

GP Connect

Keeping GPs informed in the changing primary health landscape



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An Australian Government Initiative

Management of Women at Moderate risk of Breast Cancer; recommendations for Women with Increased Breast Density.

**Dr Pamela Thompson,
Breast Physician, Fiona
Stanley Hospital**

An estimated 450,000 Australian women are at moderate risk of breast cancer. Most of these women can be managed in primary care and GPs can provide guidance on preventive and surveillance options after assessing a patient's risk.

Women at moderate risk of breast cancer

Women in the moderate category have a risk of breast cancer that is 1.5 to 3 times greater than the population average. This equates to an 18 - 29 per cent lifetime risk of breast cancer, compared with 12 per cent in the general female population.

Risk assessment

Moderately increased risk patients have:

- One 1st degree relative diagnosed with breast cancer (BC) <50yrs; or
- Two 1st or one 1st and one 2nd degree relative on same side of the family with BC (without features of the high risk group such as bilateral BC, diagnosis <40yrs, male with BC, BC and ovarian cancer in the same woman or Jewish ancestry); or
- Two 2nd degree relatives on the same side of the family with BC, with at least one relative <50yrs.



Useful risk assessment tools include Cancer Australia's [Familial Risk Assessment – Breast and Ovarian Cancer online tool](#) and [Advice about Familial Aspects of Breast Cancer and Epithelial Ovarian Cancer](#).

Apart from family history, several other factors can elevate a woman's risk of breast cancer including dense breasts, previous abnormal biopsy (atypical hyperplasia or carcinoma in situ) and, to a lesser degree, combined menopausal hormone therapy (MHT), increased BMI, alcohol consumption and lack of regular physical activity.

Further information about breast cancer risk factors can be found on the [Cancer Australia](#) website.

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Management

PREVENTION (modifiable risk factors and chemoprevention) - Managing modifiable risk factors includes promoting breast feeding, advocating a healthy diet, regular physical activity (150 minutes moderate activity per week), avoiding post-menopausal weight gain and minimising alcohol intake.

Chemoprevention has been shown to reduce the risk of estrogen-receptor positive breast cancer. Tamoxifen, a selective estrogen receptor modulator, is now on the PBS for prevention in pre and post-menopausal women. When taken as a daily dose of 20mg for five years, primary invasive breast cancer incidence is reduced by 38 per cent with a benefit lasting for at least 20 years. However, Tamoxifen has not been shown to lower breast cancer specific or all-cause mortality. Side effects include menopausal symptoms and a small increased risk of deep vein thrombosis, endometrial cancer and cataract.

GPs are encouraged to discuss the option of chemoprevention with patients who are at moderate risk. Further information on prescribing tips and contraindications is available on the [Cancer Australia](#) website and the [Clinical Oncology Society of Australia](#).

Risk reducing mastectomy is not recommended for women at moderately increased risk.

SURVEILLANCE - Women should remain breast aware and see their GP for annual clinical breast examination. [Current EviQ guidelines](#) recommend annual screening mammography commence at age 40, reverting to two-yearly after the age of 60. In women with a relative diagnosed <40yrs, special recommendations may apply.

Mammography is not recommended for routine screening in women <35yrs. It is important to note that ultrasound has not been validated as a stand-alone screening test for breast cancer.

Breast Density

Women with high breast density have a greater proportion of glandular and connective tissue compared with fat. Breast density affects mammographic screening in two ways: it may mask detection of underlying cancers and it is also an independent risk factor for breast cancer.

For the approximately 40 per cent of women who have heterogeneously dense breasts (50 to 75 per cent density), the risk of developing breast cancer is 1.2 times greater than average. Women with extremely dense breasts (>75 per cent density) are 2.1 times more likely than average to develop breast cancer.

Increased detection of breast cancer with breast ultrasound in addition to mammography is in the order of three to four per 1000, but at a cost of a high false positive rate leading to increased recalls and a three times higher biopsy rate. Supplemental ultrasound screening in asymptomatic women with dense breasts who are at average risk is not currently recommended, however the addition of ultrasound screening for women with an intermediate risk and dense breasts is an option to increase cancer detection (1).

Further information on breast density for patients can be found on the Breast Cancer Network Australia website at www.bcna.org.au For more information see the [Breast Cancer Risk Assessment and Screening Health Pathway](#).

Reference: (1). Freer PE. Mammographic Breast Density: Impact on Breast Cancer Risk and Implications for Screening. *Radiographics* 2015; 35(2) 302-315

Hospital Liaison

Royal Perth Hospital

Royal Perth Bentley Group helping to boost influenza vaccination rates

Influenza vaccinations are being offered to unvaccinated Royal Perth and Bentley Hospital inpatients who are 65 years or older, Aboriginal people, residential facility staff and residents, pregnant women, people experiencing homelessness, and people with medical conditions which increase the risk of influenza complication. Vaccination details will be included in patient discharge summaries and, where possible, recorded in the Australian Immunisation Register.

Sub-optimal influenza vaccination rates can have a huge impact on hospital services. While GPs are at the forefront of providing vaccination, offering vaccination to eligible inpatients will reach some patients who may not otherwise present to be vaccinated.

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Vaccinations may be offered to some outpatients, especially those with high-risk conditions, depending on vaccine availability.

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Generally available: Monday and Thursday

East Metropolitan Health Service

Inspiring a recovery and improved physical health focus for people with mental health issues - EMHS Integrating Mental Health GP Workshop

Over 40 GPs joined East Metropolitan Health Service (EMHS) including Armadale Kalamunda Group, Royal Perth Bentley Group and St John of God Midland Public Hospital clinicians and WA Primary Health Alliance; HealthPathways WA staff on Saturday 18 May for a Mental Health GP Workshop. GPs shared valuable insights into their experiences of patients with mental health issues, the challenges they face and what support would be helpful. They also identified some key areas to improve integration of care across primary and specialist services, which will help inform future EMHS planning.

After an EMHS mental health services overview and a HealthPathways WA demonstration to help GPs navigate this complex space, we heard confronting statistics on the physical health gap for people with mental health issues and the importance of GPs helping to address these issues. See the [Physical Health Check for Mental Health Patients](#) Health Pathway for more information.

It was heartening to hear there is great recovery potential for people affected by alcohol or meth addiction, personality disorders or at risk of suicide. Attendees were given useful strategies which can be helpful in a GP setting. Visit the [Royal Perth Hospital](#) website to download the presentations or search online for these useful resources:

- Where to get help in WA for people experiencing mental health and AoD issues - Mental Health Commission

- Alcohol and drug addiction – Mental Health Commission (includes a self-help guide)
- The Suicide Risk health pathway – WA Primary Health Alliance; HealthPathways WA
- Treatment guidelines for personality disorders - Project Air Strategy

Visit www.wapha.org.au/events/ to find out more about the next EMHS/WAPHA GP event *Tackling Ageing and Life-limiting Illnesses: Helping our patients make the most of life* on Saturday August 31 at Royal Perth Hospital.

Dr Jacquie Garton-Smith

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Generally available: Monday and Thursday

Fiona Stanley Hospital

FSH Fracture Liaison Service Project

An average of 60 female patients over 50 years of age present to Fiona Stanley Hospital with a minimal trauma upper limb fracture every month. This project hopes to capture those attending orthopaedic outpatient clinics to provide education on osteoporosis, diet and exercise and commencing treatment.

The aims of the project include:

- Finding sustainable solutions within the orthopaedic outpatient clinics to reduce secondary fracture rates (potentially up to 40 per cent);
- Improving patient outcomes and quality of life; and
- Improving communication between health care providers to develop individualised treatment pathways for fragility fracture patients.

GP input into the project is invited to inform the communication, information-sharing and development of ongoing management and monitoring pathways crucial to the success of the initiative. Email the Clinical Nurse Specialist Project Officer at lisa.welthy@health.wa.gov.au

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Available: Monday and Thursday

Education Events

Palliative Care Education Session

Cancer Council WA

Wednesday 31 July 2019

Western Trauma Course

Port Hedland

WA Health

Saturday 10 August 2019

NMHS Shared-care

Education Event

WA Primary Health Alliance;

HealthPathways WA

Saturday 17 August 2019

Tackling Ageing and Life-limiting Illnesses:

Helping our patients make the most of life

East Metropolitan Health Service

Saturday 31 August 2019

Australasian Doctors' Health

Conference 2019

Rural Health West

Friday 22 November – Saturday 23

November



For more information on these
upcoming GP education
events or to register,
visit wapha.org.au/events