasn't been detected, will introduce inaccuracies to the attendance data. Could you please ensure that the search procedures in the manual prepared by the Cancer Epidemiology Centre are adhered to in the future.

.../2.

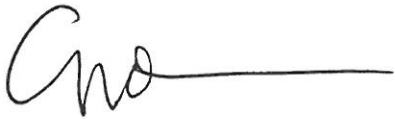
4) Women referred for biopsy

There has apparently been some difficulty in obtaining approval from one surgeon for abstracting data from medical records of private patients. Could we discuss by phone?

I do hope a speedy resolution of these problems can be made.

With best wishes,

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'G. Giles', followed by a long horizontal line extending to the right.

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

PS. By the way please, find enclosed for information only, a summary of discrepancies between Dr Cawsons records and the official data.

cc. Prof. Lovell, Dorothy Reading, David Hill, Susan Hurley

Memorandum

To: Graham Giles
From: Susan Hurley
Date: 19 February, 1990
Subject: Breast X-ray Program data
Copies to: Prof Lovell, Dorothy Reading, Nigel Gray

In my draft report (December 18) on the first eight months Breast X-ray program data I reported 62 biopsies and 40 cancers. In a covering memorandum to the Executive Committee I stated that confirmation and clarification of these data were required, particularly for one woman with cancer who may have had previous cancer. After the Executive meeting Jennifer Cawson wrote to me claiming that her records showed 78 biopsies and 44 cancers for the same period, and Ian Russell wrote claiming 78 biopsies and 45 cancers. Susy Alessandri and Trish Livingston have now cross-checked the computer and manual records, and the situation is as follows.

1. Of the women who fulfilled all eligibility criteria (no previous cancer, aged 50-69, on the electoral register) 62 were biopsied and 39 cancers were detected. One biopsy had not been entered onto computer by Program staff, and Ian Russell advised that the woman mentioned above should be regarded as having previous cancer (removing one biopsy and one cancer).
2. The additional biopsies and cancers recorded at the Program were due to:
 - (i) Inclusion of women with previous cancer (2 biopsies and 2 cancers)
 - (ii) Inclusion of biopsies for women who were seen at Essendon after being discharged from the screening program. Investigations for these women are not included in statistics and any cancers detected are regarded as interval cancers. (3 biopsies and 1 cancer)
 - (iii) Inclusion of women who were in both category (i) and (ii). (2 biopsies)
 - (iv) Inclusion of women who were not on the electoral register (9 biopsies and 2 cancers).

The following points may need to be re-emphasised to Program staff:

1. The statistics we produce depend on accurate entry of data onto computer. If data are not entered the tabulations will be wrong.
2. Information on investigations for all women should be entered onto computer, even if they had previous breast cancer or are not on the electoral register. However, analysis of the outcomes from screening will be restricted to women who fulfil all eligibility criteria. The exception to this is women who for whom a result at clinical assessment has been recorded, but who are subsequently seen at the Program. This practice is not covered by the protocol, data are not entered onto computer and any cancers detected are regarded as interval cancers.

Susan

Director: Graham G. Giles Ph.D



Cancer Epidemiology Centre
Victorian Cancer Registry

26th February, 1990

Mr. Ian Russell,
Private Consulting Suite No. 15
Royal Melbourne Hospital,
Post office,
VICTORIA 3050

Dear Ian,

Your further comments to Dorothy Reading regarding the Table 6a and 6b in the Report of the first eight months of screening were passed on to me by Susan Hurley, I enclose a revised version of the report and hope that you are able to forward it to SECU as soon as possible.

Yours sincerely,

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

Enc.

**ANTI-CANCER COUNCIL OF VICTORIA
EDUCATION UNIT**

M E M O R A N D U M

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

=====

Trish Livingstone Contract expires - Oct 31.

(a) Tasks completed by Oct 31:

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

(b) Tasks not completed by Oct 31:

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

Li Chun Quang Contract expires - 29 November.

(a) Tasks completed by Oct 31

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

(b) Tasks not completed by Oct 31

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

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

Debbie Sytema

Contract expires - July 1990

(a) Tasks completed by Oct 31:

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

(b) Tasks not completed by Oct 31:

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

Trudy De Luise - Research Assistant - CBRC

(a) Tasks completed by October 31:

Data collection of:

satisfaction of participants at screening and recall clinics

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

(b) Tasks not completed by October 31:

- . Analysis and preparation of reports for the projects listed above.

Susan Hurley - Permanent member of ACCV staff

(a) Tasks completed by October 31:

Monthly statistical reports

(b) Tasks not completed by October 31:

Final analysis of data and preparation of reports and papers.

Dorothy Reading - Permanent member of ACCV staff.

Jill Cockburn - Permanent member of ACCV staff.

bsdr03r



Cancer Epidemiology Centre
Victorian Cancer Registry

30th January, 1990

Dr David Campbell
Medical Director,
Royal Melbourne Hospital
Post Office
MELBOURNE 3050

Dear Dr Campbell

RE: Breast X-Ray Program data

You may remember that I mentioned at the last meeting of the Breast X-ray Program executive that I planned to send a file with pathological details of the cancers detected in the first eight months to Dr Michael Fett at the AIH. I have not done so yet, as some details still require clarification by Ian Russell. I plan to produce the file in unit record format including women's Program unique-ids, but excluding names. Would you please let me know if the hospital has any objections to inclusion of unique-ids in this file.

Yours sincerely,

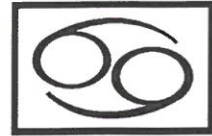
Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.

Cancer Epidemiology Centre

Victorian Cancer Registry

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

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



Memorandum

To: Breast X-Ray Program Executive Committee
From: Susan Hurley
Date: December 18, 1989
Subject: Preliminary evaluation report
Copies to: Dr N. Gray, Prof R. Lovell, Dr G.Giles, Mr D. Jolley

Attached is a draft report describing a preliminary evaluation of the Breast X-Ray Program. It is intended for submission to the Medical Journal of Australia, and the Screening Evaluation Co-ordination Unit (SECU). The report is incomplete and not yet available for circulation. Outstanding items include:

1. Checking of some times in Table 1.
2. Clarification of discrepancies between recording of clinical stage and findings on clinical examination.
3. Confirmation of number of benign biopsies, and information on multiple biopsies.
4. Confirmation of description of pathology.
5. Confirmation that one particular woman did not have previous cancer.
6. Clarification of details of axillary surgery.
7. Completion of map and details of target area.

Regarding authorship of the MJA manuscript, the following is proposed:

First author: Susan Hurley
Proposed ACCV author list: Damien Jolley, Dorothy Reading, Graham Giles
Proposed AMEH author list:

Susan Hurley

Cancer Epidemiology Centre
Victorian Cancer Registry

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



Memorandum

To: Breast X-Ray Program Executive Committee
From: Susan Hurley
Date: December 18, 1989
Subject: Preliminary evaluation report
Copies to: Dr N. Gray, Prof R. Lovell, Dr G.Giles, Mr D. Jolley

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First author: Susan Hurley
Proposed ACCV author list: Damien Jolley, Dorothy Reading, Graham Giles

Proposed AMEH author list:

*to be advised by Jan 12
plus comments by Exec
members, per Exec*

Susan Hurley

Cancer Epidemiology Centre

Victorian Cancer Registry

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

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



Memorandum

To: Breast X-Ray Program Executive Committee
From: Susan Hurley
Date: December 18, 1989
Subject: Preliminary evaluation report
Copies to: Dr N. Gray, Prof R. Lovell, Dr G.Giles, Mr D. Jolley

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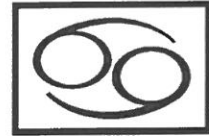
First author: Susan Hurley
Proposed ACCV author list: Damien Jolley, Dorothy Reading, Graham Giles
Proposed AMEH author list:

12th Jan.

Susan Hurley

Cancer Epidemiology Centre
Victorian Cancer Registry

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



MEMORANDUM

TO : Delia Flint-Richter
Breast X-Ray Program Manager

FROM : Trish Livingston
Cancer Epidemiology Centre

DATE : 12 December, 1990

SUBJECT : Counselling Statistics and Attendance Data

Please provide a breakdown of the number of women contacted / counselled by Pam for the months of May (if possible), July, August, November and December, 1989. We also require a definition of 'contact' and 'counselling'.

Please confirm the change in internal appointment reservations is on the 7th February, as this is a Wednesday. Should it be Tuesday, 6th February?

Have you had a chance to look into the list of attendance queries I left with the followup lists? I have three more - 19096 is still open at 6-oct-1989; 24567 is open at 22-dec-1989, and 1794 is open at 11-jan-1990. The computer list I extracted today indicates the 10-jan-1990 attendance details haven't been updated. Can you look into this.

With thanks.

Trish.

memo18.doc

✓ cc S Hurley



Cancer Epidemiology Centre
Victorian Cancer Registry

9th January, 1990

Ms. Delia Flint-Richter,
Breast X-Ray Program,
Essendon & District Hospitals,
Chester Street,
MOONEE PONDS

Dear Delia,

I was sorry to hear that you are now unable to come to our lunch-time meeting this Wednesday (10th January), but I am glad Pam will be coming along. Dr Nancy McMurray and Dr Tamara Kotler (Psychology Dept, Melbourne University) and, hopefully, Ian Russell will also be attending. I had hoped that we could discuss all possible obstacles to the implementation of Trish Livingston's project, and your input would have been valuable. The areas which appear to need discussion are: the nature of the intervention, design of the study and practical aspects, such as how the project can be co-ordinated with current responsibilities (particularly Pam's). If you have any comments on any of these three areas, or believe that there are other problems which require discussion, I would be grateful if you could send them to me before the Wednesday meeting. Alternatively, if you are able to rearrange your schedule and attend the meeting, or if you would like to nominate someone to attend in your place, please let me or Trish know.

I do think it is important, given the fact that the Executive approved the proposal in principle and Ian expressed his support for the project, that we investigate all possible problems as soon as possible.

Yours sincerely,

Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.



Cancer Epidemiology Centre

Victorian Cancer Registry

4th January, 1990

Ms. Delia Flint-Richter,
Breast X-Ray Program,
Essendon and District Hospital,
Chester Street,
MOONEE PONDS

Dear Delia

Thank you for your letter of 19th December regarding storage of women's files. One solution would be to build some more shelves, as the Program seems to have a lot of floor space.

I will ask Lichun to extract a list of women who were not clear at screening or had nipple bleeding or a breast lump. However, I don't think any files for women screened after 30 June should be archived until after the data have been cleaned up.

Yours sincerely,

Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.



Executive Secretary : Professor Emeritus RRH Lovell

mammog/lr-1

2 January, 1990

Mr IS Russell
Private Consulting Suite 15
Royal Melbourne Hospital
Post Office
Victoria 3050

Dear Ian

Nigel Gray has asked me to represent ACCV in Susan Hurley's place on the Executive Committee of the Breast X-ray Project for the time being and I have agreed to do this. I would be grateful if you would ask Delia to let me have the dates and times of meetings for the year.

In relation to the hand-over, Susan gave me a copy of a paper which I understand was distributed for the Executive meeting on 19 December entitled "Report of the meeting of the Australian Health Ministers Advisory Council Breast Cancer Screening Evaluation Steering Committee" (copy attached). I have a concern, which Nigel shares, about paragraph 5. What on earth has "demonstrated ability of the pilot project to forward tabulated evaluable data to SECU" to do with judgment on a centre's capacity to operate as a pilot mammographic training centre?

If this paragraph truly reflects the sense of the meeting, then it is of concern on the basis that a wrong criterion is being used to determine the expenditure of public monies. Would you be good enough to let me know if the quote is indeed part of the official report of the meeting? The typographical errors might indicate that it is a rough draft and perhaps the statement does not reflect what was actually agreed to.

It is not clear from the report whether applications for the training centre are to be reviewed in January or whether that review is simply for new projects. In any event, I would much appreciate it if you would clarify this matter without delay as it may be necessary to take some further action.

R R H Lovell

cc NJ Gray

THE ROYAL MELBOURNE HOSPITALBREAST X-RAY PROGRAM

To: Ms. S. Hurley,
Cancer Epidemiology Centre
Anti-Cancer Council of Victoria

From: Delia Flint-Richter
Program Manager

Date : 18th December, 1989

Re: Staff involved in Program

Sorry I neglected to send you the list of staff last Thursday.
All the following staff are presently involved with the Program.

Medical

Mr. I. Russell	Dr. J. Cawson
Mr. J. Collins	Dr. A. Rose,
Mr. R. Millar	Dr. N. Walters
Dr. A. Gibson	Dr. V. Billson

Administration

Ms. D. Flint-Richter	Ms.G. Steeper
Ms. P. Whitehead	Ms. L. Bianco
Ms. W. Wendleman	Ms. T. Stillman
Ms. V. Murphy	

Radiographers

Ms. A. Vaid	Ms. R. Long*
Ms. J.Owen*	Ms. F. Mason*
Ms.S.Oberoi*	Ms. S. Duncan*
Ms.F. Mason*	

R.M.H. Radiographers**

Ms. B. McDonald	Ms. E. Stewart
Ms. R. Sanders	Ms. S. Robertson
Ms. E. Hamilton	Mr. J. Lavan+

Val will be able to give to you the positions for each.

* Locum

** On rotation for relieving purposes

+ Chief Radiographer R.M.H.

Cancer Epidemiology Centre
Victorian Cancer Registry



mammog

18 December, 1989

Dr David Campbell
Medical Director
Amalgamated Melbourne & Essendon Hospitals
Post Office
Victoria 3050

Fax 3474558

Dear Dr Campbell

Dr Gray asked me to fax you some details of the eight month report on the Essendon Breast X-Ray Program. Accordingly, I attach

- (a) A memorandum from myself to Dr Gray
- (b) A memorandum to the Breast X-Ray Program Executive Committee (to be tabled tomorrow)
- (c) A draft of the report

You will note that there is a table and map missing from the report, and that some of the symbols and references are unusual. The latter is because I have not yet processed the document with the typesetter. A draft report will be tabled tomorrow.

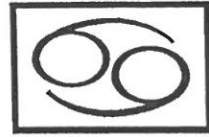
I hope this adequately explains the situation. If not, I would be happy to provide you with further details, or you could contact Dr Gray again.

Yours sincerely

Susan Hurley

cc Dr Gray

Cancer Epidemiology Centre
Victorian Cancer Registry
1 Rathdowne St., Carlton South, Victoria 3053 Australia.
Telephone (613) 662 3300 Fax (613) 663 3412



TO: Delia Flint-Richter
Breast X-Ray Program Manager

FROM: Trish Livingston
Cancer Epidemiology Centre

DATE: 30 November, 1989

SUBJECT: List of women screened before 30 June, 1989

As we discussed yesterday, please provide, as soon as possible, the list of women who were screened before 30 June, 1989, who were reviewed at clinical assessment, and the outcomes for those who attended the review.

Please also confirm Suzi will be available to see Susan on Wednesday morning, 6 December.

With thanks

A handwritten signature in cursive script that reads "Trish".

Trish.

cc S Hurley

Cancer Epidemiology Centre
Victorian Cancer Registry



24th November, 1989

Mr. I. Russell,
Private Consulting Suite No. 15,
Royal Melbourne Hospital,
POST OFFICE,
MELBOURNE 3050

Dear Ian,

Mary Harney, a cytologist from the Department of Anatomical Pathology, RMH, recently called at the front desk of the ACCV requesting copies of the Breast X-Ray Program Statistical Reports. She had a previous copy which had apparently been given to her by one of the radiologists.

We were a little surprised, as we restrict distribution of the report to those on the mailing list approved by the Executive. However, I can see no problem with adding Mary to the distribution list, and will do so unless you have any objections.

With best wishes,

Yours sincerely,

Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.

cc. Graham Giles, Dorothy Reading, David Campbell

Cancer Epidemiology Centre
Victorian Cancer Registry



24th November, 1989

Ms. Delia Flint-Richter,
Breast X-Ray Program,
Essendon & District Memorial Hospital,
Chester Street,
MOONEE PONDS 3039

Dear Delia,

I believe that at the last meeting of the Executive, it was suggested that correspondence with Michael Fett regarding provision of data to SECU be distributed to members. Accordingly I enclose 7 copies of the correspondence for you to distribute.

Yours sincerely,

Susan

Susan Hurley,
Epidemiologist,
Cancer Epidemiology Centre.

Enc.

Cancer Epidemiology Centre
Victorian Cancer Registry



October 5, 1989

Mrs Delia Flint-Richter
Program Manager, Breast X-Ray Program

Dear Delia,

Re: Target postcodes

Through discussions with Australia Post and the Australian Bureau of Statistics we have found that postcode 3047 has been subdivided into four postcodes: 3047 (Broadmeadows), 3428 (Bulla), 3063 (Oaklands Junction, Yuroke), 3059 (Greenvale). Accordingly, Lichun will change the postcodes on the database for women resident in Bulla, Oaklands Junction, Yuroke and Greenvale. This has no implications for the size of the target area, but means that three extra postcodes should be added to the list of target postcodes. Also, the new postcodes should be used when any women from these suburbs are added to the database. Would you please advise Program staff of this change.

We also found that postcodes have not been entered for the women on the attached list (additions to the database). Would you please arrange for these records to be updated on the computer.

Yours sincerely,

Susan Hurley,
Epidemiologist

cc Mr I Russell, Dr G.Giles, Ms D.Reading

id for women who have postcode = \emptyset .

unique_id	add2
30804	MEADOW HEIGHTS → ER
40039	WEST PRESTON
40053	FOOTSCRAY
40054	FOOTSCRAY
40183	MELTON
40200	GLENROY
40294	SPOTSWOOD
40295	COBURG
40307	AIRPORT WEST
40311	PASCOE VALE
40313	PASCOE VALE
40316	EAST KEILOR
40328	WILLIAMSTOWN
40329	WILLIAMSTOWN
40334	ALTONA
40435	FAWKNER
40469	FAWKNER
40580	RESERVOIR
40688	KINGSVILLE SOUTH
40731	RESERVOIR
40743	COBURG
40767	WERRIBEE
40785	ROCKBANK
40793	KINGSVILLE SOUTH
45368	ST. ALBANS
45375	MAIDSTONE

(26 rows)

Thu Oct 5 12:38:19 1989

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

Cancer Epidemiology Centre
Victorian Cancer Registry

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



Memorandum

To: Ian Russell
From: Susan Hurley
Date: October 11, 1989
Subject: Complaint regarding Breast X-Ray Program
Copies to: Delia Flint-Richter, Dorothy Reading, Graham Giles

We sent Mrs Georgesz (id 30727) an invitation letter with an appointment for 20/9/89. She was marked on the database as a "non-attender", and was entered into the sample of women who received follow-up via telephone call. Our staff member telephoned and spoke to Mr Georgesz, who claimed that he and his wife arrived 10 minutes late for the appointment and were turned away. He also claimed that he had an appointment for the 12th of October. Mr Georgesz was quite upset, and our staff member tried to placate him. She telephoned the Program to confirm his appointment for the 12th, and found that no screening was scheduled for that day. She made an appointment for Mrs Georgesz on the 18th October. I think it is important that we keep you informed of such complaints, but as far as Mrs Georgesz is concerned I don't think any further action is required (apart from looking after her on the 18th!)

October 3, 1989

Mrs Delia Flint-Richter
Program Manager, Essendon Breast X-Ray Program

Dear Delia,

Dorothy and I would like the following items put on the agenda for the next Management Committee meeting:

1. Statistical Report (attachment for circulation)
2. Proposal to increase the Program's screening capacity (attachment for circulation)
2. Evaluation of invitation letters (attachment for circulation)
3. Timetable and procedures for reporting to the VHPF (verbal report)
4. Economic evaluation (verbal report)
5. Details of Broadmeadows recruitment activities (written report follows)

Also, could you send me a final copy of the second VHPF report please, and let me know if it has been sent to the VHPF yet. I can organise copying and distribution to appropriate ACCV staff.

Yours sincerely,

Susan Hurley
Epidemiologist

Anti-Cancer Council of Victoria



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.

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Dorothy Reading
Director, Education Unit

Susan Hurley
Epidemiologist, Cancer Epidemiology Centre

Anti-Cancer Council of Victoria



→ Susan Hawley

13th September, 1989

Mr John P Collins,
Suite 16,
Private Consulting Rooms,
Royal Melbourne Hospital,
PARKVILLE VIC 3052

COPY

Dear Mr. Collins,

Thank you for contacting me with your concerns about some of the recruitment procedures associated with the Breast X-Ray Program and for passing on those complaints that you have received from others. It is most important that we hear these complaints and concerns and deal with them as quickly as possible.

I have looked into the matters that you raise. I can assure you that there appears to have been some misunderstandings and these should not occur again.

I note that you are concerned about the fact that the telephone is used for recruitment purposes. This method of recruitment is one which is included in the original protocol for the program and if you wish its inclusion to be reconsidered, this would have to be a matter for the Program's Management Committee. I can ask them to consider your complaint, if you wish me to do so. Please let me know if you would like me to take this further.

I would like to take the opportunity to outline to you the manner in which the telephone calls are conducted and supervised, and our interview staff trained.

I attach a copy of the standard format for telephone calls to women who have received a letter inviting them to attend the program. These are presently the only telephone calls which are conducted for recruitment purposes. You will see that the interviewer is given very clear instructions and precise wording which must be followed for every call that is made so that the conditions of each call are identical and the results comparable. I have contacted the interviewer working on this pilot and have been assured that no deviations from this protocol have occurred.

The interviewer was trained by Anti-Cancer Council staff and has worked for the Anti-Cancer Council on several previous occasions on different projects. The first two weeks of the interviewer's employment on this project were supervised by Anti-Cancer Council staff. Subsequently the phone calls have been made by the interviewer from home in the evening, since this produced the highest contact rate.

Of the 144 women contacted by telephone to date, the interviewer assures me that only two have been negative. One of these hung up early in the protocol, discontinuing the interview. The other, having answered "No" to the first question, was thanked for her cooperation and the interview terminated at a point described in the middle of Page 3 of the protocol. It is, of course, quite possible that there have been misunderstandings in the interviews that were considered positive. We have gone over the procedure and will make an attempt to ensure that misunderstandings do not occur in future.

COPY

The right of individual women to decide that they do not wish to participate in the mammographic screening program is always respected by everyone involved in the program and we share your view that this is an important matter to keep in mind when approaching members of the public.

Please contact me if you would like more information or if you would like the matter taken further.

Yours sincerely,

A handwritten signature in cursive script that reads "Dorothy Reading".

Dorothy Reading
Director of Education

COPY

JOHN P. COLLINS

SUITE 16
PRIVATE CONSULTING ROOMS
ROYAL MELBOURNE HOSPITAL
PARKVILLE 3052
TELEPHONE 347 0122

25th August, 1989

Mrs. D. Reading,
Education Unit,
Anti Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON 3053

Dear Mrs. Reading,

In the last 2 days I have been contacted by 1 patient of mine and 1 general practitioner regarding the method of recruitment of patients to the breast screening project. Some concern has been expressed that the patients have been contacted directly by phone requesting that they attend the clinic. Both patients had previously had mammograms performed by different routes, but were encouraged during this phone conversation to come to Essendon rather than their pre-arranged mammographic review.

Both patients were encouraged to come to Essendon because it was free and because if the number of people attending the project could be increased then this would be in the best interests of this patient in that the government would provide a continued free service for years to come.

As I am sure you are aware I am committed to and actively involved in the Essendon project. I was extremely alarmed when I heard that this method of recruitment was being utilised and I would have to say that I think it is outside what I would consider reasonable.

I have on a number of occasions over the last 6-9 months dealt with enquiries from anxious practitioners in the Essendon area, particularly as the recruitment drive has intensified. I am sure you are aware that there is amongst the medical community, considerable disquiet regarding individually addressed letters being received by the patients, although I must say that up until this time I had felt that the patient had the option to discard these and that therefore I felt they were reasonable.

...2/

JOHN P. COLLINS

SUITE 16
PRIVATE CONSULTING ROOMS
ROYAL MELBOURNE HOSPITAL
PARKVILLE 3052
TELEPHONE: 347 0122

-2-

Obviously as we enter a new phase of intensive recruitment, other strategies need to be looked at, however, I would consider this to be a quantum leap and personally I just cannot accept it.

I expressed my concern regarding this to the project director and he recommended I write to you personally.

I would like to repeat that I wholeheartedly support the project up to this point, however, I think this has gone a little too far and I think that discussions at the AMBH and ACCV should now take place to look at these more aggressive strategies before they are implemented.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'John P. Collins', written in dark ink.

JOHN P. COLLINS

cc Mr. I. S. Russell, PCR 15, Royal Melbourne Hospital
Dr. N. Gray ACCV 1 Rathdowne Street, Carlton

Mon Sep 18 08:50:54 1989

```
>select b.unique_id, b.b_date, l.date_sent, gap = l.date_sent - b.b_date  
>from formb b, lettlog l  
>where l.lettertype = "B"  
>and b.unique_id in (12710, 30801, 34883, 45282, 20591, 31303, 25914,  
> 2471, 30953, 6252, 7230, 4453, 8112, 10816, 29374, 29683, 29685,  
> 45285, 31538)  
>and b.unique_id = l.unique_id
```

unique_id	b_date	date_sent	gap
✓ 31538	28-jul-1989	03-aug-1989	6 days
✓ 30801	04-aug-1989	08-aug-1989	4 days
✓ 30953	04-aug-1989	08-aug-1989	4 days
✓ 45282	04-aug-1989	08-aug-1989	4 days
✓ 20591	07-aug-1989	14-aug-1989	7 days
✓ 25914	07-aug-1989	14-aug-1989	7 days
✓ 45285	07-aug-1989	14-aug-1989	7 days
✓ 7230	14-aug-1989	21-aug-1989	7 days
✓ 12710	15-aug-1989	21-aug-1989	6 days
✓ 31303	17-aug-1989	23-aug-1989	6 days

End of Request - 10 Rows

• 20/9 hickun checked - none of the
ids on the > 11 day list were on Relat's list

Cancer Epidemiology Centre
Victorian Cancer Registry



September 18, 1989

Mrs Delia Flint-Richter
Program Manager, Breast X-Ray Program

Dear Delia,

Thank you for your letter of 12th September regarding generation of letters to women. I have the following comments:

1. The problem with letter generation occurred after Heather attempted to make a modification that you had requested. It was not possible to test the modification completely when the changes were made, and the problem was fixed within days of you notifying Ross. Heather did comment that there appeared to be quite a delay between the problem occurring and you contacting the Ross.
2. The statistics in the Statistical Reports refer to times from screening to generation of letters to women, therefore the times to generation of doctors' letters and letters after recall, which you detail in your letter are not relevant.
3. The times from screening to generation of all clear letters, summarised in Statistical Report No. 10, appear to be no worse than in other months. I have generated a list of ids for women who waited 11 days or more for an all clear letter. You might like to check whether any of the women in your list appear there.

If you still think this information must be considered when interpreting the statistical report tomorrow, would you please circulate both letters to members beforehand.

With best wishes,

Yours sincerely,

Susan Hurley
Epidemiologist

cc Dr. D. Campbell, Professor B. Tress, Dr. G. Giles

Women screened during July who waited 11 or more days for generation of an "all clear" letter.

unique_id	b_date	date_sent	gap
539	05-jul-1989	17-jul-1989	12 days
1871	06-jul-1989	17-jul-1989	11 days
6369	06-jul-1989	17-jul-1989	11 days
14713	06-jul-1989	17-jul-1989	11 days
15419	06-jul-1989	17-jul-1989	11 days
16059	06-jul-1989	17-jul-1989	11 days
18899	06-jul-1989	17-jul-1989	11 days
19170	06-jul-1989	17-jul-1989	11 days
22442	06-jul-1989	17-jul-1989	11 days
26890	06-jul-1989	17-jul-1989	11 days
30744	06-jul-1989	17-jul-1989	11 days
35548	06-jul-1989	17-jul-1989	11 days
36824	06-jul-1989	17-jul-1989	11 days
37945	06-jul-1989	17-jul-1989	11 days
40797	06-jul-1989	17-jul-1989	11 days
40809	06-jul-1989	17-jul-1989	11 days
40810	06-jul-1989	17-jul-1989	11 days
40811	06-jul-1989	17-jul-1989	11 days
1605	13-jul-1989	24-jul-1989	11 days
5638	10-jul-1989	24-jul-1989	14 days
10042	13-jul-1989	24-jul-1989	11 days
10787	11-jul-1989	24-jul-1989	13 days
11621	13-jul-1989	24-jul-1989	11 days
11864	13-jul-1989	24-jul-1989	11 days
12777	13-jul-1989	24-jul-1989	11 days
13924	13-jul-1989	24-jul-1989	11 days
14425	13-jul-1989	24-jul-1989	11 days
15444	12-jul-1989	24-jul-1989	12 days
18394	13-jul-1989	24-jul-1989	11 days
19725	12-jul-1989	24-jul-1989	12 days
20314	13-jul-1989	24-jul-1989	11 days
21477	12-jul-1989	24-jul-1989	12 days
33839	12-jul-1989	24-jul-1989	12 days
40824	10-jul-1989	24-jul-1989	14 days
40836	12-jul-1989	24-jul-1989	12 days
16781	10-jul-1989	27-jul-1989	17 days
4458	17-jul-1989	31-jul-1989	14 days
6311	17-jul-1989	31-jul-1989	14 days
18820	20-jul-1989	31-jul-1989	11 days
21631	20-jul-1989	31-jul-1989	11 days
21974	19-jul-1989	31-jul-1989	12 days
24482	17-jul-1989	31-jul-1989	14 days
27724	19-jul-1989	31-jul-1989	12 days
37018	18-jul-1989	31-jul-1989	13 days

	38180	18-jul-1989		31-jul-1989		13 days
	3532	28-jul-1989		08-aug-1989		11 days
	4255	28-jul-1989		08-aug-1989		11 days
	8165	28-jul-1989		08-aug-1989		11 days
	13264	28-jul-1989		08-aug-1989		11 days
	30427	27-jul-1989		08-aug-1989		12 days
	40871	28-jul-1989		08-aug-1989		11 days
	40874	28-jul-1989		08-aug-1989		11 days
	9075	28-jul-1989		14-aug-1989		17 days

End of Request - 53 Rows

10

11