

ent of South Australia

March 2025

Welcome to

Keeping Abreast

A quarterly newsletter for general practitioners

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Returning to screening after a breast cancer diagnosis

Women who have a previous diagnosis of breast cancer are at higher risk of recurrence and a new primary. BreastScreen SA asks all clients if they have a history of breast cancer.

Women who have had breast cancer are recommended to have follow-up care outside of BreastScreen SA for the first 5 years, or until discharged from their specialist, as the post operative period is complex and requires clinical oversight. If it is more than 5 years since their breast cancer diagnosis and their doctor is supportive, they can return to screen at BreastScreen SA.

- · A woman who has a history of a partial mastectomy is eligible for screening of the remaining breast tissue after gaining clearance from her treating surgeon.
- A woman who has had a single-breast mastectomy and breast reconstruction and is attending for annual mammography is eligible to have her one remaining breast screened.
- A woman who has had a bilateral mastectomy (complete removal of both breasts) +/- a breast reconstruction is not eligible for screening.

Women who have had breast cancer and are accepted into the BreastScreen SA program are screened annually.

Radiation dose from screening mammograms

As medical professionals we understand the importance of regular screening, as shown in the AIHW report indicating that 18.4% of women diagnosed with breast cancer who had never screened through BreastScreen Australia had died from breast cancer. In contrast, 8.9% of women diagnosed with breast cancer who were irregular screeners had died, and 5.8% of women diagnosed with a breast cancer who were

regular screeners had died from breast cancer. Some BreastScreen SA clients express concern about the exposure to radiation from a regular screening mammogram, and this can be a common question your patients may ask when deciding if they wish to participate in screening.

Screening mammograms deliver a very small dose of radiation to detect breast cancer. The radiation risk from mammograms is negligible for adults and the levels of radiation are safe and well within Australian guidelines.

The average dose from a breast screen is comparable to the amount of radiation a person would receive from four return flights from Australia to London, or three months exposure to naturally occurring radiation in the environment.

Compared to other medical tests involving exposure to radiation, mammograms have one of the lowest radiation doses. This dose is further minimised by the compression of the breast. BreastScreen SA adopts the ALARA principle (As Low As Reasonably Allowed) and it is important to understand that exposure to radiation is part of our environment and acceptable in certain doses and specific settings.

Research shows that the benefits of screening mammograms far outweigh the radiation risks. For South Australian women, screening every 2 years has been found to reduce a woman's chance of dying from breast cancer by up to 41%.

At each BreastScreen SA clinic, the mammogram machines are routinely monitored and tested to ensure the radiation falls within acceptable levels.

Spotlight on symptoms of breast cancer

Women with a new or changing breast symptom are NOT eligible for screening. Possible symptoms of breast cancer include:

- · a new lump or lumpiness in the breasts, especially if it is only in one breast
- a change in the size or shape of the breast
- a change to the nipple, such as crusting, an ulcer or the nipple pulled in
- a red, black, brown or clear/watery discharge from the nipple
- a change in the skin of the breast such as redness, dimpling or puckered skin
- a pain that does not go away

Screening, by definition, is the process of testing asymptomatic individuals in order to detect a medical condition at an early (or precancerous) stage, before symptoms appear.

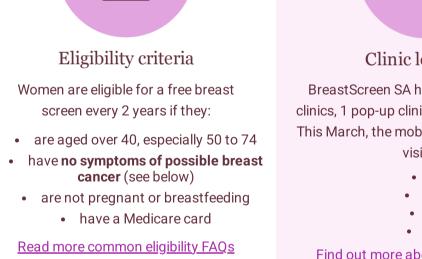
If a woman has significant breast symptoms then screening is not appropriate.

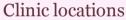
We have noticed that some women with a breast symptom are advised by their doctor to contact BreastScreen SA for a screening appointment. Occasionally a referral for investigation of a breast symptom is faxed to BreastScreen SA, or a woman presents at screening with a referral. Some women themselves will book a screening appointment if they notice a symptom rather than seeing their doctor.

Women with breast symptoms require clinical assessment by their doctor as per the Triple Test, with clinical breast examination, imaging which may include diagnostic mammogram and targeted ultrasound, with biopsy as clinically indicated.

Women who present to our screening clinic with symptoms will be declined and referred back to their doctor.

What you need to know





BreastScreen SA has 8 fixed screening clinics, 1 pop-up clinic and 3 mobile clinics. This March, the mobile screening units are visiting:

•	Be	rri

- Gawler
- Cleve
- Kimba

Find out more about clinic locations

Symptoms of possible breast cancer include new or changing breast lump, a change in size or shape of a nipple or breast, skin dimpling or new nipple inversion, and nipple discharge that is red, black, brown or watery/clear.

Women who present to our screening clinic with symptoms will be declined and referred back to their doctor for clinical assessment and referral for diagnostic imaging.



How to book

Eligible women can book their free breast screen online at www.breastscreen.sa.gov.au/book or by calling 13 20 50.

Women do not need a doctor's referral to book.



Patient resources

BreastScreen SA offers a range of free printed resources that you can order for your clinic.

You can also visit the patient support services page on our website for common FAQs for GPs.

Visit the BreastScreen SA website to learn more

Useful links and resources

BreastScreen SA website

Referrals and eligibility Breast density Risk assessment tool Patient support **Clinic locations** <u>Book online</u>

Cancer Network Australia (BCNA) My Journey Kit, counselling service and diagnosis-related information www.bcna.org.au

Cancer Australia Diagnosis-related information www.canceraustralia.gov.au

Cancer Council SA Counselling services and diagnosisrelated information www.cancersa.org.au

McGrath Breast Care Nurses Counselling and support services www.mcgrathfoundation.com.au

BreastScreen SA's breast surgeons

The following surgeons currently work at BreastScreen SA:

Dr Janne Bingham

Dr Anand Nathan

Dr Robyn Coombe **Dr Anurag Gupta Dr Andrew Kiu Dr James Kollias Dr Christine Lai**

Dr Chloe O'Dea Dr Subhita Prasannan **Dr David Walters Dr Robert Whitfield Dr Michael Whitlaw**

Breast Surgeons of Australia and New Zealand List of Breast and Endocrine Surgeons in SA

Contact BreastScreen SA's medical officers

Medical Officers

Phone (08) 8274 7151 Fax (08) 8357 8146 Email HelloBSSA@sa.gov.au

How we can help

Our team of senior medical officers are available to assist with any queries you may have regarding your clients, for example:

- further information on breast density
- eligibility for screening and any medical issues related to screening

Our medical officers may contact you to discuss clinical issues:

- · clients with complex medical histories such as bleeding disorders or allergies who are recalled for assessment
- · clients who are not recalled for assessment, but further recommendations have been made requiring GP follow-up

A note to practice managers

As doctors ourselves, we know that many of these emails will reach practice or clinic managers or other clinical administration staff. We want to express our gratitude for your important work and for helping us to engage with GPs in your clinic by sharing this email with them. Thank you!

Follow BreastScreen SA on social media



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Government of South Australia SA Health

BreastScreen SA acknowledges First Nations people as the Traditional Custodians of Country throughout Australia, and we recognise their continuing spiritual connection to land, waters and community. We pay our respects to their leaders, past and present, and acknowledge that their language, cultural and traditional beliefs held for over 60,000 years are still as important and relevant to all First Nations people today.

