

Memorandum

To: Prof Lovell
From: Susan Hurley
Date: 15 May, 1990
Subject: Breast cancer/mammography statistics
Copies to: Graham Giles

Incidence

In 1985 there were 1612 new cases of breast cancer diagnosed in Victorian women; 278 (17%) in women aged 40-49, 717 (44%) in women aged 50-69, and 452 (28%) in women aged > 69. In 1985, there were 356,565 Victorian women aged 50-69, and therefore 0.2% were diagnosed with breast cancer over a year.

Deaths

In 1985 there were 661 deaths from breast cancer in Victorian women; 74 (11.2%) in women aged 40-49, 310 (46.9%) in women aged 50-69, and 250 (37.8%) in women aged > 69. Over a year, 0.09% of Victorian women aged 50-69 died from breast cancer.

Essendon Breast X-Ray program experience

10,682 women were screened after 17 months of the Program's 24 months of operation.

A maximum of 225-250 women can be screened per week (and the necessary follow-up investigations performed), with three radiographers, 2 mammography machines, and a total of 10.5 full-time-equivalent staff at the Program and a further 3 full-time-equivalent staff at the ACCV (one staff member could be regarded as working solely on research).

13% of women screened are recalled, either because of abnormalities on the mammogram, technical problems or reported symptoms. There has been no evidence that this percentage is decreasing.

Early data indicated that cancer was detected in 1.05% of women. (This percentage may decrease - 25% of cancers were found in symptomatic women - possibly symptomatic women were more likely to present early)

Active recruitment has been necessary. Approximately 40-45% of women sent two invitation letters attend (approximately 50% of those who actually receive the letters). This figure represents response over the whole target area (34 postcodes, 900 square kilometres).

Early evidence suggests that attenders are atypical - more likely to be English speaking, have a family history of breast cancer, ? be symptomatic.

Projected surgical burden of mammographic screening

Considering women aged 50-69, 0.4% will have breast cancer diagnosed over a two year period. If all women attended a first screening round, we might

expect cancer to be detected in 0.8% of women (likely from overseas studies and BxRP data). This would mean that, over a two year period, an additional 1426 cases could be expected in Victoria, and an additional 1675 women would undergo surgical biopsy with a subsequent benign diagnosis (based on the Essendon malignant:benign biopsy ratio). Around 46,000 women would require assessment of some sort.

Anti-Cancer Council of Victoria



S. Hurley

MAMMOGRAPHY PROJECT

STATEMENT OF INCOME & EXPENDITURE

for the period ended 30 June, 1990

	\$
Surplus funds brought forward 01 July, 1990	75,413.24
Add Income	
V.H.P.F	95,726.00
A.C.C.V.	95,753.00 *

	266,892.24

Less Expenditure	
Salaries - Project Staff	85,440.92
- Analyst Prog.	250.00
- Casual Staff	13,361.23
Equipment	417.95
Motor Vehicle Expenses	5,922.83
Print Materials	17,216.48
Videos	104.20
Postage	11,246.58
Telephone	620.02
General Expenses	540.78
Travel	788.43
Overheads ex ACCV	95,753.00 *

	231,662.42

Surplus Funds on Hand	35,229.82

W. A. RAE

W. A. RAE
Manager Finance
A.C.C.V.

* Additional costs incurred & funded
by ACCV.

Cancer Epidemiology Centre
Victorian Cancer Registry



MEMORANDUM

TO: Delia Flint-Richter
Breast X-Ray Program Manager
FROM: Graham Giles
Director, Cancer Epidemiology Centre

DATE: 31 May, 1990

SUBJECT: Clinical Assessment Clinic

Attached is a list of women whose CAC (ca_dte2 and ca_dte3) dates do not appear to correspond with regular CAC dates. Please look into this matter and amend accordingly.

With thanks

memo34.doc

unique_id	ca_dte2
39929	08-jan-1989
13654	04-mar-1989
33243	10-may-1989
37510	05-apr-1989
38158	03-apr-1989
34513	14-jun-1989
36761	19-apr-1989
40209	12-jul-1989
33050	04-oct-1989

End of Request - 9 Rows

unique_id	ca_dte3
36761	26-apr-1989

End of Request - 1 Row

Memorandum

To: Nigel Gray
From: Susan Hurley
Date: 10 May, 1990
Subject: Progress of economic analyses of
Breast X-ray Program
Copies to: G.Giles, Prof Lovell, D.Reading

There was a suggestion that a summary of the progress of economic analyses be included in a reply to Joan Lipscombe's recent letter. During subsequent discussions with Graham, Dorothy and Prof Lovell, it was decided that I would prepare a summary to be tabled at the Management Committee, should the issue arise. It didn't, but I enclose the summary for your information.

Susan

Susan

Progress of economic analyses of Essendon Breast X-ray Program

Susan Hurley, 9 May, 1990

The economic analysis consists of three separate studies:

(1) A study of the personal costs (travel and time) incurred by women who attend.

I have completed this study and have written a paper for submission to Community Health Studies.

(2) Analysis of the cost-effectiveness of different recruitment strategies.

I am conducting a study, in collaboration with other ACCV staff, of the costs and effectiveness of personal invitation letters and telephone calls compared with targeted public recruitment strategies. We have collected and collated attendance data, and considerable cost data. We are currently estimating the effectiveness of the different recruitment methods, through statistical analysis. The cost and effectiveness data will then be combined.

(3) A study of the cost-effectiveness of the screening program.

I am conducting a study of the cost per woman recruited, counselled, screened, recalled for further mammography, clinically assessed, and biopsied; and the cost per cancer detected and treated. The study requires collection and categorization of budgetted expenditure data and non-budgetted resource use data; apportionment to cost centres, primarily on the basis of activity surveys of staff; and derivation of costs per outcome using data on the outcome of women screened. At present I have not derived any of the costs per outcome, and the data from which they could be derived are in varying states of completeness and accessibility.

Susan Hurley



30.4.1990

Susan,

In your absence, I have given Trish some tables to fill out based on the first 8 months' data from the BXRay Program.

It is imperative that these are completed today (using our definitions where necessary for symptomatic status).

Please amend Nigel's draft letters attached where indicated (*).

Thanks.

Anti-Cancer Council of Victoria

Education Unit

Memorandum

Date: 27 March 1990
From: Debbie Sytema
To: Susan Hurley
Subject: Report for Executive Committee

Following a request at the last Executive Committee Meeting, I was wondering if it would be possible to have the following information to present at the next Executive Meeting:

Number/Percentage of appointments being filled by letters vs public recruitment

The latest total Number/Percentage of women who have attended by postcode area.

Information for the next meeting is required by 9th April so it would be helpful if I could receive this information before this date.

Thanks

Debbie

BSCDS02E:kn

*P.S.
Thanks for info
for GP letter*

*Susan
I can't understand why this
request was made to you
directly? However, would
you please incorporate these
into the statistical reports. 93*

Memorandum

To: Debbie Sytema
From: Susan Hurley
Date: 22 March, 1990
Subject: Mammography, miscellaneous
Copies to:

1. Attendance figures, by postcode, for January are attached.
2. Suggestions for inclusion in letters to GPs.

(i) Invitation letters

Mammographic screening programs in the United Kingdom, Sweden and the United States have recruited women via personal invitation letters, with variable success. We cannot assume either the same effectiveness or acceptability in Australia, and we are therefore studying these issues in the Essendon pilot program. The effectiveness of invitation letters, with and without specific appointment times are being compared, and the adequacy of the electoral register as a population list is being assessed. To date, invitation letters have been sent to over 10,000 women in the target area, and follow-up letters have been sent to women who did not attend. Preliminary results suggest that invitation letters are an efficient and acceptable means of recruiting women.

(ii) General information

One of the main aims of the Essendon Program is to establish local standards for mammographic screening. Preliminary results indicate that the Program's recall rates and cancer detection rates are comparable with overseas studies. Approximately 8 - 10% of women are recalled to the Program for further tests, and cancer was detected in 0.8% of asymptomatic women who attended over the first eight months. Around 20% of cancers were carcinoma in-situ.

3. Volunteer trial

Thanks for forwarding me your proposal regarding the volunteer trial. It would be helpful if you could note the time you spend on the trial on your monthly activity survey forms, and ask the volunteers to each complete a form, once they are actually involved in recruitment. Could we talk briefly about the details of this please?

Susan

Attendance

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P'code Area	1/1990
3011 Footscray	11
3012 Footscray W	19
3013 Yarraville	14
3019 Braybrook	6
3020 Sunshine	48
3021 St Albans	29
3022 Ardeer	2
3023 Deer Park	2
3031 Flemington	3
3032 M'bynong	18
3033 Keilor E	13
3034 Av'dale Hgts	14
3036 Keilor	1
3038 Tylrs Lakes	4
3039 M Ponds	46
3040 Essendon	87
3041 Strathmore	41
3042 Airport West	4
3043 Tullamarine	10
3044 Pascoe Vale	32
3046 Glenroy	28
3047 B'meadows	-
3048 Coolaroo	-
3049 W'meadows	5
3051 N Melbourne	1
3055 Brunsw W	3
3056 Brunswick	14
3057 Brunsw E	3
3059 Greenvale	-
3063 Oaklands Yuke	-
3064 Craigieburn	-
3427 Diggers Rest	-
3428 Bulla	1
3429 Sunbury	5
Total	464

No. of women who attended BxRP in
 January 1990, who were aged 50-69,
 resident in target PCs and on
 electoral register

SN

ANTI-CANCER COUNCIL OF VICTORIA

CANCER EPIDEMIOLOGY CENTRE

MEMORANDUM

TO: Nigel Gray

DATE: 15th March, 1990

FROM: Graham Giles

=====
Thank you for your memorandum of the 14th of March re: the provision of data to SECU. I would like to reassure you that we have been working to meet commitments made to SECU both prior to and after the meeting held between Ian Russell, Dorothy Reading and David Hill.

The agreements that we negotiated with SECU prior to the meeting referred to above, was that SECU would be happy to receive a digested and clean analysis of the data on the program in the form of a report prepared to publication stage. This has been done. Also, Susan has regularly forwarded to SECU the monthly statistical reports. SECU have written expressing their thanks and interest in these "impressive" reports. So far as the CEC was concerned, prior to the meeting between Ian Russell, Dorothy Reading and David Hill, we were meeting our commitments to provide SECU with appropriate and reliable data.

With respect to the new negotiated position with Ian Russell, documented in the notes of his meeting with David Hill and Dorothy Reading, the commitments that were made were as follow:

1. First, to forward an amended version of Susan Hurley's paper to SECU. This was actually made difficult because Ian Russell didn't provide the outstanding details required until 13.2.89. When these had been provided Susan Hurley and Li Chun completed the amendments to the report in 5 working days as I had promised. I forwarded a copy of this report to SECU on Friday 23.2.90 as Ian Russell said he had not received the copies that I had sent him on the 19.2.90.
2. Second, that a set of SECU blanks would be annotated indicating which data items were available on the data base. There had been no date set for this to be done. Dorothy Reading subsequently promised the Executive a report on this material for its next meeting on Tuesday 20th March. These annotations have just been completed and Dorothy will present them at that meeting.
3. Third, a commitment was made in these minutes to progressively extend monthly reports to match SECU's tabular format. Again, no time line was given for this action. There are a some concerns that need to be identified with respect to this commitment e.g.

- a) A proposal (implied in the notes) to change data collection at this stage would be time consuming and costly.
- b) SECU have not asked for monthly tabulations. They have asked for quarterly tabulations, recognising the work required.
- c) Following on from b), any move towards extending monthly reports needs to consider staffing and resources as it could become a huge job. The magnitude of the task can be assessed by the amount of financial resources that SECU is willing to give for such activities.
- d) Following any request for further data collection or tabulations from the Executive, should this occur, our first action would be to assess the resources required to meet the request and to report on this.

Notwithstanding these reservations, we suggest that certain actions can be made to meet ACCV's continuing commitments to SECU and attempt to redress the situation noted in the minutes of the meeting between Ian Russell, Dorothy Reading and David Hill.

We are able to, in the first instance, add an extra four tables to our monthly reports to the Executive which then can be forwarded to SECU at the Executive's discretion. The four tables will break down the outcome tables by each of the four 5-year age groups. We feel that this action should meet the spirit, if not the letter, of SECU's requirements. It should be noted that these tables will require an extra 12-15 hours of computing time each month.

I await a report from Dorothy Reading on the outcome of the Executive meeting of the 20.3.90 which should indicate whether this data is required for the following Executive meeting.

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

MEMORANDUM

FROM: Dorothy Reading
TO: Breast X-ray Program Committee of Management
Breast X-ray Program Executive
ACCV Working Party
Professor R Lovell - Convenor, State Ministerial Advisory
Committee
DATE: 22 March 1990

At the meeting of the Executive Committee of the Breast X-ray Program on Tuesday March 20 it was resolved that the attached report on the first eight months of screening should be distributed to members of committees involved with the Program.

The report is confidential, has not been and should not be released beyond the Program.



Dorothy Reading
Director of Education - Anti Cancer Council of Victoria

ANTI-CANCER COUNCIL OF VICTORIA
EDUCATION UNIT

MEMORANDUM

FROM: Dorothy Reading
TO: Graham Giles, Professor R. Lovell, David Hill, Nigel Gray
DATE: 22 March, 1990

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At the meeting of the Executive Committee of the Breast X-Ray Program on Tuesday March 20th, I tabled and spoke to the annotated SECU data tabulation forms, dealing with behavioural science, epidemiology and service delivery. These have been annotated by David Hill and Jill Cockburn; Graham Giles and Susan Hurley in a very detailed way. Copies of the annotated tabulation forms are available on request.

Considerable discussion took place about the congruence of our data collection and SECU's request and considerable confusion resulted. However it became clear that there is one major point of difference.

SECU defines "symptomatic" as including breast pain as a criterion. Ian Russell indicated in response to a query from Brian Tress that this could involve as many as one third of women presenting at the Program. This being the case, the difference is a major one and it would have a major impact on the definition of "asymptomatic" women. In fact, we concluded that data including pain as a symptom could under no circumstances be aggregated with data which did not include pain as a symptom and that therefore clarification on this point was required.

Ian Russell will attend a meeting of SECU on April 4th and seek clarification of the definitions of "symptomatic" and "asymptomatic" employed by all other programs. The meeting was therefore unable to come to any conclusion about which tables involving a distinction between symptomatic and asymptomatic women could appropriately be completed.

There was discussion of the future of SECU which it was agreed was somewhat unclear. Further, since SECU has already provided the Commonwealth with a report and recommendations, the Executive wished to clarify whether SECU still had a good reason for collecting the data requested. The meeting agreed that Ian Russell would clarify matters with the Director of the Australian Institute of Health.

Discussion then centred on the need for progressive changes to the format of the monthly statistical report.

There was agreement that the monthly statistical report in its current form is useful to the Executive and would be rendered less useful if reporting by age group (as suggested by SECU) were incorporated since this would break the numbers down too much to be meaningful.

Ian Russell will contact Graham Giles when he has any further information and the matter will arise, I am sure, at the next Executive Committee Meeting. I made the point, which I believe was understood, that the first action, before requesting any further tabulations or data analyses, would be to ask Graham for an indication of resources available or needed to undertake the tasks decided upon.

Would Unit Heads please pass this information on to interested members of staff in their Units.



Dorothy Reading

bsrd08r

ANTI-CANCER COUNCIL OF VICTORIA

CANCER EPIDEMIOLOGY CENTRE

MEMORANDUM TO: Dr Nigel Gray
FROM: Dr Graham Giles
DATE: 14.3.90

Re Provision of data tabulations to SECU

Susan Hurley and I have reviewed the suggested tabulations for provision of data to SECU. Many of them are not relevant to us as they pertain to re-screening and other aspects not contained within the pilot study protocol and which are consequently unavailable from the database.

There are also instances where SECU definitions are either not clear or are not identical to the Breast X Ray Program's definitions.

Because of these elements, we have devised a coding system to illustrate what data are collected at the Program, how consistent these are with SECU requirements and their reliability.

1. Many tables and individual table cells are not applicable to the program. These have been marked N/A.
2. There are instances where we don't know data (either because of obscurity or delays in the system). These have been marked D/K.
3. In most applicable tables, individual cells have been marked with a three item code.
 - a) The first item refers to the status of the data. If they are collected this is indicated with a (1); if not collected (2) and if not known with a (3).
 - b) The second item indicates the correspondence of our data items with SECU's requirements (a = consistent, b = similar, c = unlike and, d = don't know)
 - c) The third item indicates how confident we are in the quality and completeness of the data (i = probably reliable, ii = probably reliable up to 30.6.89 and, iii = don't know)

For example, a cell coded as (1.a.i) indicates that the Program collects the data, the data are consistent with SECU's requirements and we are confident of the data quality. Another common example is (1.b.ii) where although the Program collects the data, it is defined differently to SECU and is only reliable for the period prior to 30.6.89.

cc RL, DR, DH

Memorandum

To: Dorothy Reading
From: Susan Hurley
Date: 5 February, 1990
Subject: Mammography - miscellaneous
Copies to: Graham Giles

1. Regarding the proposed recruitment conference, Trish and I would be happy to present - Trish could talk on practical aspects of invitation letter recruitment, and I could talk on cost-effectiveness. The 18-19th April would not suit me as I will be on leave (school holidays), but the other dates in April would suit me best (23-24, or 26-27).

2. I think it would be useful to have another meeting of the in-house mammography recruitment working party. Topics for discussion could include:

- plans to fill extra available appointments
- plans re letters on basis of preliminary costing data
- the possibility of trying a different sort of invitation letter (e.g shorter and more like an advertisement)
- the possibility of sending another batch of certified letters.

If you agree that such a meeting would be helpful, could Debbie arrange a time please?

3. Lichun was appointed for 18 months from 29th May 1989 to 29th November 1990. The original arrangement was for a project officer to be employed for 6 months before the Program, during the Program and 6 months afterwards. I think the plans for post-Program analysis, and Lichun's duration of employment require some discussion.

4. Trish and Lichun are virtually camping out at the moment because computer cables weren't ordered for their new office. Also Trish's machine is broken again, and this has meant that the appointment letters for next week weren't sent. Trish has asked Val at the Program to fill them with public recruitments. I would like to discuss a proposed maintenance contract for Trish's machine with you.

I'll make a short appointment to discuss matters 3 and 4, later this week or early next week.

Thanks



Susan

MEMORANDUM

To: Susan Hurley
From: Damien Jolley
Re: Analysis of B-X-Ray data
Date: 5 February, 1990

When analysing the results of attendance at the Essendon Breast X-Ray program, it is essential that we count only those women whose names appeared on the original Commonwealth Electoral Register. It is not necessarily true that a bias would be introduced by the exclusion of women who were not on the Roll; it is certainly true that a possibly large, upward bias would be introduced by their inclusion.

When estimating an attendance rate, one needs accurate estimates of the numerator -- women who do attend -- and of the denominator -- women who do attend, plus women who do not attend. The exclusion of random subsets of women from **both** the numerator and the denominator should not unduly bias one's estimated rate. On the other hand, the inclusion of a certain set of women in the numerator (non-enrolled women who do attend), without a corresponding inclusion in the denominator (non-enrolled women who attend plus non-enrolled women who do not attend), will lead to immeasurable bias. We simply do not know how many women were not on the Electoral Roll and who did not attend the program.

Memorandum

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

As requested, I have listed the Cancer Epidemiology Centre's planned publications, with proposed authorship. In some instances the publications might be subdivided into a number of articles (particularly item 3). I have not yet had a chance to discuss authorship issues with Graham Giles.

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



Anti-Cancer Council of Victoria

Executive Secretary : Professor Emeritus RRH Lovell

smac/memo

25 January, 1990

Memorandum to: ACCV Mammography Working Party

From: RRH Lovell

Re: Publications arising from the study

At the meeting of the inhouse mammography working party on 7 December 1989 it was agreed that principle investigators should compile a list of publications that they envisaged drafting with indications of proposed authorship.

I would be grateful if members of the working party could let me have their lists before our next meeting on Thursday 1 February.

It will be very helpful if we can talk about this on 1 February as the topic is likely to arise at the Breast X-ray Management Committee in the following week.

cc Jill Cockburn
Trudy De Luise
Delia Flint-Richter
Sheila Hirst
Susan Hurley
Trish Livingston
Dorothy Reading
Debby Sytema

MEMORANDUM

TO: Nigel Gray

DATE: 23rd January 1990

FROM: Suan Hurley

=====

RE: BREAST X-RAY PROGRAM / SECU

As Dorothy mentioned to you I received the attached letter from Ian Russell yesterday. As requested, I have drafted a letter for you to send to Ms Lipscombe, clarifying the situation.

cc. Prof Lovell, Dorothy Reading

23 January, 1990

Ms Joan Lipscombe
Acting Assistant Secretary
Health Care Strategies Branch
Department of Community Services and Health
Alexander Building,
PO Box 100, Phillip ACT 2606

Dear Ms Lipscombe,

I refer to your letter of 19 January 1990 to Dr Stephen Duckett regarding provision of data by the Essendon Breast X-Ray Program to the national evaluation of screening mammography, and an undated letter apparently from Mr Chris Stevenson to Mr Steve McGinness, of your department, about the same matter. Copies of these letters were sent to me by Mr Ian Russell.

It appears from these letters that Dr Michael Fett has not informed you, or Mr Stevenson, that agreement **for provision of data by the Program to SECU in the form of reports rather than the tabulations initially requested** was reached on the 5th of July 1989. A summary of the meeting where this agreement occurred is attached for your information, and I have highlighted the relevant section on page 2. A further meeting between Dr Fett, Dr Giles and Ms Hurley was held on the 27th of September and I attach copies of two letters resulting from that meeting which provide further evidence that Dr Fett agreed that reports rather than tabulations were acceptable.

I hope that this information has corrected your misapprehension that tabulations are outstanding.

Yours sincerely,

Nigel Gray
Director

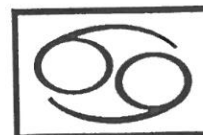
cc. Mr Steve McGinness, Dr Stephen Duckett, Mr Ian Russell, Dr David Campbell.

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

Dr Michael Fett
Screening Evaluation Co-Ordination Unit
Australian Institute of Health
GPO Box 570, Canberra, ACT 2601

Dear Michael,

As we agreed at our meeting of 25th September, I enclose copies of the first eight statistical reports for the Essendon Breast X-Ray Program, and a copy of the Program's policy regarding provision of data to SECU. The statistics in the reports should be regarded as preliminary, as the reports were prepared before information for all women screened in each statistical period was available. I also confirm that we will forward you a pre-publication copy of a paper describing our evaluation of the Program's first eight months, when it is completed.

As discussed, would you please forward written confirmation of your verbal agreement to the publication and provision of data policy, and give further consideration to providing us with an outline of your planned report to the AHMAC steering committee.

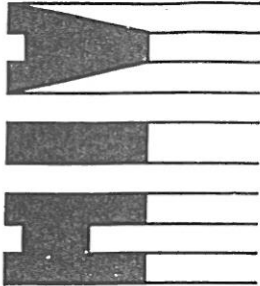
I am pleased that we have at last reached agreement about provision of data by the Essendon Breast X-Ray Program to SECU, and I will relay your positive comments to the Program's Management Committee.

With best wishes,

Yours sincerely,

Susan Hurley
Epidemiologist

27/9/89.



AUSTRALIAN INSTITUTE OF HEALTH

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

Dr Michael J Fett - CONTACT
File No. 88/138 - PHONE
Doc 3614 - REFERENCE

Ms Susan Hurley
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Susan

It was good meeting you in Melbourne and thank you for lunch. Of even greater moment, thank you very much for the data you provided me with from the Victorian mammography project. I also note with appreciation your commitment to provide a substantive report on the epidemiology/service delivery aspects of the project by November 1989 at the latest. This report is anticipated with eagerness.

In addition, I would be grateful if you would provide me with an indication of when economic data will be available. These are also of great importance to us.

With best wishes,

Yours sincerely

Michael J Fett (Dr)
Head
Screening Evaluation Coordination Unit

4 October 1989

c.c. Mr Ian Russell

**Breast X-ray
Program**

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

22nd January 1990

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

Dear Susan,

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

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

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

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

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

Please reply to this letter as a matter of urgency.

Yours sincerely,

IAN S. RUSSELL
PROGRAMME DIRECTOR

cc - Dr. Nigel Gray - Director - ACCV
cc - Dr. D. Campell, Director Medical Services, RMH

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

- CONTACT
- PHONE
- REFERENCE

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

Dear Steve

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

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

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

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

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

88/15895

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

Dear Dr Duckett

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

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

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

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

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

5

2.

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

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

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

JML

JOAN LIPSCOMBE
ACTING ASSISTANT SECRETARY
HEALTH CARE STRATEGIES BRANCH

19 January 1990

ANTI-CANCER COUNCIL OF VICTORIA
EDUCATION UNIT

MEMORANDUM

FROM: Dorothy Reading
TO: Professor R Lovell, Jill Cockburn, Trish Livingston, Trudy De
Luise, Susan Hurley, Li Chun Quang, Debbie Sytema
DATE: 1st February, 1990
SUBJECT: Report on activities of the ACCV for the Breast X-ray Program

=====

The attached report has been sent to Delia for circulation to members of the Breast X-ray Program Management Committee, for their meeting on 8th February.

DR

for Dorothy

Anti-Cancer Council of Victoria



REPORT TO THE BREAST X-RAY PROGRAM MANAGEMENT COMMITTEE MEETING ON 8TH FEBRUARY, 1990

RE: **ACTIVITIES OF THE ANTI-CANCER COUNCIL OF VICTORIA FOR
THE BREAST X-RAY PROGRAM**

September 1989 - January 1990

1. Education

1.1 Resources

Brochures explaining the service will soon be available in a total of eight languages, with the latest information being produced in Vietnamese.

Two extra banners promoting the service have been produced for use in shopping centres.

New information panels for the photographic display are currently being designed.

1.2 Education Strategies

A standard five week recruitment campaign has been designed to ensure all of the target area is exposed to the program's promotional information.

The target area has been split into nine sub-areas with each being exposed to an intensive five week education program and then a follow-up campaign some weeks later.

Four sub-areas have also been selected as "high priority areas". These will be exposed to a third campaign to ascertain the maximum number of eligible women who will attend the screening program following intensive promotions.

1.3 Future Plans

Four Social Work students from Phillip Institute will assist with the education program for a nine week period from April until June 1990.

A ten week trial on volunteer involvement in the education program will be run from July until September 1990.

Particular emphasis will be placed on the ethnic media and special days will be organised where the service will open for specific ethnic groups.

2. Cancer Epidemiology Centre

2.1 Statistical reports and quality control of data

The CEC has provided a further four statistical reports to the Program's Executive and Management Committees, the most recent of which is attached (Appendix 1). A part-time data manager has been appointed at Essendon to ensure accurate collection of the clinical and epidemiological data, and the CEC is providing ongoing training.

2.2 Evaluation and Research

General Evaluation of the Program

A comprehensive report describing the evaluation of the first eight months of the Program's operation was prepared by Susan Hurley.

Cost-effectiveness of recruitment strategies

Work on our analysis of the cost-effectiveness of different methods of persuading women to attend the Program has continued. As mentioned in our second report to the VHPF, this study involves comparison of personal letters of invitation (with follow-up letters or telephone calls to non-attenders) with the localised public recruitment campaign. The personal letter phase of the project has been completed, and analysis of the effectiveness of the public campaign and costs of the different strategies is under way.

Study of the effectiveness of personal recruitment continues, and to date over 9,000 invitation letters and over 4,000 follow-up letters have been sent to women in the target area.

Cost effectiveness of the Breast X-Ray Program

The work detailed in our second report is continuing. A report on the time taken and costs incurred by women attending the Program is being prepared.

Investigation of psychological consequences of screening

Susan Hurley and Trish Livingston from Epidemiology are collaborating with Jill Cockburn from Centre for Behavioural Research on a study of the psychological consequences of screening.

Counselling for women undergoing surgery for breast cancer

Trish Livingston from Epidemiology has developed a protocol for a study of the effect of counselling services on women's adjustment after surgery for breast cancer. This project is scheduled to commence in February, and is part of Trish's Bachelor of Arts (Honours) program. The study is

being supervised by Tamara Kotler (University of Melbourne) and Susan Hurley, and Ian Russell is the collaborating surgeon.

3. Centre for Behavioural Research in Cancer

3.1 Sources of information about service

On one random day a week, our Research Assistant asks all women attending the Program, how they came to hear about it. This information is fed back to the Education Unit, as an aid in monitoring the success of their activities.

3.2 Satisfaction with service

Screening Clinic: The reports for satisfaction of participants during August 1989 and November 1989 are now available. The results from these studies are fed back directly to Program staff, so that changes in service delivery can be made if needed.

Recall Clinic: The first report of 100 consecutive attenders at recall clinic is now available. Participants expressed high levels of satisfaction with most aspects of the service. Again, the results of these studies are fed back to Program staff so that potential problem areas can be dealt with. We are continuing to monitor satisfaction at recall clinic.

3.3 Predictors of attendance

The report "Predictors of intention to attend for screening mammography at the Essendon Breast X-Ray Program" is now available. This report correlates information collected from 668 randomly selected women before commencement of the Program, to their intentions regarding attendance. The significant correlates with intention have been used as the basis of recommendations for recruitment strategies. The next stage of this research project, sending invitation letters to interviewed women, is currently being implemented.

3.4 Psychological costs of screening

Dr Jill Cockburn and Mrs Trudy De Luise from CBRC are working closely with Ms Susan Hurley and Ms Trish Livingstone from the Cancer Epidemiology Centre, in developing a reliable and valid measure of the psychological consequences of the screening process. The resulting instrument will be used to monitor participants at each stage in the screening program.

MEMORANDUM

TO: DAVID HILL, DOROTHY READING

FROM: SUSAN HURLEY

DATE: 5TH FEBRUARY

CC: PROF LOVELL, NIGEL GRAY

=====

This is what I received from Ian Russell following your meeting with him.

Ian R. per

Susan.

Sent Ian's letter of 30 January.

MEMORANDUM

TO: Nigel Gray
FROM: Susan Hurley

DATE: 12th January

RE: Breast X-Ray Program evaluation manuscript
CC Prof Lovell, Ian Russell, David Campbell

=====
Thank you for your memorandum of 2 January. I thought I should let you know that I've received feedback on the draft manuscript from Brian Tress and Virginia Billson (RMH pathologist) and that the only outstanding matters require clarification with Ian Russell. I've written to Ian (letter attached), but have not yet had a reply.

I will be on leave for a week, beginning 15th January and I should be able to finalise the manuscript the week I return and send it to Michael Fett.

Susan

January 2, 1990

Mr Ian Russell,
Director, Breast X-Ray Program
Private Consulting Suite No 15
Royal Melbourne Hospital Post Office
Parkville 3052

Dear Ian,

I did not hear from you regarding a meeting before Christmas to clarify the items outstanding from the Breast X-Ray Program preliminary evaluation report (copy of memorandum attached), so I have listed below the action I have taken and the matters requiring your attention (the latter in italics).

1. Times from screening to notification of clinical assessment results

I have asked Suzi Alessandri to check the times > 60 days.

2. Discrepancies between recording of clinical stage and results on clinical examination. Some women have palpable lesions recorded, but values other than 0 for clinical stage and vice versa. Also, some women have an fna recorded but an palpable lesion (I was under the impression that this had been done only once and was unsuccessful). Also 2 women had "x" entered for clinical tumour on Form E. We assumed that the woman with unique_id 20146 (Harrington) was clinical t = 2 and the woman with id 40653 (Trantino) was clinical t = 1. Also one woman has diagnosis of malignancy recorded on the right breast for formd but the left breast on Form E (17030 Aunedi), and another has left breast on Form D and right breast on Form E (40716 Fusco).

I think we need to meet to clarify these items, preferably with the histories available.

3. Confirmation of number of benign biopsies and information on multiple biopsies.

I have asked Suzi Alessandri to check this.

4. Confirmation of pathology details

I have written to Virginia Billson (copy enclosed), and included a copy of the draft report

5. One woman with ?previous breast cancer. This is Mrs Valente (38238) who has been counted as one of the 40 cases with cancer in the report. She answered "no" to the previous breast cancer question on Form A, but under other treatment a history of breast cancer initially diagnosed then not was given. On the path slip from RWH someone had noted that she had previous breast cancer treated with radiotherapy.

We need to talk about whether she should be included as a new case or not.

6. Details of axillary surgery

Three women had no surgery to the axilla recorded, but entries for the number of nodes examined. We have made the following assumptions:

19412 (Fisher) axillary clearance (because 18 nodes examined)

27660 (McLean) axillary clearance (per RMH records), but only 2 nodes examined

38238 (Valente) axillary sampling, because only 5 nodes examined, but Susy says you advised her that the woman had axillary clearance.

Also one woman (id 23640 Royston) had a total mastectomy but no surgery to the axilla - is this correct?

I need clarification from you regarding these items.

Yours sincerely,

Susan Hurley

cc Dr G. Giles, Prof R. Lovell

\\wp\mammo\ir7.doc

AMETH project since 14/12/89. *2001* *13/12/89* *Final report*

REPORT OF THE MEETING OF THE AUSTRALIAN HEALTH MINISTERS
ADVISORY COUNCIL BREAST CANCER SCREENING EVALUATION STEERING
COMMITTEE.

The Breast Cancer Screening Evaluation Steering Committee (B.C.E.S.C.) met in Canberra on Tuesday 12th December, 1989.

At the meeting a considerable time was spent reviewing a draft report being prepared for presentation to the Australian Health Ministers early in the new year. This report will embody the data received from the pilot project. It was emphasized that to date S.E.C.U. has not obtained any tabulated available data from the A.M.E.H.- A.C.C.V. Project. In particular it was noted that S.E.C.U. had been advised that cost evaluation data would not be available until September- October 1990.

To date only a limited amount of tabulated data has been collected by S.E.C.U. However, within the last few weeks the Sydney Program perhaps for reasons which will become apparent later in this report is forwarding to S.E.C.U. in volume.

It is intended that Directors of the pilot projects will be invited to prepare a short report on their pilot project and these reports will be appended to the report to the Health Ministers.

It was stated that consideration had been given whether there should be one or more pilot mammographic training centres and the Australian Health Ministers had resolved that only one training centre be established. Further criteria for the selection of the centres have been circulated (attached). It was emphasised that one criterion would be the demonstrated ability of the pilot project to forward tabulated evaluable data to S.E.C.U.

Information was given about "new policy" money from the August 1989-90 budget. Approximately half of this money will be allocated to S.E.C.U. to enable it to continue into 1991. Other funds will be available to enable pilot projects to continue beyond their currently Commonwealth- funded life and for new projects related to breast cancer screening. It was indicated that project which would be favourably considered would be an evaluation of non-radiologist film reading. Review of the applications will be made in January. It was stated that the selection committee will look most favourably on pilot projects which had provided data in a "timely fashion".

2 January 1990

49-1692

MEMORANDUM TO: Susan Hurley

c.c. I. Russell, D. Campbell, R. Lovell

FROM: Nigel Gray

=====
I've been speaking to David Campbell and think that we should try to keep things in perspective and reasonably simmered down. In relation to this I would make the following points.

1. It seems to me that the manuscript you had prepared is entirely appropriate for transfer to Michael Fett as soon as possible. It seems to meet the criteria established in your correspondence with him. If it **doesn't**, then he should have to face up to us and tell us so.
2. In relation to publication. I think we should sit and think about it a little more. There is no doubt in my mind that you have the right to senior authorship of the statistical analysis of the project but I'm a little uncertain whether the format of the publication collection, which will arise from the project, should be spearheaded by this particular presentation. i.e. I think it would have been a good idea for the project to think carefully about publication policy earlier in the year and to have made early decisions about what needs to be published; when; and by whom. I'd be happy to play a role in these discussions as soon as I get back from Washington in mid-January.

I will be a touch surprised if Michael Fett isn't delighted with what you have to offer him. The question of the presentation of economic data is one we can deal with at a later stage. I'm a bit disturbed by the implication that decisions as to where resources will go should depend on a deadline set by Michael Fett, and one which may or may not have consensus. I think this issue needs further discussion.

I admired the quality of work that went into your document and hope you had a Happy Christmas.

Cheers.

per Bpeakman

VICTORIAN
COOPERATIVE
ONCOLOGY GROUP

Executive Secretary : Professor Emeritus RRH Lovell

mammog/memo

20 December, 1989

Memorandum to: NJ Gray
From: RRH Lovell
Re: Essendon Breast X-ray Program

Attached are copies of relevant recent correspondence about the report to SECU. You will see that in Michael Fett's letter of 7.11.89 to Susan Hurley he clearly indicates his expectation of receiving a written report on the program in the form of a journal manuscript in the first instance. The same phrase was used in Susan Hurley's reply to Michael Fett on 13.11.89. Copies of both these letters were sent to Ian Russell.

Having heard Susan's account of the way in which Ian Russell treated her at yesterday's Executive, I believe that an apology is due to both Susan and ACCV (whom she represents) from him.

It seems to me that if Draft 1 of Susan's report of 18.12.89 is forwarded to Michael Fett the initial commitment will have been fully met. The eight tables constitute, to my mind, what any reasonable person would regard as the aggregated data that was agreed to be acceptable initially long ago.

Dr Michael Fett
Screening Evaluation Co-Ordination Unit
Australian Institute of Health
GPO Box 570, Canberra, ACT 2601

Dear Michael,

As we agreed at our meeting of 25th September, I enclose copies of the first eight statistical reports for the Essendon Breast X-Ray Program, and a copy of the Program's policy regarding provision of data to SECU. The statistics in the reports should be regarded as preliminary, as the reports were prepared before information for all women screened in each statistical period was available. I also confirm that we will forward you a pre-publication copy of a paper describing our evaluation of the Program's first eight months, when it is completed.

As discussed, would you please forward written confirmation of your verbal agreement to the publication and provision of data policy, and give further consideration to providing us with an outline of your planned report to the AHMAC steering committee.

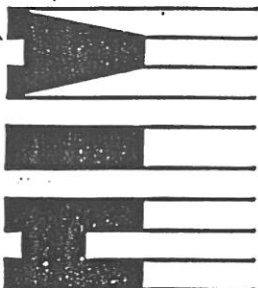
I am pleased that we have at last reached agreement about provision of data by the Essendon Breast X-Ray Program to SECU, and I will relay your positive comments to the Program's Management Committee.

With best wishes,

Yours sincerely,

Susan Hurley
Epidemiologist

27/9/89.



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Dr Michael J Fett - CONTACT
File No. 88/138 - PHONE
Doc 3614 - REFERENCE

Ms Susan Hurley
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Susan

It was good meeting you in Melbourne and thank you for lunch. Of even greater moment, thank you very much for the data you provided me with from the Victorian mammography project. I also note with appreciation your commitment to provide a substantive report on the epidemiology/service delivery aspects of the project by November 1989 at the latest. This report is anticipated with eagerness.

In addition, I would be grateful if you would provide me with an indication of when economic data will be available. These are also of great importance to us.

With best wishes,

Yours sincerely

Michael J Fett (Dr)
Head
Screening Evaluation Coordination Unit

4 October 1989

c.c. Mr Ian Russell

October 31, 1989

Dr Michael Fett
Head, Screening Evaluation Coordination Unit
Australlian Institute of Health
GPO Box 570, Canberra, ACT 2601

Dear Michael,

Thank you for your letters of the 4th, 5th and 11th of October 1989 regarding data from the Essendon Breast X-Ray Program. I have tried to telephone you a couple of time to discuss your letters, but have been unable to contact you. It was a pity that you did not raise the issues you list when you visited us in Melbourne. On the basis of our meeting, I reported to the Breast X-Ray Program Management Committee in October that you were very happy with our plans for forwarding data to you.

Regarding your request for advice on when further data will be available, I can provide you with the following information:

Service delivery data: As I mentioned when you visited, we will send you our statistical reports, which are produced approximately monthly to coincide with meetings of the Executive or Managment Committees, and are circulated after the meetings. From time to time these will include summaries of complete data for a period of screening. I know that you were also keen to obtain a copy of the Program's procedure manual, and I suggest that you discuss this with the Program Manager.

Behavioural Science data: I suggest that you discuss this with Dr David Hill. I have sent him copies of our correspondence.

Economic data: At this stage, we anticipate that this will be available to you in August or September 1990.

Regarding your reservations about the publication policy, you should note that the Essendon Program's proposal was that a collaborative group be formed for publication of all pilot project data submitted to SECU, not just the Essendon data.

I hope I have answered your queries about provision of data. If not, please call me.

Yours sincerely,

Susan Hurley,
Epidemiologist

cc Dr G. Giles, Dr N. Gray, Prof R. Lovell, Dr D. Hill, Mr Ian Russell, Dr S.Duckett.

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Michael J Fett (Dr) CONTACT
(062) 435 068 PHONE
File No. 88/138 REFERENCE
Worthy 2626

Ms Susan Hurley
Epidemiologist
Cancer Epidemiology Centre
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Susan

Thank you for your letter of October 31, 1989 in which you provide information on provision of data by the Essendon Breast X-ray program. I would like to seek clarification of several aspects of your letter:

1. Service delivery data

In addition to the provision of the monthly statistical reports, my recollection from our meeting in Melbourne was that the Program was to provide SECU with a written report on the Program, in the form of a journal manuscript. This was to be provided in November 1989. In addition, you and Dr Giles indicated that you would be prepared to conduct additional data analyses as requested by SECU.))

2. Behavioural science data

We are happy to contact Dr Hill directly in relation to behavioural science data, although it would obviously be preferable to have one contact point with your project for the formal provision of data.

3. Economic data

In your letter you indicate that you anticipate these data will be available in August or September 1990. As you are aware, our report is to be submitted to governments in June 1990, and data for this report will need to be provided to SECU early in 1990. Thus your proposed timing for the economic data preclude its inclusion in our report. It is difficult to understand why these data cannot be provided earlier, as all other

mammography pilot projects have been able to provide assurances that timely economic data will be available, and several have already provided such data. It would be unfortunate if the Victorian project was the only project unable to provide economic data for the report.

4. Publication policy

SECU has no difficulty with the concept of a collaborative group to publish pilot project data. My reservations about the publications policy were independent of the concept of a collaborative group. However, any publication policy agreed to by SECU and the Essendon Breast X-ray Program does not preclude independent agreements between SECU and other pilot projects.

Given the urgent requirement to satisfactorily resolve the provision of data, I would appreciate your prompt advice on the queries raised in this letter. Incidentally, I am sorry you have not been able to reach me on the phone. If I am unavailable, may I suggest you ring (062) 435000 and leave a message.

Yours sincerely



Michael J Fett (Dr)
Head
Screening Evaluation Coordination Unit

7 November 1989

cc: Professor Tony McMichael
Dr G Giles
Dr N Gray
Professor R Lovell
Dr D Hill
Mr Ian Russell
Dr S Duckett

November 13, 1989

Dr Michael Fett
Head, Screening Evaluation Coordination Unit
Australian Institute of Health
GPO Box 570, Canberra, ACT 2601

Dear Michael,

Thank you for your letter of the 7th November, 1989 regarding data from the Essendon Breast X-Ray Program. I can provide the following clarification:

Service delivery data: Yes, we will be sending you a copy of a journal manuscript, as soon as it is finished and has been reviewed by the Program's Committee. Yes, we will consider a request for further analyses. I did not mention these points in my letter of October 31st as you had asked for advice regarding future supply of service delivery data, and I thought these points were resolved.)

Behavioural Science data: It is clearly not possible for me to speak on behalf of the Centre for Behavioral Research in Cancer and you will have to liaise with Dr Hill.

Economic data: I too am keen to finish the economic evaluation, as I will be including it in my PhD thesis. I would emphasise that early economic data can be misleading, and that our mammography project started quite some time after the Sydney and Queensland projects. In view of this, I think that August or September 1990 would be very early indeed for such data to be available to you. Further, as we have discussed, I believe that your June 1990 report should only be regarded as preliminary, as much information from Essendon and other projects will emerge after this time. I had thought that this was to be one of your reasons for seeking ongoing support for SECU.

I repeat my comment regarding the publication policy: the Essendon Program's proposal was that a collaborative group be formed for publication of all pilot project data submitted to SECU, not just the Essendon data, and that this be agreed to by a formal exchange of letters.

Yours sincerely,

Susan Hurley,
Epidemiologist

cc Dr G. Giles, Dr N. Gray, Prof R. Lovell, Dr D. Hill, Mr Ian Russell, Dr S. Duckett.

COPY

Memorandum

To: Nigel Gray
From: Susan Hurley
Date: December 13, 1989
Subject: Data supplied to SECU
Copies to: Prof Lovell, Dorothy Reading, Graham Giles

URGENT

Dorothy mentioned that Ian Russell had telephoned you complaining that the ACCV has not sent any data to SECU. This is untrue. The facts are as follows.

1. The CEC has sent Michael Fett 12 statistical reports (attached). Michael has sent me two letters thanking me for the reports and stating "they are very impressive and helpful to us" (attached).
2. The CBRC has given SECU some of its reports, and Dorothy said she would ask David Hill to send you details.
3. As far as I am aware, SECU would be expecting, but has not yet received, the following material:

(i) *The Program's Procedure Manual*

I believe Delia Flint-Richter is preparing this.

(ii) *A report of the Program's first 8 months of operation.*

I am currently preparing this, and mentioned to Michael that November was a possible completion date. Graham Giles and I told Michael that a firm date could not be given, primarily because of the known poor quality of the data and the need to thoroughly check and correct the data. Michael chose to ignore this and sent me a letter saying he expected the report by November 1989 "at the latest".

The report is close to completion. It was not finished in November because the data were not entered onto computer in time, and much of the information entered was incorrect. My approach has been to:

- advise Delia of the omissions and inconsistencies (on many occasions);
- change the data once corrections have been advised;
- arrange for one of the VCR staff to follow-up six of the patients who were treated privately; and
- discuss the inconsistencies in pathology data with Virginia Billson at RMH.

I am currently waiting for a reply from Delia to a fax I sent her yesterday regarding some further inconsistencies. If this arrives in time I may be able to table the draft report at the Executive meeting on December 19th. I would expect that members would want to comment on it and revision would be necessary before it is sent to SECU.

Finally, I should add that the analysis has been very complicated, that some of the jobs take 8 hours to run on the ACCV computer (even at night), and that many of the data inconsistencies have been major (for example, two of the women who the surgeons recorded as having cancer, in fact had benign lesions - apparently the surgeons recorded the diagnosis before the biopsy was done). I have done the best I can, and in fairness to Delia I think she has too.

Susan.

Memorandum

To: Nigel Gray
From: Susan Hurley
Date: October 31, 1989
Subject: Essendon Breast X-Ray Program data
Copies to: Prof Lovell, Graham Giles

I am currently preparing a paper summarising the first eight months of the Essendon Breast X-Ray Program's operation (November 1988 - June 1989), and this paper will also serve as a report for SECU. I know you, and others involved with the Program, were keen to see the report finished, and I can assure you that considerable time has been spent on it. Unfortunately it is not finished, primarily because of inconsistencies and omissions in the data. Currently, a staff member from the Cancer Registry is obtaining followup information on women referred for private care from the Program. When this is done we should be able to finish the paper. The appointment of the data handler (who starts on November 13th) should avoid these problems in future.

Regarding SECU, I attach correspondence between myself and Michael Fett, for your information

Anti-Cancer Council of Victoria



18 August 1989

49-1356a

MEMORANDUM TO: Graham Giles

c.c. Prof. Lovell, Susan Hurley, Ian Russell, David Campbell,
Stephen Duckett

FROM: Nigel Gray

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Having had another meeting with Ian, David, Stephen Duckett and Dick Lovell, which all of us found a bit difficult, I believe I'm at least clear in my own mind as to what is needed at Essendon and the ACCV. It is:

1. A data handler at Essendon responsible to the Project Manager to assist in getting the data **into** the machine in a correct form.

This data handler will also have the authority to alter some incorrectly entered data. I understand the facility already exists to alter much of the data we have already discussed (e.g. dates of birth) and that this is done regularly. You have also advised me that limitations to changes to data by Essendon staff have been incorporated into the program to assist with making the inter-relationships between data items consistent.

As I understand it it is AMEH's responsibility to get proper data into the machine.

2. It is the ACCV's job to extract the data and to prepare and analyse reports for publication and presentation to the Program's Management Committee. These reports will, at the discretion of the Management Committee, be forwarded to SECU.

So far as I'm concerned both AMEH and SECU have a clear commitment from the ACCV that cooperation will occur and that, assuming practicability, the data Michael Fett receives will be both timely and satisfying. The information in front of me at the moment suggests that there are no difficulties to be anticipated with this.

3. It seems clear that there was some confusion about the item in the job description for the data handler. Ian and I had a genuine misunderstanding - he thought that the data handler would be extracting data for transfer to SECU; in practice I thought that we would be doing this at the ACCV and at our meeting it was confirmed that the latter will occur.

I believe we now all agree that the appointment of the data organiser and preparation of reports for the Management Committee and SECU should proceed as rapidly as possible. I note from your memorandum of August 9 to Professor Lovell, that you intend to have a report on the first six months' data available to the Management Committee by mid-October.

Judy O'Leary