

Copy for G 3

DRAFT

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

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 and assure you that such misunderstandings should not occur again.

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

I note that you are also 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, ~~and~~ I can ask them to consider your complaint, if you wished me to do so. Please let me know if you would like me to take this further. X

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 ~~were~~ ^{have been} made by the interviewer from home in the evening, since this produced the highest contact rate. X

Of the 144 women contacted by telephone to date, the interviewer assures me that only two have been upset; 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 and we will make an attempt to ensure such misunderstandings do not occur in future. X

with this many, ~~surely~~ if not a few misunderstandings.

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,

Dorothy Reading
Director of Education

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.

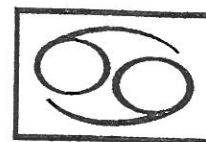
Yours sincerely,

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

JOHN P. COLLINS

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

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



BREAST X-RAY PROGRAM

TELEPHONE FOLLOWUP FOLLOWING LETTER A RECRUITMENT

NAME _____
UNIQUE_ID _____
TELEPHONE NO _____
DIRECTORY ASSISTANCE _____
ENGLISH-SPEAKING _____
INTERPRETER SERVICE _____
DATE_SENT _____
APPOINTMENT TIME _____
WEEK _____ 1 _____ 2
ATTEMPTS*: PM _____
AM _____
EV _____
CALL DURATION _____
CALL FROM ACCV _____
HOME _____

*indicate order of call, i.e. 1 and tick if woman home, x if not home

INTRODUCTION

"My name is _____ and I am ringing on behalf of the Breast X-Ray Program at the Essendon and District Hospital.

{If woman is non english-speaking, attempt to advise her that you will contact the Interpreter Service. The service suggests you mention 'Interpreter Service' and many will know what you mean; with greek speaking women, say, "we will get greek explain" and they will know what you mean. The telephone number is 416 9999. The service will then link up a three-way conversation}.

QUESTION 1

"A few weeks ago, the BXRPP sent out a letter inviting women in your age group to have a free breast x-ray, and we were wondering if you had received it?"

YES

NO

(a)

If NO,

"Would you like to know about the BXRPP?"

YES

NO

If YES

give detailed information from letter A, offering woman a free breast x-ray. Ask woman if she would like to make an appointment now?

YES

NO

(b)

If YES

refer to the Appointment List (2 weeks hence) provided by the BXRPP, advising woman of available appointment times, including Monday evenings / saturday morning time slots.

"We are booked for the next two weeks but we can offer you an appointment on _____. Would that be suitable?"

YES

NO

If YES, specify appointment time _____

If NO, offer another time on the same day or another day

specify appointment time made _____

If NO to (a),

(depending on type of response)

May I ask if there is any special reason, or can I provide you with any information?

specify any reason given

Thank the woman for her co-operation.

If YES to QUESTION 1,

"We would like to extend to you another invitation to attend the free breast x-ray service available.

"We were wondering if another appointment time would be convenient?"

YES

NO

If YES,

offer as in 1 (b)

specify appointment time made _____

If NO (depending on type of response)

"Can I give you some more information about the program or answer any questions you may have?"

specify answer given?

Thank the woman for her cooperation.

IF WOMAN CANCELLED HER APPOINTMENT,

follow introduction format, modifying question 1 to the following:

"A few weeks ago, the BXPB sent out a letter inviting women in your age group to have a free breast x-ray, and our records show you rang and cancelled you appointment on _____, and we thank you for advising us.

"We would like to extend to you another invitation to attend the free breast x-ray service available.

"We were wondering if another appointment time would be convenient?"

YES

NO

If YES,

offer as in 1 (b)

specify appointment time made _____

If NO (depending on type of response)

"Can I give you some more information about the program or answer any questions you may have?"

specify answer given?

Were any other comments made?

Thank the woman for her co-operation.

WRITE DOWN ANY COMMENTS YOU HAVE REGARDING THE INTERVIEW

quest.doc
19 July 1989
Trish Livingston

37608
18731 not interested
34582 previous appointment made at bxxp
4519 not interested
31027 prefers an appointment
29909
27916 not interested
10264
16763 if not compulsory, not interested
10465 cancer throughout family; not interested
10446 bilateral mastectomy 2yrs ago
11030 cannot get to bxxp
34956
2815 scared of x-rays
29520 too busy at present
2435 previous screen
3453
6200
39359
8740 woman not at home
32959 woman asleep
30427
2312
5680
12594 woman is in hospital at present
30424 woman at work; gave daughter bxxp no.
10808

0
0
2781 previous appointment made
22125
4308
6163
3448
34686
31561
6033
16083
11809
19719
12913
14393
26288
7939
11831
29815
37092
36659 daughter translated
4381 too long working hours
9025 mammogram morning of telephone call
8765 previous mammogram
7969 too far to go from St.Albans
39021 too far to go
3309 has to care for husband who has MS

36058 woman will go when ready
1882 woman does not believe in xrays
39158 too far to go
30583 woman is terminally ill
12067 woman will contact program when dislocated shoulder
better 12012 previous xray
11408 woman has flu at present
12754 woman going away; shall contact later
17826 appointment made prev. for 10-aug-1989
13850 woman is away on holiday
29478 previous mammogram
30827 woman is going away on holiday
34257 woman is on holidays
32115 previous mammogram
5120 mammogram night before
34488 mammogram recently at bxxp
36896 woman is caring for sick spouse
29409 woman not interested
30333 husband translated; woman not interested
33376 too far to go
7636 woman not ready to attend
30848 woman is going away for long period
7209 previous mammogram
1683 will contact when there is more time
38284 woman not interested
27316 woman has #ribs; will contact later
18195 woman has had mammogram

25023 appointment made independent of followup
1771 woman is on holidays
13821 woman considers herself well; no need to attend
16680 woman under specialist's care
16336 woman will be on holidays for long duration
10401 woman attended program week of 21-aug-1989
11895 woman is blind and ill; not interested —
10992 woman works doing the day; is going on holidays
25926 spoke with son who will discuss with mother
25746
30351
38444
34790
7815 woman not concerned re bc; not interested in attending —
6675 previous mm in Dec.1988 at bxxp
6260 woman under specialist's care
522 appt made independent of followup
4991 previous mm
4247 dhter is ill; shall contact later
37314 appt made independent of followup
36220 woman will make own appt when can time off
33755 previous mm in Glenroy
31555 woman does not want any more tests
25381 woman is over 70 and ineligible
13825 previous mammogram
13274 woman is over 70 and ineligible
1143 woman is ill at present; is not interested —

10251A woman is busy constantly; is not interested
32675A woman is in hospital for long duration
23139A woman had mammogram last week
13379A
2433A
16210A
6237A
4527A
10367A woman attended last week
26642A appt made independent of followup
14486A woman hungup
8565A will discuss with family
7313A woman minds child until 7pm; interested
4380A dghtr to discuss with mother
2882A woman is too busy
9392A
17238A
7472A
14781A
5586A
4361A
14061A
38001A woman minds child all day; cannot go in the evening
8961A woman wants to discuss with doctor first
13356A
36583A husband is in hospital; will contact later
25967A

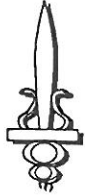
28207 woman not interested
499 woman not interested
28823 woman under specialist
9701 hbd translated; will discuss with woman
10169
3355
4385
12020
34341
26727
20114
19245
16336
15587
14307
14897
16192
16302
15183
39783

—"

End of Request - 176 Rows

Anti-Cancer Council of Victoria

1 Rathdowne Street, Carlton South, 3053, Australia
Tel. (613) 662-3300 Fax (613) 663-3412



Mrs. A. French
160 Main Street
ROMSEY 3434

Dear Mrs. French,

I refer to your letter and thank you for drawing our attention to the advertisement in your local newspaper and your subsequent attempt to make an appointment for screening.

The Council, in joint venture with the Amalgamated Melbourne and Essendon Hospital, is conducting an evaluation of the mammography screening program over a two year period. The pilot program involves recruiting women from the north-western region, who live in specific postcode areas. The article in the Regional News was misleading in the sense that while the city of Sunbury falls within the target population, only women who live in certain postcode areas are eligible to be screened. Consequently, your attempt to make an appointment was unsuccessful because Romsey's postcode falls outside the target area. It might appear that this is unnecessarily restrictive, however, as the program is government funded, certain conditions must apply.

The Anti-Cancer Council really does care about people. This is why we research new technology carefully and scientifically. We cannot, however, ensure that all the publicity about our activities is accurate.

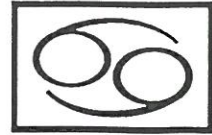
We regret that the advertisement was misleading and trust we have explained the situation to your satisfaction.

Yours sincerely,

Dr. Graham Giles
Director, Cancer Epidemiology Centre
Anti-Cancer Council of Victoria

24 July, 1989
com.doc

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



Memorandum

To: Nigel Gray
From: Susan Hurley
Date: June 26, 1989
Subject: Letter from John Sullivan regarding Mrs Ilga Mentlikowski
Copies to: Prof Lovell, Dorothy Reading, Graham Giles

This lady is an ACCV donor and received a letter from you, regarding the Breast X-Ray Program, with the May Cancer News (copy attached). She has not received a personal invitation letter to attend the Program, although she is on the data base and is eligible to do so. As we discussed today, women who have previously had breast cancer are still eligible to attend the Breast X-Ray program, and, as at June 23rd, 38 women have stated that they had a diagnosis of breast cancer. Approximately 13,000 letters were sent out with Cancer News, and, as far as I know, this was the only complaint received. Meredith Giffen tells me that John Sullivan also telephoned her and complained about the letter and the Breast X-Ray Program in general.

Susan

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. M.B. B.S. Hon. LL.D. FRACP FRACMA

Anti-Cancer Council of Victoria



22 May 1989

Dear friend

The Anti-Cancer Council is currently involved, together with the Amalgamated Melbourne and Essendon Hospital, in a pilot program aiming to screen women for breast cancer using a technique called mammography (X-ray of the breast). This program is known as the Breast X-ray Program and you may have read about it before in the *Victorian Cancer News*. The whole objective of it is to test out whether we are able to deliver a satisfactory service and whether women in the area are interested in using it.

Women aged between 50 and 69 who live in selected suburbs around the hospital are eligible to make an appointment for a free breast X-ray. These suburbs include the one in which you live.

Mammography is a simple, extremely low-dose X-ray technique. It detects changes in the breast before these changes can be seen or even felt. Like most cancers, breast cancer is much more easily treated if it is discovered early.

I am writing this letter to you personally to ask you to help us with the project. The help I'm asking for is pretty simple - could you spread the news among your eligible friends, neighbours, relatives or workmates (that is, your women friends aged between 50 and 69)? Please note that, since it is an experimental pilot project, the suburbs from which our customers have to come are those around the Essendon area.

Word is also being spread by the newspapers and shopping centre displays, through doctors, local industries and community groups. Over 2,000 women have already taken advantage of the service but there are many more who may not yet have heard about it.

If you are able to encourage any 50-69 year old woman whom you know to take advantage of the free breast X-ray available to her, I would be very pleased.

Appointments can be made, or further information obtained, by ringing the Breast X-ray Program on 375 1900.

Yours sincerely

Nigel Gray
Director

P.S. Are you a member of a community group? Education Officer, Meredith Giffin, is available to talk to interested groups about the Program. Phone her on 375 1900.

MEMORANDUM

TO: Dorothy Reading

DATE: 10th April, 1989

FROM: Susan Hurley

=====

RE: Possible campaign to decrease mastectomy rate

As previously discussed I attach some references, which I had on file, describing results of different strategies designed to alter medical or surgical treatment patterns. I think the common finding of the studies - that traditional methods of attempting to alter medical practice, such as publishing recommendations, are not successful - should be considered when planning any interventions following the formal release of the results of the ACCV study of treatment of primary operable breast cancer. If there were to be a campaign to reduce the mastectomy rate in Victoria, I think the following steps need to be considered:

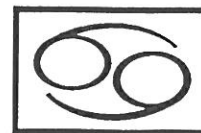
1. Confirmation that the mastectomy rate found in the 1986 study is still accurate.
2. Establishment of a quick method of estimating the mastectomy rate, perhaps using routine statistics available from the Health Department or private health insurance companies.
3. Collation of information demonstrating that lumpectomy is as efficacious as mastectomy, in certain cases.
4. Collection of information that would demonstrate that the Victorian mastectomy rate is higher than the mastectomy rate elsewhere, or is higher than necessary.

Susan

cc. Dr. Giles

Cancer Epidemiology Centre
Victorian Cancer Registry

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



June 22, 1989

Mr. I. Russell,
Program Director, Breast X-Ray Program
Private Consulting Rooms,
c/o RMH Post Office, Parkville 3050

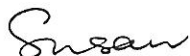
Dear Ian,

Thank you for your letter of 5th June, which I received on the 20th June, regarding women who had apparently not been recalled for clinical assessment. I am pleased that the management of these women has at last been resolved. I was, however, amazed by your expression of concern that considerable time had elapsed before these violations had come to attention. This is simply not the case. I became aware of these protocol deviations in December 1988, during preparation of a statistical report, and I informed Delia and yourself immediately (by telephone). A list of these women's unique_ids was forwarded by Georgina Chambers to Delia at the time, and I understood that these women were to be recalled. The statistical report prepared for the Management Committee on February 27th, 1989 also included these women, under "Cases missing form D".

As we discussed on May 29th at our meeting with Dorothy Reading, David Hill, and Graham Giles, I think that the best way to ensure that the data are accurate is to institute quality assurance procedures at the time of form completion and data entry, and I understood you were establishing such procedures as a matter of urgency. Audit, or quality control, procedures, which you suggest, should be regarded as a second-line approach to ensuring data quality. In fact, we have been conducting audits. We brought the protocol deviations outlined above to your attention, and documented other protocol deviations (including ultrasound recording), and problems with incomplete data entry in Statistical Report No. 6 (to the Program Executive Committee). Further, on May 18th I brought to your attention the marked backlog in entry of clinical assessment forms and major inconsistencies in the data entered. A memorandum was sent to Delia, at your request, that same day detailing these problems.

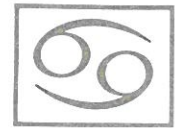
In view of the problems which staff appeared to be having with recall of symptomatic women for clinical assessment, I arranged for some changes to be made to the computer program, including a facility for the computer to move automatically to the appointment screen for entry of a clinical assessment appointment when a Form A for a woman with symptoms is entered. I sent you a copy of a memorandum to Delia, detailing these changes (April 19th). Has this change helped?

Yours sincerely,



Susan Hurley,
Epidemiologist

copies to: Dr D. Campbell, Professor Lovell, Dr N. Gray, Dr G. Giles



Cancer Epidemiology Centre

Victorian Cancer Registry

MEMORANDUM

TO: Delia Flint-Richter, Program Manager
Breast X-Ray Program
(copy to Ian Russell, Program Director)

DATE: 17th January, 1989

FROM: Susan Hurley, Cancer Epidemiology Centre,
Anti-Cancer Council of Victoria

=====

RE: Evaluation & Data management at the Breast X-ray Program

Georgina and I have been reviewing progress at the breast X-ray program and I have summarised below the current matters which I think require your attention. We have discussed some of these items before. If you would like to discuss any matters further, please give me a call.

1. Monitoring attendance

We need to monitor the percentage of available appointments that are filled. This will enable us to plan recruitment activities and determine whether any problems related to achieving target screening volumes are due to service delivery rates or declining recruitment. Could you please advise me and Dorothy of the number of daily appointments available each week, two weeks in advance.

2. Letters

We plan to start monitoring efficiency measures, such as time from screening to notification of women, as part of the program evaluation.

(i) "All-clear" letters to women

I understand that currently these letters are sent out on Monday, Wednesday and Friday. Now that the computer system can accommodate two users I would like to suggest that these letters be sent out daily, and that the Program should aim to send "all-clear" letters two days after women have been screened. To achieve this, both radiologists will need to read the mammograms within 24 hours, and presumably, will need to be informed that two days is the target turnaround time.

(ii) "Recall" letters

I understand that women are sent these letters on the Wednesday before recall clinic. This would often involve some delay between screening and notification. I would like to discuss this further with you and Dorothy Reading.

3. Quality of data

We have been concerned about some inconsistencies and omissions in data collection.

For example:

- next of kin recorded as contact person in Form A. (the name of a neighbour or friend should be recorded)
- a range of procedures and recording practices related to women who have had a mammogram in previous six months
- Clients misinterpreting the questions relating to breast symptoms. It is very important that we know who has had a breast lump or bleeding from the nipple in the last 12 months - women sometimes reply to these questions as if they referred to their lifetime.

Form "D" not being completed during clinical assessment clinics.

In the light of this experience could Georgina have a session with you to clarify these problems. I think updating the workflow and data collection procedures, and documentation, and identifying which staff members are responsible for particular data collection and checking tasks would be helpful. I would like to stress that is neither feasible nor appropriate for Georgina to monitor data collection on a daily basis. Would it be worthwhile devoting some time at one of your staff meetings to a discussion of the rationale for collecting particular data? Georgina and I would be happy to participate in such a meeting if you think this is appropriate.

At this stage do you think it would be worth training most of the staff to use the computer system, as this would help to achieve rapid data entry when screening at full capacity?

4. Independent reading of mammograms by radiologists

I am still concerned that we cannot be assured that radiologists are reading the mammograms independently. The way I see it, the current procedures are not in line with the independent reading specified in the protocol.

5. Economic evaluation

We need to discuss collection and categorisation of Breast X-ray program expenditure data with you and the hospital accountant. Could you arrange for Georgina to meet with the hospital accountant as soon as possible to discuss plans.

In order to allocate staff expenditures to appropriate cost centres we need to monitor staff time to determine, for example, how much time is spent on screening related activities and how much time is spent on recall. Naturally we want to minimise any disruption to normal work caused by this monitoring and we would like to pilot test an activity survey form, preferably on a couple of relatively quiet days in January.

6. Other matters

Some "B" forms are being filled out in pencil. I think it would be worth insisting that they be completed in biro.

Appointment sheets - these need to be kept for evaluation purposes. I am a little concerned that they are unbound.



Anti-Cancer Council of Victoria

15 September 1988

49-603

MEMORANDUM TO: Rhonda Galbally

FROM: Nigel Gray

=====

Mammographic Screening in Victoria

The VHPF has funded the first pilot program for mammographic screening in Victoria. The project is building up satisfactorily and although, somewhat bedevilled by equipment and manpower problems, looks as though it will come onstream late this year.

The State Mammographic Advisory Committee has been established to advise the Minister on pilot projects both in relation to new pilot projects and evaluation of the existing one. I am the chairman of this committee which is an ACCV committee set up, with the Minister's approval, to advise him.

This committee invited me to ask the Foundation if they would contemplate funding a second pilot project. I've taken no action on this request on the grounds that the Foundation had a lot on its plate and it was somewhat premature. However, as things are now settling down it may be appropriate for the Health Committee to contemplate the issue. i.e. Would the VHPF consider funding a second pilot project for mammographic screening.

The rationale behind a second pilot project is as follows:

1. We need to look at some different types of population groups.
2. We need to test our ability to use mobile units for screening in a way somewhat similar to that used in TB screening during the sixties and seventies.
3. Victoria needs a critical mass of expertise before it can contemplate introducing mammographic screening as a **service** and a second pilot project would contribute to this.

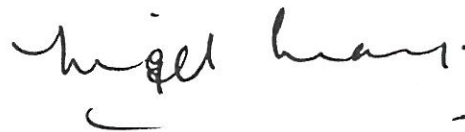
At this time no attempt has been made to formally define the parameters of a possible second Victorian pilot project. However, the Advisory Committee is firmly of the opinion that the best way to achieve a second pilot project would be to advertise for expressions of interest and then seek detailed tenders from groups interested in providing the service. It may well be that there are a number of community health centres who would have an interest in this area.

It is anticipated that detailed tenders would be invited from one or two of the expressions of interest. The Advisory Committee has agreed that the recommendation of any tender for funding would be based on critical review by independent assessors.

There is no point in seeking expressions of interest unless there is assurance that funds will be available in the event that a project is recommended.

The Advisory Committee has therefore suggested that I raise with the VHPF a simple question which is:

"Would the VHPF entertain the idea that a second pilot project should be funded and that tenders might be sought from interested groups?"

A handwritten signature in cursive script, appearing to read "Nigel Harris". The signature is written in dark ink on a white background.

Copies to: R. Lovell (for SMAC)
D. Reading
Robin Marks
David Hill
Graham Giles
Susan Hurley

11



Department of Administrative Services

AUSTRALIAN SURVEYING AND LAND INFORMATION GROUP

NM 88/044

Unit 2 Cameron Offices
BELCONNEN ACT 2617
PO Box 2
BELCONNEN ACT 2616
Telephone: 526389

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

Dear Ms Hurley

I refer to your Order Number 10620 of 21 April 1988 requesting supply of Derived Postcodes for Victoria in digital format.

The data you ordered has now been compiled and accompanies this letter. Please find attached an Invoice Number PC 59606 for \$100.00 for the supply of this data. Please arrange for payment to be made to the Collector of Public Money, Department of Administrative Services, as soon as possible.

The data ordered is supplied under conditions which are detailed in the enclosed agreement. The agreement specifies that the Commonwealth has copyright over Australian Surveying and Land Information Group (AUSLIG) digital cartographic data by AUSLIG. Conditions of use are consequently imposed on purchasers. The principal conditions are that:

- . you cannot give away or resell the data
- . if you wish to employ the data in producing a commercial product, such as a graphical map or digital data base then you:
 - must negotiate with AUSLIG regarding royalties
 - must acknowledge AUSLIG on the product
- . data are sold for use on a single computer; multiple copies must be purchased if the data are to be used on multiple computers
- . AUSLIG sells a license to use the data rather than the actual data

- . the data is released for your use, the particulars of which you must specify and attach as Annex B to the enclosed agreement.

Please find enclosed two blank copies of the agreement. Please complete and sign on page 4 both copies of the agreement. Compose Annex B (a brief description of your intended use of AUSLIG data is required). Attach copies of Annex B to the agreements, and return to AUSLIG. The agreements will be countersigned and one copy returned to you with the data.

Yours sincerely



Ian Miller
Executive Officer
Information and Sales Unit
for the Manager
10 May 1988

ENCL

THIS AGREEMENT IS MADE the EIGHTEENTH.....day of. MAY.....
One Thousand Nine Hundred and Eighty-EIGHT between THE COMMONWEALTH OF
AUSTRALIA (hereinafter called 'the Commonwealth') of the one part, and
..... ANTI-CANCER...COUNCIL...OF...VICTORIA.....
(hereinafter called 'the applicant') of the other part.

WHEREAS

- A. The Commonwealth has in its possession and is the owner of the copyright in certain digital data (hereinafter called 'the data') which is described in the Schedule annexed hereto and marked with the letter 'A';
- B. The applicant wishes to make use of the data for those purposes described in the Schedule annexed hereto and marked with the letter 'B'; and
- C. The Commonwealth and the applicant have agreed that subject to the terms of this agreement a copy of the data shall be released to the applicant.

Now in consideration of the sum of\$100.00..... paid by the applicant to the Commonwealth IT IS HEREBY AGREED as follows:-

1. The Commonwealth shall supply to the applicant a copy of the data.
2. The data and the copyright therein shall remain the property of the Commonwealth.
3. (1) The applicant shall treat the data as private and confidential and shall take all reasonable steps to keep the data private and confidential. To this end the applicant shall:-
 - (a) maintain a system for the safe custody of the data and copies of the data;
 - (b) copy the data for its own purposes only;
 - (c) disclose the data only to those of its employees whose duties require a knowledge of, or access to, the data and take all reasonable steps to minimise the risk of disclosure of the data by those employees.
- (2) Except as provided in this Agreement, the applicant shall not, without the prior written consent of the Commonwealth disclose the data to any person or corporation and, if that consent is given, the applicant shall make known to the person or corporation to whom the data is disclosed that the Commonwealth is the owner of the data and the copyright therein and shall require that person or corporation to give to the applicant a written undertaking that it shall observe and perform with respect to the data terms and conditions similar to those contained in this Agreement.

4. If the applicant uses the data to produce materials which are to be disclosed or made available to a person or a corporation other than the applicant or its employees, the applicant shall make known to that person or corporation that:-
 - (a) the data was used to produce the materials; and
 - (b) the Commonwealth is the owner of the data and the copyright therein.
5. Without the prior consent in writing of the Commonwealth, the applicant shall not, and shall ensure that its employees shall not, use the data for any purposes other than those set out in Schedule 'B' hereto.
6. The Commonwealth does not warrant that the data does not contain errors and the Commonwealth shall not be in any way liable for any loss, damage or injury suffered by the applicant or any other person or corporation consequent upon the existence of errors in the data.
7. The applicant agrees to indemnify the Commonwealth and its officers and employees in respect of all claims for loss, damage or injury suffered by the applicant or any other person or corporation resulting from the use by the applicant or by that person or corporation of the data or any part thereof or of materials produced from the data.
8. If the applicant discovers any errors in the data or makes any modification or improvement therein it shall forthwith inform the Commonwealth accordingly and the Commonwealth shall be entitled to make use of that information, modification or improvement.
9. This Agreement may be terminated at any time by either party giving to the other three months' written notice of termination and may, in any case, be immediately terminated by the Commonwealth,
 - (i) if the applicant commits, or allows to be committed, a breach of any of the provisions of this Agreement; or
 - (ii) if the applicant becomes insolvent or, in the case of a company, is made the subject of winding up proceedings, whether voluntary or compulsory,and any termination of this Agreement shall be without prejudice to the rights of the Commonwealth which may have accrued up to the date of such termination.
10. (i) Any notice or communication under or in relation to this Agreement shall be deemed to have been duly given or served if it is in writing and posted in a prepaid letter addressed to the party to which it is to be given and shall be deemed to have been delivered in the ordinary course of post.

- (ii) Notices or communications by the Commonwealth to the applicant shall, unless otherwise notified by the applicant to the Commonwealth, be addressed to :-

.CANCER.EPIDEMIOLOGY...CENTRE
.ANTI-CANCER.COUNCIL.OF.VICTORIA
.1.RATHDOWNE...STREET.....
.....CARLTON...VIC.3053.....

- (iii) Notices or communications by the applicant to the Commonwealth shall, unless otherwise notified by the Commonwealth to the applicant, be addressed to :-

Manager
Surveying and Land Information Group
PO Box 2
Belconnen ACT 2616

11. On the termination of this Agreement the applicant shall return to the Commonwealth the data and all copies thereof which are in the possession or under the power, or control, of the applicant and thereafter the applicant shall not use the data.
12. This Agreement shall be governed by and construed in accordance with the laws of the Australian Capital Territory.

ANNEX B

ATTENTION: Australian Surveying & Land Information
Dept of Administrative Services

FROM: Anti-Cancer Council of Victoria

The data supplied under order number 10620 (derived postcodes for Victoria in digital format) will be used to produce maps illustrating the following:

- Demographic data related to target populations for Victorian pilot mammographic screening projects
- Attendance data for the above projects
- Cancer incidence and mortality



THE AMALGAMATED MELBOURNE & ESSENDON HOSPITALS

REGISTERED — 1986
INCORPORATING

THE ROYAL MELBOURNE HOSPITAL

&

ESSENDON AND DISTRICT MEMORIAL HOSPITAL



Victoria's first hospital

EST. 1846

DC:RT
88-DC192

4th May, 1988

Regional Director
Western Metropolitan Region
Attention: Dr. S. Duckett
Health Department Victoria
P.O. Box 4057
MELBOURNE, 3001

Dear Dr. Yeatman,

We write on behalf of the Project Committee of the AMEH/ACCV Mammographic Screening Project.

As you know, this Project is destined to commence screening later in the year. We enclose the current program protocol which includes descriptions of the planned epidemiological and behavioural science evaluations.

We have had some preliminary discussions with Michael Fett of the Australian Institute of Health (AIH) and wish to confirm that it is our intention to cooperate as closely as practicable with the proposed AIH evaluation of mammographic screening pilot projects in this and other States.

It is our intention to invite the AIH to set up a joint Working Party to develop suitable protocols for the national evaluation. Although we do not expect to be able to make available Medicare numbers or other personal identifying information to the Commonwealth, we do expect to be able to provide such aggregate data as would allow an appropriate national evaluation. Naturally we can only confirm the details of this after meeting with the AIH to clarify their plans.

You are aware that the Victorian evaluation of the project will be completed as rapidly as possible, as we need to give the Victorian Minister for Health prompt advice on the feasibility of expanding this sort of project into other parts of the State.

Yours sincerely,

.....
Nigel Gray
Director
Anti-Cancer Council of Victoria

.....
David Campbell
Director of Medical Services
Amalgamated Melbourne &
Essendon Hospitals

Encl:protocols

Postal address: C/o Post Office, The Royal Melbourne Hospital, Victoria 3050, Australia.

Telephone: (03) 347 7111 Telex: RMHOSP AA37704 Facsimile: (03) 347 4558



EST. 1964

57-1r-05/5

May 6, 1988

Mr Michael Maley
Australian Electoral Commission
West Block Building
Queen Victoria Terrace
Parkes ACT 2600

Dear Mr Maley

I refer to the Anti-Cancer Council of Victoria's previous correspondence with the Australian Electoral Commission regarding electoral register data (Dr G Giles to Mr D Reynolds, June 6, 1986; Ms S Hurley to Mr Maley, October 15, 1987).

As discussed during our telephone conversation on May 6th, the Essendon and District Mammographic Screening Pilot program will now commence in September 1988, and we therefore need to obtain updated electoral register data as soon as possible.

As discussed, a new magnetic tape containing the data listed on Enclosures 1 & 2, rather than an update from our previous request would be ideal. A magnetic tape with the following specifications is required:

unlabelled, 9 track, ASCII, 1600bpi, fixed length records,
one record per block.

We would also appreciate receiving a print of electoral sub-division numbers and name (ie 3204 Melbourne) and written confirmation of which divisions and sub-divisions are included on the tape.

I would also appreciate your comments on a mechanism for continually updating the portion of the electoral register we obtain. This is important for the operation of the program, and I therefore look forward to hearing from you as soon as possible.

Thank you very much for your assistance in this matter.

Please do not hesitate to contact me with any queries about this request or about aspects of obtaining continual updates of the data.

With kind regards,

Yours sincerely

Georgina Chambers
Project Officer
Essendon Breast X-Ray Program

ENCLOSURE 1

Sub-divisions of the Electoral Register required by the Anti-Cancer Council of Victoria.

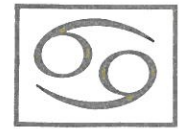
Division	Sub-division
06	03
06	04
06	07
06	09
07	01
07	02
07	03
07	04
07	05
07	06
07	07
15	01
15	02
26	02
28	06
31	01
31	02
31	03
31	04
32	01
32	02
32	04
36	01
36	02
36	03
39	01
39	03
39	04

ENCLOSURE 2

Data items required by the Anti-Cancer Council of Victoria
for each person in the sub-divisions listed on Enclosure 1

1. Surname
2. Forename(s)
3. Full residential address
4. Postcode
5. Electoral Division
6. Electoral Sub-division
7. Habitation Review Walk*
8. Date of Birth
9. Sex

* We understand that this is currently not available. Please do not delay processing our request because of this. We would like this information as soon as it is available.



Cancer Epidemiology Centre

DRAFT

Mr Denis Reynolds,
Australian Electoral Officer for Victoria,
P.O. Box 768G,
MELBOURNE 3001.

Dear Mr Reynolds,

I write in regard to the availability of the Electoral Register for Victoria for the implementation of cancer control activities in our state.

As you may know, the Anti Cancer Council has by Act of Parliament a brief to advise the State Government on all aspects of cancer, particularly public health. The Council has two research centres; one in epidemiology and one in behavioural science. The epidemiology centre administers the Victorian Cancer Registry which has had a long standing relationship with the Electoral Office in that our clerks have been permitted limited access to the microfiche version of the electoral register to follow up patients with whom we have lost contact. This procedure would benefit from some form of computerisation in due course.

The principal reason for this request is to obtain population denominators for the proper conduct of mass screening for particular cancers in the Victorian community. The issue at hand is the introduction of mammographic screening of women. The Department of Health, both State and Federal, are interested in the Council conducting pilot projects to assess the feasibility of introducing mammography as a public health measure rather than allowing it to develop in an ad hoc fashion subject to market forces and to laissez-faire medical entrepreneurialism.

For mass screening to be feasible and also to be able to be evaluated it is necessary to know the target population for screening. For example, a pilot project planned to be centred at the Essendon hospital would want a limited catchment area of contiguous local government areas containing 30,000 - 50,000 women. To ensure a steady workload for the radiologists and thus maximise efficiency and minimise costs, the procedure would be to obtain a population register of all women aged between 45-60 living in the catchment area and then personally to invite them to attend for a mammogram. To be effective, mass screening has to apply to over 80% of the target population. Only by having a population register can compliance with the screening program be estimated in that one knows who has been screened and also who has not.

The utility of using the Electoral Register in this regard is extremely advantageous. No other population register is available. Given that call-up systems for mass-screening using such registers in other countries have demonstrated mortality reductions of up to 30% for breast cancer; that further reduction in cervical cancer incidence and mortality is probably only obtainable by promoting regular Pap smears using the same means; and that other extant and future health promotion interventions will require closely focused age-sex targetting; I request that you give thoughtful consideration to the possibility of the Council obtaining a copy of the Electoral Register.

The Federal Department of Health has asked the Council to prepare proposals for the piloting of mammography services in Victoria. I think it is fair to say that without access to the Electoral Register in a computer readable format, the pilot projects of mass screening for preventable cancer deaths will be inviable.

We are, of course, happy to provide additional information and support papers, bona fides and assurances of the confidentiality and security of computer files. Naturally, we would be prepared to defray any costs incurred by your department.

I trust that these proposals will attract your warm cooperation.

Yours sincerely,

Graham G Giles, PhD
Director

Anti-Cancer Council of Victoria



May 5, 1987

40-319/1

The Hon. David White
Minister for Health
Department of Health

Dear Minister,

I am writing to follow up our discussions of Tuesday March 31 on the topic of mammography.

At that time you requested us to present proposals dealing with -

- (i) the membership of our proposed breast cancer screening advisory committee
- (ii) the terms of reference.

We have put considerable thought into these and I attach, for discussion with you, the two draft documents we have prepared. These are self explanatory. You will note that the terms of reference set up a single committee to take the major role in development and coordination of mammographic screening in Victoria. The committee would delegate off (under supervision) quite quickly, some very important but cost free exercises. Examples are -

1. Getting the radiologists to define standards for interpretations of mammograms.
2. Getting the pathologists to define their standard criteria and the ways of reporting.
3. Contributing to national discussions about what sort of data should be collected.
4. Working on the establishment of a register of the population at risk (the Commonwealth Electoral Commission has already agreed to give us the electoral register for this purpose)
5. Working with the medical community to develop guidelines for the management of patients detected by the somewhat irregular and random mammography (also irregular in quality) which is currently occurring in Victoria and will continue until the pilot projects are complete and screening is (or is not) introduced.

These are merely examples of the work which needs to be started on as soon as possible.

Yours sincerely

Nigel Gray
Director

Encl: terms of ref; membership.

Anti-Cancer Council of Victoria



40-324/2

State Mammographic Screening Advisory Committee

draft terms of reference

1. To advise the Minister of Health on the development and coordination of mammographic screening in Victoria, including -
 - (i) the design, execution and evaluation of pilot projects
 - (ii) the definition of standards for the performance and interpretation of mammograms, and the standardisation of reporting
 - (iii) the standardisation of the descriptions of pathological findings in lesions detected by mammography
 - (iv) the criteria which should be met by all centres conducting mammographic screening.
2. To advise the Minister of Health on steps needing to be taken to monitor the effectiveness and efficiency of mammographic screening in Victoria.
3. To produce and keep under review guidelines on the management of patients with abnormalities detected on mammographic screening, and to promote their management under standard protocols for treatment, including clinical trials.
4. To establish and maintain liaison with other bodies in Victoria and elsewhere with interests in this field.

Aegis

The committee should be under the aegis of the Anti-Cancer Council of Victoria, and would properly be so under the Cancer Act. This, rather than the aegis of the Minister or Health Department is advocated because its Terms of Reference extend beyond advice to the Minister



40-324

State Mammographic Screening Advisory Committee proposed membership

The Director of the Anti-Cancer Council of Victoria
(Dr Nigel Gray)

Chairperson

The Executive Secretary of the Victorian Cooperative
Oncology Group of the Anti-Cancer Council (Professor
Emeritus Richard Lovell)

Executive Secretary

A nominee of the Breast Study Committee of the ACCV

An epidemiologist

A person experienced in behavioural research

A person experienced in public education in health

A nominee of the Royal Australasian College of Surgeons

A nominee of the Royal Australasian College of Radiologists

Three nominees of the Minister of Health, including two persons concerned with women's health issues.

The committee shall have power to co-opt additional members. (It is anticipated that the heads of pilot projects will be co-opted).

Alternates shall be nominated by the Committee to act in the places of members unable to attend a meeting.

Their term of appointment shall be five years in the first instance.

Anti-Cancer Council of Victoria



57-lr-00b

July 15, 1987

Dr. G. Giles
Director
Cancer Epidemiology Centre
Anti-Cancer Council of Victoria

Dear Dr. Giles

I am writing to invite you to become a member of a special committee we are setting up to advise the Minister for Health on the development and coordination of mammographic screening in Victoria.

The attached documents set out terms of reference of the committee and the membership. The appointment of this committee has been discussed in detail with the Minister who has agreed to the proposal that it be established and to its terms of reference.

You will note that the committee is under the aegis of the Anti-Cancer Council, i.e. we are setting it up and issuing you an invitation to serve as a volunteer. The reason for the committee being under our aegis is straight-forward. We wish to give the minister advice; he wishes to receive the advice. However, his interest in receiving advice does not necessarily commit him to taking it.

Nevertheless, the role of the committee is clear and it will be responsible for offering the Minister some major policy decisions in relation to the terms of reference.

You may be aware that the Minister has already approved the design of the pilot project jointly developed by the Amalgamated Melbourne & Essendon Hospitals and the Anti-Cancer Council. This pilot project has been presented to the federal government with a request for funding. We will know the answer to this request in August. This pilot project will be organised by a special project committee which is separate to, but will be represented on, this committee.

I would be very pleased to hear, as soon as convenient, whether you are willing to join the committee as an Epidemiologist.

I do not expect that it will meet very frequently in either the short or long term (ie more than four or five times per year). I would expect it to work through specialist sub-committees in some cases.

This project is an extremely important one and we will be very grateful for your help.

Yours faithfully

Nigel Gray

STATE MAMMOGRAPHIC SCREENING ADVISORY COMMITTEE FOR VICTORIA

TERMS OF REFERENCE

- A. To advise the Minister of Health on the development and coordination of mammographic screening in Victoria, including
- a the design, execution and evaluation of pilot projects
 - b the definition of standards for the performance and interpretation of mammograms, and the standardisation of reporting
 - c the standardisation of the descriptions of pathological findings in lesions detected by mammography
 - d the criteria which should be met by all centres conducting mammographic screening.
- B. To advise the Minister of Health on steps needing to be taken to monitor the effectiveness and efficiency of mammographic screening in Victoria.
- C. To produce and keep under review guidelines on the management of patients with abnormalities detected on mammographic screening, and to promote their management under standard protocols for treatment, including clinical trials.
- D. To establish and maintain liaison with other bodies in Victoria and elsewhere with interests in this field.

Aegis

The Committee should be under the aegis of the Anti-Cancer Council of Victoria, and would properly be so under the Cancer Act. This, rather than the aegis of the Minister or Health Department is advocated because its Terms of Reference extend beyond advice to the Minister.

STATE MAMMOGRAPHIC SCREENING ADVISORY COMMITTEE FOR VICTORIA

MEMBERSHIP

The Director of the ACCV (Dr. Nigel Gray). Chairperson

The Executive Secretary of the
Victorian Cooperative Oncology Group of the
Anti-Cancer Council of Victoria
(Professor Emeritus Richard Lovell) Executive Secretary

A nominee of the Breast Study Committee of A.C.C.V.
An epidemiologist

A person experienced in behavioural research

A person experienced in public education and health

A nominee of the Royal Australasian College of Surgeons

A nominee of the Royal Australasian College of Radiologists

Nominees of the Minister for Health (persons concerned with women's health issues)

The Committee shall have power to co-opt additional members. (It is anticipated that the Heads of Pilot Projects will be co-opted)

Alternates shall be nominated by the Committee to act in the places of members unable to attend a meeting.

The term of appointment shall be five years in the first instance.



VICTORIA

MINISTER FOR HEALTH

23 JUN 1987

PLEASE ADDRESS
CORRESPONDENCE TO
BOX 4057
MELBOURNE, VICTORIA
AUSTRALIA, 3001

555 COLLINS STREET
MELBOURNE
TELEPHONE 816 7777
(AREA CODE 03)

22 JUN 1987

904 M07 01739

Dr. Nigel Gray
Director
Anti-Cancer Council of Victoria
1 Rathdowne Street
Carlton South, 3053

Dear Dr. Gray,

Thank you for your letter with the draft terms of reference and proposed membership for the State Breast Cancer Screening Advisory Committee. I am happy that the committee should be under the aegis of the Anti-Cancer Council of Victoria and agree with the terms of reference.

I am also in general agreement with the proposed membership of the Committee. I would like to suggest you give careful consideration to having adequate representation of women both from the community sector and from the professional membership on the Committee. I am confident that there are a number of highly qualified women with professional expertise in the areas represented by the proposed membership. You may wish to consult with the Women's Health Policy and Programmes Unit in identifying possible candidates.

Concerning the three nominees of the Minister for Health, I would like to suggest that one of these positions be allocated to the Health Department Victoria. An officer from the Women's Health Policy and Programmes Unit would be an appropriate person to sit on the Committee. In this regard, representation of the Health Department Victoria should be listed separately.



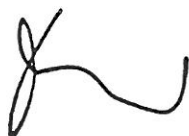
VICTORIA 150
GROWING TOGETHER 1984-5

© St of Vic 1985

Finally, I would like to nominate Ms Janet Irene Forword and Ms Judy Maddigan to represent the needs and concerns of women as consumers of breast screening services, on the Committee. Both of these women are long-standing residents of Ascot Vale and Essendon respectively. I believe these are included in the areas to be served by the first pilot project. Ms. Forword and Ms Maddigan have strong connections with community women's networks and have been active in a wide range of community issues.

I commend you for taking a lead role in the development of policies and pilot projects in this very important area of women's health. I am happy for you to proceed to appoint the membership for the Advisory Committee and look forward to receiving advice concerning policy development in regard to breast cancer screening.

Yours sincerely

A handwritten signature in black ink, appearing to be 'D. White', with a stylized, cursive flourish.

DAVID WHITE
Minister for Health



Anti-Cancer Council of Victoria

VICTORIAN
COOPERATIVE
ONCOLOGY GROUP

Executive Secretary : Professor Emeritus R R H Lovell

57-lr-00/1

May 5, 1987

Memorandum to: Graham Giles, David Hill, Robin Marks

From: R.R.H. Lovell

Subject: Mammography Screening Project

=====

You will remember that we did not appoint a Mammography Screening Project Officer following our recent advertisement.

Susan Hurley who has joined Graham Giles's team is interested in mammography. Nigel's belief is that we should go ahead with planning projects.

To help Susan to get the feel of things she has looked at the AMEH project. There may well be aspects of this in which she should become interested before she gives her mind to possible other project designs.

In relation to AMEH, Nigel, Graham and I are concerned that we (including Susan Hurley) should be clear about spheres of interest of Public Education and Behavioural Research.

As a next step, Nigel (who is going overseas) asked me to arrange a meeting of David Hill, Robin Marks, Graham Giles, Susan Hurley and myself to clarify interests at this stage. I have asked Susan Fitzpatrick to find a mutually convenient time.

cc Graham Giles
David Hill
Susan Hurley
Robin Marks
Nigel Gray

29 May 1987

49-ML-125/10

MEMORANDUM TO: David Hill, Dick Lovell, Graham Giles, Robin Marks

FROM: Nigel Gray

Mammography

Kjell Bjarveit mentioned that they are looking at mammography in Norway and with their usual thoroughness are expecting to repeat their T.B. experience and document quite a lot of demographic data, probably including diet, about the patients who are screened. He expects to be able to set up some form of risk analysis which will be the driving force for the duration of screening i.e. people in high risk groups will be screened quite often and low risk groups less often. They do this already with their tuberculosis screening. In a sense it is a research approach but one we should contemplate.

To add to the force of this idea there was some intriguing data presented by Hirayama which was based on his Japanese prospective survey of over a quarter of a million people. He seems to have bigger differences in relative risk for the various risk categories he describes and I'll list them here.

1. The rate is higher in educated and wealthy people.
2. The rate is higher in urban areas.
3. The increase in single women is fourfold.
4. Origoparity is an increase by twofold.(??)
5. High maternal age is an increase by twofold.
6. Early menopause is an increase by threefold
7. High dietary fat is an increase by twofold.
8. Low dietary fibre an increase by twofold.
9. Alcohol an increase by 1.5.
10. Passive a questionable increase in the 50-59 age group by 1.5.

I have got the paper in which Hirayama makes his points, or at least some of them. He has pointed out that in his study he has this increase in risk in association with passive smoking in women aged 50-59. He also has an increased risk for cerebral tumours in adults for passive smoking and notes that Brian Henderson has found the same thing in children.

Richard Peto contested all this quite vigorously because he said it was bloody

stupid to believe that there could be an increased risk related to passive smoking when no-one had demonstrated such a risk in relation to **active** smoking.

Takeshi's response to this is that most of the studies are confounded by educational and wealth levels and when you control for this, as he is able to do, you find the increased breast cancer risk in active smokers as well as in passive smokers.

This is all a fair mouthful to chew on but I don't like to disregard it without chasing the literature a little bit; on the grounds that everybody rubbished his first study on passive smoking and they also rubbished his study on the relationship between green vegetables and cancer. Nobody is rubbishing either of those studies now.

W. G.

September 26 1986

40-171/5

MEMORANDUM TO: David Hill, Graham Giles, Robin Marks

FROM: Nigel Gray

=====

MAMMOGRAPHY

We have received the attached correspondence from the Health Department. Dick Lovell is currently overseas but I am setting up a meeting with Ian Russell, Gordon Clunie, Bill Hare and Dick on his return in order to start work on the development of a suitable proposal.

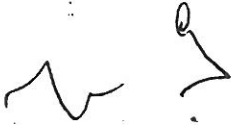
Prior to that meeting, I think we should do some in-house thinking about our role and our objectives. A few issues which come to mind include :

1. What sort of ACCV structure should we set up?
2. What relationship should it have with the administration units and what powers/influences should it have?
3. What are the interests of the CBRC and EpiCentre in the programs to be set up?
4. What educational role should we play in relation to :
 - (i) the community
 - (ii) the medical profession
 - (iii) others?

This all sounds a bit high-falutin - what I really want to do is start the ball rolling.

Can we have a session on **Tuesday, September 30 at 2 p.m.** for a couple of hours?

Encl: Health Dept corres.





ATTENTION MEDIANET

FILE NO: 1908

FOR IMMEDIATE DISTRIBUTION TO THE CHIEFS OF STAFF
VICTORIA, METROPOLITAN AND REGIONAL

NO CAUSE FOR ALARM OVER BREAST CANCER SCREENING

Screening mammography for the early detection of breast cancer has many benefits. These benefits far outweigh any temporary disadvantages for women who have abnormalities detected that on further investigation turn out not to be cancer, according to the Director of the Anti-cancer Council of Victoria, Dr Nigel Gray.

He was commenting on economic analysis reported at a recent breast cancer conference. "The costs of investigating suspicious mammograms and the worry that women might experience before getting an "all clear" are issues which must be considered when setting up screening mammography programs" said Dr Gray. "I believe most women would say a 30% reduction in the chance of dying from breast cancer more than offsets the relatively minor economic or emotional drawbacks".

"We know that closely controlled breast cancer screening is effective in reducing premature deaths from breast cancer" he continued, "Overseas studies have shown this".

The Breast X-ray Program which was recently opened at the Essendon and District Memorial Hospital has not been set up to prove this point, according to Dr Gray, but to determine whether routine breast cancer screening is acceptable to women in the Essendon area. The Program will also establish local standards of breast cancer screening.

"We are aware that more women will be called back to the Program for repeat X-rays and examination than will be found to have breast cancer. All women involved in the Program are told that if they are recalled for further investigation, this does not necessarily mean that they have breast cancer" said Dr Gray. "To err on the side of caution is essential if we are to receive accurate results, avoid unnecessary intervention and minimise women's anxiety".

Reports have also been made that women are reluctant to participate in mass screening for fear of radiation exposure. Dr Gray states "the benefits of low dose breast X-ray screening far outweigh any negligible risk which could be associated with it. With our modern equipment, the dose of radiation received through a breast X-ray is less than that of any other X-ray procedure".

"I am concerned about the recent publicity about breast cancer screening" said Dr Gray, "this would create unnecessary anxiety for women and undermine their confidence in a Program which has been developed at the Essendon and District Hospital, to cater for the special needs of the women in this area".

DR GRAY IS UNAVAILABLE FOR COMMENT THIS EVENING 22/11/88. FOR FURTHER INFORMATION THIS EVENING PLEASE RING DR D HILL

- (03) 663 5307 OR

- (03) 861 9729

DR GRAY WILL BE AVAILABLE FOR COMMENT TOMORROW 23/11/88 AND CAN BE CONTACTED AT THE ANTI-CANCER COUNCIL (03)662 3300

