

# **Background**

# "Breast cancer affects 1 in 7 women and is the leading cause of cancer death in females"\*

The Australian Breast Care Centre (**ABCC**) was formed by leading Oncoplastic Breast Surgeon, Dr Nicole Yap, who's dear friend Tina Hussey was diagnosed with breast cancer during her pregnancy (years prior to their friendship). Her treatment was severely inadequate. She had surgical removal of the cancer with no radiation or follow up treatment leaving her to face the disease's return 10 years later. Tina fought again for 5 years, but succumbed leaving behind three children, two of whom were still in school.

This experience led to a call to action and hence the Australian Breast Care Centre was born so that women like Tina should have the best chance of early detection and appropriate treatment.

# Mission

ABCC's mission is to increase awareness to enable early detection of breast symptoms, improve access to MRI and genetic testing, as well as improving aesthetic outcomes in breast cancer surgery for positive mental health - especially in younger age groups (<50).

ABCC aims to empower education amongst the general public, General Practitioners and relevant government bodies; to equip women with tools to notice any change in the norm of their breasts and to go for regular clinical checks.

ABCC aspires to achieve these goals by:

- a. working with women to increase awareness for early detection;
- b. reforming screening for early detection;
- c. widen access to genetic testing;
- d. MRI screening; and
- e. improve surgical practice to consider reconstructive and aesthetic outcomes.

# Why?

# "25% of women diagnosed with breast cancer are under 50 years."\*

Unfortunately, in younger age groups (< 50 years) breast cancer is the most aggressive, however symptoms are not always prioritised by primary health care providers or the general population. This leads to poor management and higher mortality rates.

The use of appropriate screening methods and genetic testing is proving to be highly useful in the early management of high risk individuals.

Genetic testing identifies 12 genetic mutations (including BRCA 1 & 2 mutations), which increase the risk of developing breast and/or ovarian cancer in the individual's lifetime. Most individuals with these mutations will develop breast cancer at a much younger age.

Current subsidies for MRI breast and genetic testing do not consider patients who sit outside age brackets or have ambiguous family history.

MRI's are the most accurate scan for detecting breast cancer however are poorly subsidised. ABCC aims to introduce MRI's into the management of breast investigations, specifically the younger groups and those with dense breasts.

Cancers may be found in patients who have for non-cancer related procedures. As an additional preventative measure, ABCC will work to enforce mandatory work-up screening to identify any breast pathology, prior to **cosmetic breast surgery**. <u>Core Principles</u>

- 1. To improve assessment in younger age groups, to include MRI, MRI Guided Biopsy for any presenting concerns and increased access to genetic testing. This will change the algorithm of how breast concerns are addressed and treated.
- 2. Provide education for the general public to equip women, friends and partners with the knowledge to recognise symptoms and present earlier; allowing for the best possible treatment, reconstructive and aesthetic outcomes. Empowering women to trust their intuition, be proactive, and seek advice from a healthcare professional.
- 3. Achieve subsidised testing for high-risk patients, via Medicare (MBS) reform to include special circumstances that may conceal family history. This is to include MRI and MRI Guided Biopsy for any presenting concerns and genetic testing. To perform risk assessment for people who cannot afford the investigations otherwise and therefore may not get tested for early intervention. Must include patients with increased breast density, who don't fall into the subsidy criteria.