

What's News



breast cancer
research centre-wa
Incorporating Perth Breast Cancer Institute

WELCOME TO THE 2021 SPRING EDITION



*Prof. Arlene Chan AM
Medical Oncologist
MBBS, FRACP, MMed
(Palliative Care)*

I welcome you to our Spring edition of What's News for 2021.

2021 has been a year of significant progress for BCRC-WA. In August, we celebrated one year since we moved into the Hollywood Consulting Centre and extended our services to include the Perth Breast Cancer Institute (PBCI). The PBCI is the realization of a long-held

dream of the dedicated members of BCRC-WA to provide a centre of excellence for breast cancer care in Western Australia. Our service brings together specialists, allied healthcare providers and a comprehensive support team to provide holistic care to women and men diagnosed with breast cancer. Read more about the services on page 6.

Our newsletter shares Natasha's story and Jo's story. Both Natasha and Jo are determined and strong women, sharing their stories of hope and perseverance. Thank you to both patients for entrusting us with the privilege to share their stories on **pages 6 and 7.**

Our medical article focuses on breast cysts as part of our series of information pamphlets written by the team at PBCI. This is an expanding collection of pamphlets that can be found in clinic and

on our website under Resources. Breast cysts can be of concern to many women if they appear, and our article provides factual information on **page 5.**

This edition also features an article on **page 9** about a study undertaken at BCRC-WA; 'General Practitioners' Role in Caring for Metastatic Breast Cancer Patients'.

I would like to welcome back Linda Armstrong our Education and Liaison Manager (**see page 2**) and also welcome new team members; Leigha Holmes, Governance Officer and Fiona Cocks, Business Manager. We look forward to working with you.

Lastly, I congratulate all those who have fundraised, notably 'Something Pink Kalgoorlie' and 'Shearing For Liz Wyalkatchem'. We are thankful for the incredible support offered far and wide.

Natasha Sampson



Welcome

LINDA ARMSTRONG, EDUCATION AND LIAISON MANAGER

Linda started working with Professor Chan as part of the clinical trial research team at the Mount Hospital in 2006. With her nursing background, she held many roles over the next few years, ending up in a shared position as Unit Manager of the Breast Clinical Trials Unit. Ten years later Linda left to care for her new baby and was very excited to return in August 2020 in a new role as Education and Liaison Manager. In this role Linda works closely with Prof Chan to form and nurture relationships with other clinicians, healthcare providers and bodies such as RACGP and AMAWA with a view to collaborate on research, improve patient care and provide breast cancer education to patients, their families, and the wider healthcare community.

Linda feels inspired and very fortunate to be a part of the BCRC-WA 'family'.

< Linda Armstrong

FROM THE CEO

Carmelo Arto



This Spring, Breast Cancer Research Centre-WA celebrates the first year since expanding our services to include Perth Breast Cancer Institute. Our exceptional growth since the establishment of BCRC-WA in 2009 now proudly brings together the expertise of seven specialist breast surgeons, two medical oncologists and two new breast physicians. In addition, PBCI has two clinical psychologists, a genetic counsellor, a breast medical oncology fellow and specialised breast care nurses.

We continue to be thankful for the support we receive from our patients, supporters and friends, which enable us to continue expanding our services to support women, men and families impacted by a breast cancer diagnosis.

I am impressed by the support and generosity we received at our recent 'Our State on a Plate' fundraising luncheon at the Pan Pacific Perth in August. Guests came to enjoy food and entertainment from Perth's best. A special thank you to GURU Productions, Channel 9 and Pan Pacific Perth for supporting our event.

Our Breast Clinic continues to operate for the benefit of women and men who may have any queries or concerns they wish to discuss. The clinic provides a comprehensive and streamlined

service for patients. Should further imaging be required, this is available on-site, followed by a review with a physician who will give prompt feedback and diagnosis. Rapid assessment is a massive relief for anybody awaiting results. Ongoing surveillance and management of benign breast conditions such as fibroadenomas, dense breasts or cysts, to name a few, will be part of the care offered at the Breast Clinic.

We thank all those who contributed to this edition, and we look forward to sharing our progress in our summer edition.

Mr Carmelo Arto
Chief Executive Officer

PYNKS

Topic and Chat

Let's Get Physical and Exploring Good Money Habits

This month we commenced our new PYNKS Program called 'Topic and Chat', a monthly session hosted by Breast Cancer Research Centre-WA for the PYNKS group. The PYNKS group is available to patients under the care of the Perth Breast Cancer Institute living with metastatic breast cancer. The name 'PYNKS' stands for Positive, Young (or at heart), Nurturing, Kids/family-focused, Strength-giving.

At BCRC-WA, we are passionate about providing high-quality, evidence-based information to our patients. In addition to our PYNKS Topic and Chat, we also hold education forums, publications and oral presentations for patients and health professionals alike.

Our commitment to education has been the driving force behind the new PYNKS program. Each month we invite an expert guest speaker to explore topics that PYNKS members living with metastatic breast cancer have identified as of interest.

Our first topic of the program explored 'Exercise and Metastatic Breast Cancer' and was presented by Lizzie Eastwood, Clinical Lead Physiotherapist, Oncology & Lymphoedema.

Our second topic explored Good Money Habits with Financial Planner, and Director of Lighthouse Capital, Julia Schortinghuis. Julia spoke on superannuation, budgeting and savings. Julia also has a podcast entitled 'Good Money Habits' available through Spotify which financially informs and empowers listeners.

We are looking forward to our next topic, held by our Clinical Psychologist, Mary Scott.



Mr Carmelo Arto and
The Pan Pacific Perth

NATASHA'S

Story

The words 'you have cancer' are some of the most fearful words we can hear. To hear these words once is life-shattering. To listen to them twice is no less challenging. The only difference is the second time around; you know what you are in store for.

I was first diagnosed in 2001 with triple-negative breast cancer, and to say my world turned upside down is an understatement. At the time, I was 35 with a two and half-year-old and an 11-month-old baby still being breastfed. My breast cancer diagnosis was the last thing I expected to hear. I had breastfed both my boys, never been a smoker, only drank modestly, and rarely got sick.

I came under the care of my specialist cancer surgeon and Professor Arlene Chan with my first diagnosis. My medical team had a plan; I would have a lumpectomy with lymph node removal, six rounds of chemotherapy, and six weeks of radiotherapy. My specialists continued to reassure me that I would get through the treatment. Off I would trundle to chemo sessions with a toddler in tow, who suffered enormously during this period with separation anxiety. The only solution was to be patient and take him with me. The fabulous chemo nurses took it all in their stride, feeding Charlie with icy poles from the freezer that they used for the patients. I want to publicly thank both my surgeon, Arlene and the fantastic staff behind them. Their dedication and research efforts allow people like me to fight this disease.

The diagnosis made me realise what was truly important, and I vowed that I would value health as the most important asset. I knew I needed to get through treatment and get on with raising the boys.

To all young mums in the same position as I was in, "you've got this, and you can do it. Some parts won't be fun, and it will be hard, but you will find the strength you never knew you had."

The boys are now fine young men with good hearts and great work ethics, each pursuing their careers.

Charlie and Natasha Sampson



Natasha Sampson

2018, I hear those three words again. In a way, this diagnosis was more challenging; telling the boys Charlie and Max, who were by this time 17 and 19, was the most difficult discussion I've ever had to have with them.

The most important thing was getting a plan to work through - one foot in front of the other. This time around involved a mastectomy and another six rounds of chemo. At this time, I came to appreciate the advances made in treatments since 2001. The anti-nausea meds, the cold cap, and immunotherapy are some of the enormous strides made. Initially, I thought I'd give the cold cap a go and see how I coped with the cold. To my surprise, I could handle the cold, and to anyone offered this option, give it a go. I now have a great head of thick, soft curls. I can honestly say I've never had such a great head of hair! Thanks, Arlene!

The boys really stepped up to the mark and were a tremendous support and again were my inspiration to push through the hard days. I want to thank them and my team of family and great friends for all doing their part.

Charlie decided to get a mullet during my treatment! All I can say is if the boys in your life ever want to get a mullet, do it while the mother is two rounds deep in chemo, care factor zero! Trish thought it was hilarious in the chemo ward, and there was much banter between the two of them.

Charlie and his friends did the 2020 Rottneest Channel Swim. The swim was important to Charlie; he turned his shock into something positive as a young man coping with his mother's diagnosis. What a brilliant day and effort by all the boys. If only you could bottle the energy of the day, what a great place the world would be. They raised \$7,500 for BCRC-WA, and I felt humbled by their efforts.

I hope that writing 'my story' helps others in my situation to have hope. You will meet incredible people along the way who are so dedicated and passionate about fighting this disease, and your diagnosis and treatment are at the core of their determination.

Love to all,
Natasha



BREAST

Cysts

Breast cysts are fluid-filled sacs inside the breast. They are usually benign (non-cancerous). They can be single or multiple and be present in one or both breasts. Some large cysts are palpable and feel firm to touch. Most cysts are small and only found on imaging.

Breast cysts are commonly seen in women before menopause. Although less common after menopause, they can occur at any age and are sometimes seen in women taking hormone replacement therapy.

On examination, breast cysts are rounded with smooth edges. They sometimes feel like a small, tense balloon. Breast pain or tenderness over the lump or surrounding area can occur. Breast cysts commonly undergo changes in size before and after the menstrual cycle.

We don't exactly know what causes breast cysts but think they result from hormonal changes during monthly menstruation. The breasts are made up of glandular tissue that produces milk and a supportive framework consisting of fatty tissue and fibrous connective tissue. Breast cysts occur as a result of fluid accumulating within this glandular tissue.

Your doctor should check a new lump that persists or gets bigger. Rarely, breast cysts may develop an infection resulting in associated skin changes such as redness or increase warmth. These changes should be checked immediately.

Diagnosis of breast cysts involves a clinical breast examination and ultrasound or mammogram. Occasionally, a sample of fluid from the cyst is required and is taken from the cyst through a needle; this is called Fine Needle Aspiration (FNA). On a mammogram, cysts appear as smooth rounded lumps. Further review with ultrasound can then differentiate these lumps into either fluid-filled simple cysts or solid lumps. Some cysts are partly fluid-filled and partly solid; these are called complex cysts. A complex cyst may require a further biopsy.

Simple breast cysts don't require treatment, but large cysts may cause discomfort or pain. A simple outpatient drainage procedure often relieves these symptoms. A breast cyst can re-fill after it has been drained. Recurring cysts are not dangerous and are treated the same way.

It is important to remember that there is no evidence that breast cysts result in cancer. However, any breast-related symptom or concerning finding on imaging will be investigated to rule out cancer.

For more information on breast cysts or other benign breast conditions visit our website www.bcrc-wa.com.au





PERTH BREAST CANCER INSTITUTE

This August marks one year since Breast Cancer Research Centre-WA expanded our services to include the Perth Breast Cancer Institute (PBCI).

PBCI, the clinical arm of Breast Cancer Research Centre, merges an impressive team of experienced specialists and other healthcare professionals working collectively to ensure the best outcomes for our patients.

The PBCI brings together specialist breast surgeons, medical oncologists, and a team of breast physicians. In addition, PBCI includes two clinical psychologists, a genetic counsellor, a breast medical oncology fellow and two specialised breast care nurses.

With Perth Radiological Clinic and GenesisCare also located at the Hollywood Consulting Centre, our new location provides a centre of excellence for breast cancer services in WA.

Breast Clinic

The Breast Clinic is the newest addition to our services. Working with Perth Radiological Clinic, the clinic allows for rapid assessment and review of urgent cases. Our two highly experienced breast physicians, Dr Pamela Thompson and Dr Susie Kitchin, also treat benign breast concerns and provide ongoing surveillance for people at high risk of breast cancer.

Genetic Counselling

Associate Genetic Counsellor, Bhavya Vora brings a wealth of expertise to our suite of services. If a genetic fault is suspected to be involved in a person with breast cancer, an in-depth discussion of family history and breast cancer risks can provide direction on whether further testing may be helpful and what further steps, if any, are appropriate for that individual.

Clinical Psychology

BCRC-WA also offer a bulk-billed clinical psychology service to support patients of PBCI and their families. Our clinical psychologists collaborate with the patient's care team to assist patients in managing the impact of breast cancer. Mary Scott and Francoise Ballantyne, both very experienced psychologists, specialise in the impact of early and advanced breast cancer on all aspects of the person and their families.

Breast Care Nurses

Our focus is on holistic care for patients and their families throughout their experience with breast cancer. We are very proud to be able to offer each patient the opportunity to be paired with

a breast care nurse, to provide ongoing information, support and to assist patients in navigating their journey with us. Cath Griffiths is our Early Breast Cancer Nurse and Amanda Goddard is our Advanced Breast Cancer Nurse. Both provide a consistent and caring point of contact between the patient and the rest of the breast care team.

What's next for BCRC-WA?

We continue to select and design research projects which will further increase global knowledge of breast cancer and improve outcomes for people with breast cancer worldwide. We are also passionate about education. The PBCI team have already begun writing a library of patient information pamphlets with five published so far. The pamphlets are available in our rooms and online.

We believe that sharing our knowledge and expertise in breast cancer treatments with other healthcare professionals, patients and families will result in all Western Australians being offered evidence-based, gold-standard care wherever they are treated. To this end, we are holding two major educational events with a GP Education Forum on Breast Diseases and an update on metastatic breast cancer for the breast cancer oncology community both coming up in October.

It has been an exciting and significant year for BCRC-WA and we look forward to providing excellent care to Western Australians and their families throughout the coming years.

Specialists

Our team of world-class specialists include:

- Professor Arlene Chan AM, Medical Oncologist
- Dr Peter Willsher, Specialist Breast Surgeon
- Dr Hilary Martin, Medical Oncologist
- Dr Jose Cid Fernandez, Oncoplastic Breast Surgeon
- Mr Richard Martin, Specialist Oncoplastic Breast, Endocrine and General Surgeon
- Dr Bindu Kunjuraman, Oncoplastic Breast and General Surgeon
- Dr Farah Abdul Aziz, Oncoplastic Breast and General Surgeon
- Dr Kallyani Ponniah, Oncoplastic Breast and General Surgeon
- Mr Palan Thirunavukkarasu, Oncoplastic Breast and General Surgeon



JOANNE'S

Story

My name is Joanne MacDonald and I describe myself as being in a significant long-term relationship with Arlene Chan. I'm a fan. There are many stories like mine. This is a little of our shared story...

I first met Arlene in 2001. I was 39, a recently single parent with two primary school aged children, just weeks into a new job. Arlene appeared at my bedside when I had hoped mastectomy and reconstruction would end my encounter with breast cancer. She smiled, but was very straightforward. Because cancer cells were found in one of twelve lymph nodes, Arlene recommended adjuvant chemotherapy. Because I was young, otherwise fit and healthy, she said she would "hit me hard". She did. The night after the first dose, I lay on my bathroom floor, wiped out from hours of puking and remember her voice - 'call if there are any problems.' It was mid-night, yet she answered the phone immediately, calmly giving me a list of specific instructions... crisis resolved. This early episode became, for me, a template for living with breast cancer - get expert advice, simplify life where you can, and doggedly hold on.

I waded through six months of chemotherapy, side effects and bone-jarring treatment for neutropenia, then five years of Tamoxifen—more side effects. I saw Arlene in her practice - every three months, then every six months, then every year. I looked forward to our appointments. She was inscrutable, yet warm. Examinations were reassuring - her fingertips earnestly palpating to search beneath my skin in lines running down either side of my neck, across my collar bones, arm pits, arms, over my ribcage - her touch, light and fast like the pitter-patter of rain on my skin.

And I liked her flair - though small, she radiated strength in her fabulous collection

of towering stilettos, wielding her fountain pen to sign off scripts and charts in distinctive purple scrawl, ink all the way from Hong Kong.

Eight years after my original diagnosis, bone pain means I ring for an urgent appointment - 'I wasn't expecting you', she says, her restrained surprise mirrors my shock. So much of this diagnostic process feels darkly familiar. I ask about prognosis, knowing it's much worse. She deftly batters my question back,

"What are you thinking?"

I recognise Step 1 of communicating bad news - Establish the patient's expectations. Then I grimly imagine two, maybe three years of stumbling through a series of harsh chemotherapies, becoming sicker, more debilitated.

"I think I can get you ten good years. You have a life limiting disease, but we are not yet at a point where we could consider this the terminal phase."

She meets with my children, now teenagers, and explains,

"The bad news is your Mum has a chronic health condition, not so different from someone who has diabetes or a number of other illnesses. The good news for me is that I am going to be seeing a lot more of your Mum".

I notice her careful use of words, her self-assurance. She instils hope by projecting a realistic view of the future.

It is 2009, the year Breast Cancer Research Centre Western Australia (BCRC-WA) begins. There are new options on offer, the science is growing rapidly. Everyone is less anxious once there's a plan to hold onto, and the plan is to join the clinical trial of a biologically targeted drug... if my cancer fits the profile. A sample of my original tumour is sent to England for analysis. Tests come back equivocal. There is further reading by a Professor of Histopathology somewhere in the world.

Next, a test examines the mitochondria, way inside the cell. The technical aspects are so complex, even with the aid of pages of Arlene's hand drawn diagrams, I find it mindboggling. A flurry of activity hides the waiting. With kind and gentle expertise, a radiologist plunges a biopsy needle through seven centimetres of bone in my hip. In day surgery, an infuser port is inserted. Finally, the necessary protein receptor is found. Chemotherapy, plus the

Continued next page...



Professor Arlene Chan AM and Joanne MacDonald who was the Guest Speaker at our grand opening in 2020.

trial drug, can begin. I am introduced to the nurses in the Breast Cancer Clinical Trials Unit (BCTU) down the hall. Warm, practical women who welcome me into a squashed cubicle to collect my numbers – weight, blood pressure, temperature; and ask lots of questions: What other drugs have you taken? On a scale of 1-10, how tired are you? What rating would you give that side effect?

On top of data collection, authentic snippets of life are shared. Jeanette encourages my travel plans, even providing restaurant recommendations in Sienna! The routine of living within a three weekly treatment schedule, becomes part of my new normal.

Three years later that trial ends, although my treatment continues. In 2016 I huff and puff through another short-term study on the impact of exercise in fatigue management. In 2017, another progression is identified. But I continue to surf the wave of new science, offered an opportunity in another trial of another new drug. Appointments with Arlene, now a Professor, are back to every three weeks – once again, life on trial contains me. The rabbit warren of spaces tucked in downstairs under the chemist at Hollywood buzzes with new offices. Experienced wise women from the chemo suite take on the new role of breast care nurses. Research staff are checking protocols, the phlebotomist is in a cupboard drawing blood and I'm back under the wings of the trial nurses who are still gathering numbers and presenting questionnaires.

Genuine greetings, staff acknowledging each patient, are part of the buoyancy of this system. You don't feel like just another case. So, I'm back to looking for my new

rhythm – “Goodbye coffee, goodbye laksa; hello side-effects, a trillion more scans and endless vials of blood”. In a few months, things begin to settle – and the window for an adventure opens up. Joyfully I stride around the Isle of Skye with my now adult daughters.

I am a person with breast cancer, I've tried not to be defined by it. I am responding to challenges that feel way down the list of life's worst possible complications. As a long-term patient, I've had surgery, chemotherapy more than once, genetic counselling, radiotherapy. I've taken old school heavy hitting drugs, hormone inhibiting drugs, and sampled from the raft of promising new drugs. Along with loving support from my parents, my daughters, a network of friends, and my GP, counselling has provided me with a safe space to untangle my feelings, find grounding when I need it.

After diagnosis – life on trial means frequent scans. Bone scans, CT scans, MRIs, pool gated blood studies, heart scans, port scans, bone density scans... previously films piled up into towers. Appointments used to be all over Perth.

Under Arlene's care, I am secure in the knowledge that my results will be interrogated, translated and discussed. Our exchanges are reciprocal. We each listen carefully. While our conversation is often short, she has a waiting room full of patients; I ask her questions, she asks me questions – we both do our best to be clear and detailed. She is responsible for the plan; I am responsible for consenting and keeping her informed so necessary adjustments can be made.

My experience of life is inextricably linked to her. I am 59. Although often unpredictable, life goes on... and aging has its own side effects.

I celebrate all occasions. Precious moments are held close – the birth of a grandchild, the death of a parent. I've learnt to slow down. Look for grace, reflect, savour, persist through the hard patches. Amidst the ongoing threat of Covid, like everyone, I am grateful to be in WA – but I also recognise I am practiced at adapting; living with uncertainty is familiar. Each new normal is to be cherished. It is only ever a pause. A moment before the next moment.

Over all these years Arlene has continued to harness her relentless curiosity and optimism, pursuing her research agenda and transforming knowledge into advances in patient care. She has gathered and surrounded herself with the expertise of so many like-minded and committed colleagues. It takes many teams of people to deliver the range of services that now make up BCRC-WA. At this level of practice, medicine is more than a job, more of a calling. This description is a small reflection of the scope and generosity of her passion, her energy, her focus. The attributes that gained my trust in 2001; those first operationalised in the vision of BCRC-WA in 2009, that have now grown these magnificent spaces, to include these magnificent people.

On behalf of all the patients grateful for their relationship with Arlene and all the other experts at BCRC-WA, for those who recognise the comfort of a home base for their treatment, a one stop centre, and all those future patients yet to benefit from all this work ...thank you Arlene. Thank you all at BCRC-WA.

GENERAL PRACTITIONERS' ROLE IN CARING FOR METASTATIC BREAST CANCER PATIENTS

Patients perspectives

Breast cancer is the most common cancer diagnosed in women in Australia, and while patients with metastatic breast cancer (MBC) are living longer, current treatments are generally not curative and are aimed at effectively managing symptoms and optimising quality of life¹. Patients with MBC under the care of a medical oncologist (MO) receive systemic treatments aimed at tumour reduction with the intent of symptom palliation and prolongation of survival. Beyond tumour-directed drug therapy, there is a necessity to provide support for the patient's physical functioning, psychological and emotional consequences of metastatic disease. Many MBC patients experience fluctuating periods of disease control on treatment, and ultimately the impact of disease progression when treatment-resistance develops may be challenging. Thus, as patient care needs may be complex, the role their general practitioner (GP) plays, is important.

Within our centre we conducted a quality assurance project to assess how patients viewed their GP's role in the management of their MBC. The aim of the project was to identify the strengths and weaknesses, as seen by MBC patients, regarding care provided by their GP. This would then enable areas in care to be improved with the goal of optimising delivery of care to MBC patients. The project was conducted from December 2018 through to September 2019. Over this 10-month period, 99% (124 out of 125) of patients approached for the survey, provided consent, and completed a 37-item paper questionnaire.

Discussion and results

As discussed, prolonging survival is a key goal for MBC, but this must be done whilst optimising cancer-related symptoms and minimising treatment-related toxicities. Furthermore, as many MBC patients experience complex care needs, multidisciplinary care is imperative for these patients. Thus, the GP's role is regarded as an integral component of care, which requires a good relationship between the patient and their GP. Our results found that patients reported a good relationship with their preferred GP (92%), with 70 patients continuing to see the same GP from prior to their MBC diagnosis. The GP was regarded as a valued member of the healthcare team by 83.1% of patients; and 92.7% of patients felt that their needs were met at their last GP visit. The results also revealed that patients were able to obtain appointments with their preferred GP for general consults, however only 48.4% were able to obtain same-day appointment for an urgent consultation and less than half of the patients were able to see their preferred GP. Of some concern was the finding that 17.5% chose not to seek any medical attention on that day, while 10% did not seek any medical attention at all. We did not specifically assess the impact on the outcome of the urgent medical problem in those who were unable to see their GP, but there is potential concern that awaiting review in an emergency department may not have been necessary and it is possible that a lack of medical review could have led to greater symptomatic distress and thus poorer quality of life.

Furthermore, the study identified some potential gaps in provision of palliative care by GPs, with 57% of patients being unsure of whether GP's provided palliative care. Effective palliative care is aimed at minimising the impact of the progressing illness along the disease trajectory, as it includes holistic patient assessment and enabling of interventions tailored to the patient's needs². Subsequently, the principles of palliative care can be applied at

any stage of the patient's illness. Thus, to understand the reasons behind our findings, it would be necessary to delve in greater detail as to individual patient's understanding of what palliative care means and to also obtain the perspective from GPs as to how they discuss and manage patients with a palliative intent.

Additionally, despite the recommended benefits of implementing Advance Care Planning (ACP), and Advance Health Directives (AHD) the number of patients completing an ACP remains low. Only 8% of the patients involved in this project, had completed an ACP or AHD. We therefore believe this is an area that requires more attention. However, the barriers to initiating and completing an ACP are numerous, and it was beyond the scope of this project to evaluate the cause of such a low rate. Published studies have demonstrated that health professionals report barriers such as fear of undermining people's positive coping strategies and depriving people of hope by talking about death³. This therefore brings up the question, “When is the right time to start the conversation?” within clinical practice.

When discussing sensitive subjects such as AHD, effective and sensitive communication as well as a patient-centred holistic approach is required. General practice, where trusted relationships are already established, might be the optimal setting for introducing and promoting ACP. Hence, as there are several fundamental components within ACP including the understanding of treatment options, understanding of palliative care and the writing of an AHD, it is vital that patients receive holistic information at a time that is right for them. We believe that the GP plays an important role in this area and may be well placed to offer patients guidance and information to plan.

In Conclusion

To conclude, our project demonstrated that many patients viewed their GP as an important clinician in their treating team, with overall satisfactory and access to seeing their GP when needed. Significant findings of our project that warrant more ongoing research include, improving access to GPs for older patients in the event of an urgent medical matter, a greater understanding of the patient and GP's perspective in their attitude to palliative management of MBC patients and further elucidation of the role of a GP in ACP and AHD planning.

Authors: Amanda Goddard, Mridula Arun and Professor Arlene Chan AM

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Art Exhibition

The Raw Colour Art Exhibition at The Holmes à Court Gallery @ no.10 has been initiated and developed by Artist and Curator, Tania Fabris. The idea of creating an exhibition of Western Australian artists to support medical research science grew from a seed that germinated during conversations with Professor Arlene Chan, six years ago, when Professor Chan shared her vision of establishing a Breast Cancer Research Centre here in Western Australia. Tania has since devoted herself to gathering artists and poets, organisations and businesses to support her vision for Raw Colour to raise funds for the new Breast Cancer Research Centre-WA.

The narrative for the exhibition – “Where Art Meets Science – Restoration and Recovery, a Celebration of Life for Humanity”, spawned from Tania’s vision of how creativity and creative thinking assist recovery, restoration, and the renewal of life: life for our environment, life for our humanity, that contribute to the continuing contributions science makes.

Staging this exhibition, Tania is seeking to enhance pleasure and inspire imagination among those who visit the exhibition, and contribute to those who today, and in the future, find themselves experiencing the raw intense uncertainties that come as they struggle to re-vision and re-make their lives and support their families.

The Exhibition, to be held at Holmes à Court Gallery @ no.10 from October 15 to October 30, includes twenty prominent and iconic West Australian artists including Pippin Drysdale, Olga Cironis and Eveline Kotai. rawcolourart.com.au

Generosity – The Project has been made possible by the support of the Minderoo Foundation, the generosity of Janet Holmes à Court, Leeuwin Estate, Raw Colour, Benara nursery Castledine & Castledine.



Pippin Drysdale, chosen as a Living Treasure in 2015, (pictured above) is one of Australia’s pre-eminent ceramic artists and is represented in significant collections throughout the world. Pippin Drysdale is involved in an active international program of lectures, workshops, residencies, and exhibitions.

SOMETHING PINK KALGOORLIE

This year Something Pink Kalgoorlie, with the support of VM Drilling, raised \$100,003 for Breast Cancer Research Centre-WA.

Raised \$100,003

‘This is a fantastic result for Something Pink, which is only due to the outstanding support of VM Drilling and our sponsors, supporters, volunteers, friends and families. My committee and I are thrilled with this result, including money raised by Tina Carbone for her head-shave. Our sincerest thanks to everyone who contributed this year. We look forward to your ongoing support! ‘Pretty pink ribbons don’t save lives, clinical trials, research and pink rigs do’, said Something Pink Kalgoorlie co-founder, Katrina Tedge.

Katrina Tedge and Gai Robinson are the co-founders of ‘Something Pink for Breast Cancer. A fundraiser uniting the Kalgoorlie-Boulder community to raise funds for BCRC-WA. Through Gai Robinson’s work, who lost her battle to Metastatic Breast Cancer in 2019 and Katrina Tedge, the fundraiser has grown from strength to strength.

Katrina and Gai’s fundraising efforts began when they distributed pink fundraising tins around the Kalgoorlie area. In 2017, they decided to organise a charity night known as ‘Something Pink’. The night was so successful that they decided to hold the event again and again.

In 2019 alone, they raised an impressive \$106,533. Something Pink Kalgoorlie continues to recognise world-class research and support services as key in providing the best standard of care for women and men impacted by breast cancer.

To date, the Something Pink Kalgoorlie contribution to BCRC-WA is \$341,116

We want to take this opportunity to thank Something Pink Kalgoorlie, Katrina Tedge and VM Drilling, the committee members, friends and family, donors, sponsors and all those who gave in some way to this incredible fundraiser.



Steve and Katrina Tedge

News

SABRINA'S HIGH TEA

Raised \$6,624

Sabrina raised \$6,624 for BCRC-WA at a high tea held in May and also created a MyCause fundraising page for the event. *“Our customers who attended the high tea party were impressed, and I hope we have raised awareness for BCRC-WA.”*



ROCKY CITY'S 9TH ANNUAL PINK BREAST RUN FUNDRAISER

Raised \$3,500

The Rocky City’s celebrated their 9th Pink Breast Run fundraiser for Breast Cancer Research Center WA, raising an astounding \$3,500. 104 members from eight Perth clubs and visitors participated by paying registration and donating food and prizes for the night. Next year will be their 10th Pink Breast Run and RCH3 30th anniversary.



JOHN DINGLE'S AFTERNOON TEA

Raised \$650



Thank you to John Dingle for hosting a Community Luncheon for BCRC-WA this June. John Dingle is one of our dearest and longest-serving fundraisers. This year John and his community hosted a talk on breast cancer at St Matthew’s Anglican Church. We want to thank all those involved and thank you for the scones!

KIARA DAVIES, LADIES OF PACING

Raised \$11,170

Well done to the incredible Kiara Davies, who fundraised \$11,170 for BCRC-WA. ‘The reason I am so passionate about organising a fundraiser for the BCRC-WA is that I would not be where I am today without them. They have saved my life, and I would love to, with everyone’s support, give back as much as I can to support the future research of this horrid disease to help others’, she said. These funds were matched by Racing and Wagering WA.



MAISIE'S RIDE FOR TRIPLE NEGATIVE

Raised \$23,232

Maisie’s Ride for Triple Negative raised an astounding \$23,232 for BCRC-WA. Maisie and her dad Kevin rode 17km from Karratha to Dampier on 24 July. They arrived at Dampier a little earlier than expected, so they went for an additional 3km ride to give people a chance to be at the finish line! *“I wasn’t tired afterwards, and Daddy rode with me.” said Maisie.* Maisie is seven years old.



FORRESTFIELD UNITED FC GOING PINK WEEKEND

Raised \$7,800



A huge thank you to Forrestfield United FC, who held their Going Pink Weekend for Breast Cancer Research Centre-WA. What an incredible effort to all those involved. We would also like to thank all the corporate sponsors and supporters who gave so generously. To the teams, we loved all the pink colours, mainly those pink jerseys and socks! Hats, replica shirts and pink socks were sold with proceeds donated. Go, Forrestfield United FC!

CONSIDERING DONATING TO BCRC-WA?



Thank you x



Thank you to the following organisations and fundraisers for their generosity. We also thank the many individuals who have donated.

- Count Charitable Foundation
- Ocean Ridge Junior Football Club
- Forrestfield United Football Club
- Pannell Nominees Pty Ltd
- Fugro Australia Marine Pty Ltd
- Patches Life Warrior Foundation
- Giumelli Family Foundation
- PayPal Giving Fund
- High Tea for a Cause, Sabrina Chai
- Racing and Wagering WA
- Johanna Sewell Memorial Fund
- Ramsay Health Care
- Karratha Earthmoving
- Rockingham Lakes Primary School
- King and Spoon Café
- Rocky City Hash House Harriers
- Ladies Fellowship Trinity North Uniting Church
- South32
- Ladies of Pacing, Kiara Davies
- Stan Perron Charitable Foundation Ltd
- Lighthouse Capital
- St Mathew's Church Shenton Park
- Maisie's Ride for Triple Negative
- Something Pink Kalgoorlie
- Minderoo Foundation Trust
- Thejo Australia

There are many ways to help us achieve our aims at BCRC-WA.

What are we trying to achieve now and in the near future?

- Establish our new Perth Breast Cancer Institute (PBCI)
- Continue our groundbreaking research via clinical trials
- Find new and better treatments for breast cancer
- Enhance patient wellbeing and increase survival rates
- Become an education/information hub for patients, GPs and the community

Why do we need your help?

- To help establish comprehensive services at PBCI
- To facilitate our care and support in the form of:
 - More metastatic (advanced) breast care nurses
 - More early breast care nurses
 - Establish oncology and surgical fellowships
 - Identify and implement new initiatives from patient feedback

Estate Planning Information Sessions

Thursday 30 September, 10 AM & 6 PM

Perpetual with Breast Cancer Research Centre-WA invite you to attend free community information sessions; Understanding Estate Planning at 10 AM and Financial Implications of the Estate Plan at 6 PM. There will be an information component followed by a Q & A session.

An estate plan is more than just drawing up a Will. It also involves formalising how you want to be looked after (medically and financially) if something happens to you, or if you're unable to make your own decisions later in life. Your estate plan will also clarify how you want your assets to be protected during your lifetime and distributed after your death.

A Will is an important document that protects your family and assets. We will explore what you need to consider when making a Will. We will also discuss Enduring Power of Attorney and Enduring Power of Guardianship.

Join our presenters; Karolina Rzymkowska, Head of Estates Lynn & Brown Lawyers, who will present Understanding Estate Planning (10 AM) and Chris Marshall, Partner WA, Perpetual, who will present Financial Implications of the Estate Plan (6 PM).

BOOK YOUR PLACE NOW: | 10AM www.trybooking.com/BTNON
6PM www.trybooking.com/BTNOQ

For more information please contact Ann Chan, Fundraising & Bequests Coordinator on 08 6500 5515 or email fundraising@bcrc-wa.com.au
Light refreshments will be served.

VENUE: Perpetual, Level 29, Exchange Plaza, 2 The Esplanade Perth WA (entry via Sherwood Court)

What's News distribution

If you would like to receive our electronic communications, please subscribe via our website. Paper copies are also available on request, just ask for Jess or Ann. If you prefer, we can also mail our newsletter to you. Please call our team on (08) 6500 5501.

Donate today

You can donate online at bcrc-wa.com.au, or by direct deposit (NAB BSB: 086-006 Acct No: 73798 6097) or contact us on (08) 6500 5501, or in person at BCRC-WA, Suite 407, Hollywood Consulting Centre, 91 Monash Avenue, Nedlands WA. Gifts of \$2 or more are tax deductible.

BCRC-WA is self-funded and does not receive any government funding