

BREAST CANCER ACTION GROUP NSW  
DIAGNOSIS AND TREATMENT  
Position Paper July 2007

Issues

NSW women need encouragement to attend best practice breast screening that is appropriate to their age and risk of developing breast cancer.

NSW women diagnosed with breast cancer need access to equitable and timely treatment in multi disciplinary clinics with breast care nurses, radiotherapy, and appropriate information for all of the above.

Discussion

An early diagnosis is critical in providing early treatment to reduce the need for expensive, invasive treatments and to improve survival times.

Treatment in a multidisciplinary setting has been shown to produce the best outcomes in terms of morbidity and mortality (improved survival times).

New treatments such as sentinel node biopsy and new, more effective drugs are also improving both morbidity and mortality.

BCAG has been instrumental in producing the **Breast Cancer Treatment and Services Directory** ([www.bcagnsw.org.au](http://www.bcagnsw.org.au)) This document provides information for women and their GPs to help identify the specialist and find the treatment that is most appropriate for their needs.

While the last 10 years has seen an improvement in breast cancer diagnosis, treatment and outcomes, we need to identify areas that need continued improvement.

Good information is provided in many areas but some patient's needs are still not being met.

1. Appropriate treatment options, lymphoedema, complementary therapy, prostheses have been identified by our members as areas where improvement is needed.
2. NBCC has identified clinical practice guidelines, MDCs and psychosocial support as being integral to the cancer journey; however these may not be available in country and smaller centres.

Screening Recommendations

1. BreastScreen is recommended. It measures quality and collects data to assess and improve the quality of each service.
2. Women above the BreastScreen target age of 70 should have access to BreastScreen services if they wish to continue to be screened.
3. Young women with a high risk of developing breast cancer should have access to subsidised MRI where appropriate.
4. Women who have had breast cancer need access to subsidised, quality monitoring services.

Treatment Recommendations

1. All private and public treatment centres should offer MDC centres, including breast care nurses, psychosocial care and treatment plans.
2. Adequate information on appropriate treatment options should be provided to all.
3. Breast care nurses: increase in funding to provide training and more positions.
4. Access to proven, unlisted drugs.
5. Access to PET scans to inform best treatment options
6. Access to follow-up mammography without gap payments (ie bulk-billed).
7. Radiotherapy: equitable and timely access in both public and private hospitals
8. Prostheses: refer to position paper, June 2006
9. Lymphoedema: refer to position paper, July 2007
10. Data collection: Improve collection, especially for recurrence and metastases, to guide future direction of research and treatment
11. Complementary therapy: improve research and information on these and their interaction with conventional drugs.