

The official newsletter of the Westmead Breast Cancer Institute

2019

Ensuring that research has a direct impact for our patients

With so many groups involved in breast cancer research and so many aspects of breast cancer on which to focus, at Westmead Breast Cancer Institute (BCI) we wanted to ensure that our research was focussed on actual patient needs. We asked the questions: how can we be sure that the research will have a direct benefit for our patients and how do we decide on the specific areas on which to focus? The answer to this is to ensure that the research is based on what problems arise in the clinic. To do this the Westmead Breast Cancer Institute Research Initiative has ensured that research begins in the clinic.



Multidisciplinary Team Conference

Imagine you discover a lump in your breast. You go to a breast cancer clinic in a worldclass facility, where your amazing expert team of surgeons, oncologists, radiologists, pathologists and nurses join together to give you the best possible care. They remove the lump and you meet with your treatment team who confirm that the lump was breast cancer. Earlier during a multidisciplinary meeting the team has discussed the features of your tumour. One of the most critical decisions your team needs to make is to decide whether or not you will require chemotherapy based on the pathology features of your tumour. Chemotherapy is required whenever there is a concern that the cancer could spread to other parts of your body. The problem is that this is not a clear cut decision and in some cases it is not possible to predict whether chemotherapy is going to have



a benefit. You may suffer side effects of chemotherapy such as hair loss, when in fact, you may not need chemotherapy, or worse, your particular cancer might not respond to this type of treatment. They tell you that one way they could be more certain, is if your tumour is tested using a new gene test that can predict if you need chemotherapy and whether it will be effective in your case. There's just one big problem: the test costs thousands of dollars, and none of that cost is reimbursed by Medicare.

This all sounds like a bad dream, but Australian women are regularly faced with this predicament, a gene test can in many cases help predict which cancers are most likely to benefit from chemotherapy, but due to the cost of currently available tests, the clinical team are unable to have this information. That's why a team of clinical specialists and research scientists from the BCI decided that this was a problem that needed to be fixed. The team joined forces to come up with a new, highly accurate test, which performs at least as well as expensive commercial tests at a fraction of the cost. They called the test PROSPER – PROliferation Signature for Prognosticating ER positive breast cancer - and they have shown that when they compare their test to similar tests costing over \$5,000, the PROSPER test returned

results that matched the predictions of the commercial test, and was actually more statistically accurate. Such a test could be made available to all patients, not just those who can afford to pay the out of pocket cost of the currently available commercial tests. This is one example of how the research team works very closely with the clinical teams at BCI to ensure that research is focussed on important questions that can truly make a meaningful difference for patients.

The team is now working to bring their novel test to a setting where all patients can have access if required. The goal is to conduct a clinical trial of the test through Westmead Hospital and other hospitals that demonstrates its accuracy and feasibility, and then to apply for the test to be adopted by any pathology laboratory. "We would like to be offering this test for under \$100" says BCI Director and study lead, Dr Nirmala Pathmanathan, "this will allow us to deliver tailored care to all of our patients, not just those who can afford a big price tag." The team hopes to move their test through clinical validation, and to work with colleagues to make it available for all breast cancer patients in the next two to three years.

This study is just one of a number of initiatives coming out of the Westmead Breast Cancer Institute Research Initiative, which integrates clinical and research expertise to find inspired solutions for the problems facing our patients and clinical teams on a daily basis. A guiding principle of the Research Initiative is to respond to the needs of patients and clinical teams in the Western Sydney Local Health District, to find affordable ways to improve breast cancer outcomes and raise quality of life during and following treatment.

Another project initiated by this team aims to develop a novel image analysis tool to Continued on page 7

A Note from Nirmala

Dear Readers,

You would have all heard that the incidence of breast cancer continues to rise, in 2018 in NSW alone there were 5,788 new cases of breast cancer and it is projected that in 2021 there will be 6,180 new cases in NSW. This is a significant burden to the community with 53 new cases diagnosed every day across the country. We also have data from the Cancer Institute of NSW which suggests that in Western Sydney there is an increased exposure to factors that increase your risk for breast cancer. These risk factors include physical inactivity, obesity, increased alcohol consumption and a family history of breast cancer. In addition to minimising these lifestyle risk factors, a mammogram every 2 years provides the best protection from breast cancer, yet in Western Sydney we have some of the lowest screening rates in the country. A mammogram enables breast cancer to be diagnosed in the earliest stages, well before it can be felt, and this offers the best chance for successful treatment. A free mammogram is available through our BreastScreen program at convenient locations, 7 days a week, but we struggle to ensure this message gets through. We are well aware of the benefits of screening, yet less than 1 in 2 women in our Western Sydney region takes up this opportunity, so clearly there is much more to be done in ensuring we communicate this message, particularly to women between the ages of 50 and 74 where the incidence is at its highest. In this



issue of Venus you will read of some of the challenges we face trying to increase the uptake of screening in our area.

The diagnosis and management of breast cancer is very complex and will call into play a large number of highly specialised teams from a broad range of medical and non-medial disciplines. Here at BCI we pride ourselves on the teaching and training of breast cancer specialists, with a wide range of training programs that covers all the disciplines in breast cancer. In this issue you will read about the breast care nursing practicum that we run several times through the year, which includes nurses funded by the McGrath Foundation who work in rural and remote regions of our country. The practicum is a packed week long schedule that covers all aspects of breast cancer from diagnosis to treatment and follow up. We have had very positive feedback over the many years that

we have been running the practicum and the nurses can return to their workplaces well equipped to help their patients. Also in this issue is a story on one of our outgoing breast surgical fellows. A breast surgical fellowship at the BCI is highly sought after (both locally and internationally) and highly competitive. This is as a result for our reputation for cutting edge, innovative oncoplastic surgical practice. Ghaith Heilat is one of our out-going fellows who came from Iran specifically to learn from our surgeons here at Westmead BCI.

We continue to strive to provide the best possible care for all our patients. Much of what we do would not be possible without your support. Over the years your donations have enabled the purchase of essential equipment, assisted us in the development of educational materials for patients and even supported the funding of key position to name a few examples. One of the most important aspects of our work relates to research. We have worked hard to develop a comprehensive research program that includes clinical research, translational research (where laboratory research is moved into the clinic to improve outcomes for our patients) and importantly clinical trials. This work depends on the support that you provide through your generous donations, so we are most grateful for this, as it allows us to continue our work to ensure that our patients have the best possible treatment and outcomes.

A/Prof Nirmala Pathmanathan Service Director

Westmead Breast Cancer Institute

2019 Annual Breakfast

The Westmead Breast Cancer Institute Annual Breakfast will be held on Saturday 26th October at the Waterview, Bicentennial Park in Sydney Olympic Park.



Tickets on sale 12th August 2019 and can be purchased online at trybooking.com/BEBVA or by calling 8890 8458.



National Training Program for Breast Care Nurses

The Westmead Breast Cancer Institute (BCI) has been running the Breast Care Nurse Practicum (BCNP) along with our partners the Australian College of Nursing and the McGrath Foundation since 2005. In 2019, BCI remains committed to providing educational opportunities to Breast Care Nurses as their numbers increase across Australia, enhancing the valuable support and information that they provide to Australian women and men with breast cancer.

The BCNP continues to provide relevant, up-to-date knowledge and clinical experiences that are designed to increase confidence and competence in Breast Care Nurses. The program is constantly evolving to include the latest clinical updates and most current practices, reflecting the ever changing and increasingly complex breast cancer clinical pathway.

Topics include the entire spectrum of the early breast cancer experience from benign disease, diagnosis, pathology, genetics, surgery, chemotherapy, radiotherapy through to reconstructive surgery and survivorship care. Multidisciplinary clinical experts share their clinical expertise and experience with the participants. This provides the knowledge necessary to underpin the information Breast Care Nurses require.

Having a small group of nurses attend each practicum ensures that knowledge can be tailored to enhance the learning. Experiences that may not be easily available to breast care nurses, particularly those from rural or regional Australia include, attending radiotherapy to watch planning; looking at breast cancer pathology slides with a pathologist to enhance understanding





Participants: Judith Elizabeth Drefke, Bromwyn Dalton

of the complexities of breast cancer pathology, visiting operating theatres and participating in large multidisciplinary team meetings and clinics remain a cornerstone of this clinically focused program.

2010 saw the develop-ment of the Metastatic Breast Care Nurse Practicum (MBCNP) a 3-day course designed for

LtoR. Sarah Laffin, Elizabeth Douglas, Amanda Goddard, Janice Valesco, Ruth Cho, Christine Walterlin

registered nurses who are currently caring for women with breast cancer. Its focus is primarily on metastatic disease and the many current treatment and supportive care issues that arise with advanced disease. The program has been designed to complement the breast care nurse practicum program and is therefore ideal for nurses who have attended the BCN practicum previously.

The BCNP & MBCNP in 2019 continue to bridge the gap between educational processes and real world experience by providing exposure to the practical and clinical aspects of the Breast Care Nurse role, multidisciplinary teams and patient care in a large tertiary centre of clinical excellence at the Westmead Breast Cancer Institute. This is another way that we are able to share our expertise with others to ensure the best outcomes for breast cancer patients across Australia.

Sydney Pink Ribbon Motorcycle Ride

will be held on Sunday 20th October 2019, at the Ettamogah Hotel, Kellyville.



Come to enjoy the spectacle or join the ride. All welcome!

For more details visit pinkribbonride.com



My Story: Carol Boulous

Like the 17,000 other women in Australia that receive similar news every year, Carol Boulous got her breast cancer diagnosis in 2016. Now aged 70 years old, at the time of her diagnosis Carol was 67.

Carol, who is of Lebanese ancestry, was born in Inverell in country NSW. The family later moved to Sydney, where she grew up with her brother and two sisters. Carol worked at a bank for most of her adult life and more recently as a teacher's aide prior to her retirement. The Northmead resident and her husband Simon have two sons and four grandchildren.

With no family history of breast cancer and no serious concerns about her breast health, Carol first started coming to BreastScreen NSW for her free mammogram following advice from her doctor in 1994. Together with her sister in-law, Carol has been coming for a screen every 2 years ever since.

Following her 12th "BreastScreening" mammogram at the Westmead Breast Cancer Institute's (BCI) Sunflower Clinic at the MYER store in Parramatta in March 2016, Carol received a phone call request to attend BreastScreen NSW's assessment clinic at Westmead Hospital for further review. Nervously presenting to her appointment with her husband for further tests, Carol was diagnosed with breast cancer on the 6th April 2016. Three small masses were found in her left breast, two were malignant lesions. "I remember the nurse holding my hand for 4 hours during my assessment" recalls Carol. "I remember being reassured, you



Carol Boulous and her sister-in-law Kerry

will get through this and reflect on your experience in 10 years... if the breast cancer professionals can see a future for me in 10 years then surely I will be okay?" Carol thought.

Through her breast surgeon A/Prof James French and her oncologist Professor Rina Hui, Carol had her left breast removed (mastectomy) and commenced chemotherapy once a week for 3 months together with Herceptin treatment every 3 weeks for 1 year. Her treatment was wholly organized by BCI "which was so good as you're not in the right frame of mind... the nurses make it so easy for you, they're angels, everything was coordinated, all the appointments" Carol said. The weekly chemo sessions made Carol very tired and she lost all her dark hair, the grey ones remained. Her sister in-law Kerry would accompany Carol to her appointments – her support person during screening all those years was now her support person during her treatment to rid her of this horrible disease. Despite her ordeal Carol felt "very lucky... having a supportive family, like an army around you". Carol also had access to BCI's Best Breast Friends group for support and took up the exercise classes offered for cardio and weights at Westmead.

Following her initial treatment, Carol has follow up appointments every 6 months with her breast surgeon and the oncologist to ensure the cancer does not return. Three years on Carol feels blessed. "You've just got to live every day, I will not let cancer interrupt my future". Carol now spends her days with her family, quilting, knitting and occasionally picking up her grand-children from school and enjoying their company. Her nieces visit Carol regularly as they are quite protective of her and want to make sure she's okay.

Carol was floored upon learning that less than 1 in 2 eligible women actively participate in breast screening – "it's got to be the most important thing they do, if you don't do it the options aren't good. Look after yourself, give yourself every chance – this (breast cancer) you can change".

Asked for what advice she can offer other patients of breast cancer Carol offers: "you will get through this journey, don't let it take over you, you'll get there, live day by day".



Mini Field of Women 2019

On Thursday, 3 October 2019, Westmead Breast Cancer Institute will hold its annual Mini Field of Women. One hundred pink ladies and one blue man silhouette will be on display, with people affected by breast cancer, their family and friends invited to share a message of support to place on each silhouette.

This event runs as part of our regular Best Breast Friends support group.

BCI Mini Field of Women Garden Courtyard, Level 1 Westmead Hospital Thursday 3th October 2019 10.30am – 12pm

To RSVP or for more information, contact BCI-supportservicesinfo@health.nsw.gov. au or call 8890 9682.



Staff Profile: Ghaith Heilat

I completed a bachelor's degree in medicine and surgery at Jordan University of Science and Technology in 2009 in Jordan and at age 30 I was awarded the Jordanian board and a master degree of general surgery. I started my practice in Jordan as a general surgeon and clinical lecturer at Yarmouk University. With time I was able clearly to find my passion in one of general surgery branches, it is Breast Oncoplastic surgery and fortunately I obtained sponsorship to do further training in this field.

Why Westmead Breast Cancer Institute?

After a thorough search, I found that Westmead Breast Cancer Institute (BCI) is one of the busiest breast units in Australia. It has a well respected reputation at both the national and international levels in combatting breast cancer. BCI has a strong commitment to research to ensure the delivery of high quality patient care and innovative surgical and diagnostic techniques. | still remember the moment that I walked in to BCI to start my fellowship training in September 2017, I was numb, emotional and super excited.

Breast cancer continues to have a significant impact on our community, and 1 in 8 women will develop breast cancer in their lifetime. In women, it continues to be the most common cancer diagnosed. accounting for 28% of all cancers diagnosed. But the five year survival rate for breast cancer now stands at over 90% as a result of hard work to fight this disease.

Screening mammograms are the most effective way of detecting breast cancer early. With early detection we will have more treatment options available and a greater chance of survival from this disease. Mammograms provide a very low risk and safe way of screening and diagnosis. Thus, breast screening is the way we can detect breast cancer as early as we can, however it is not a preventive nor protective procedure from breast cancer, but picking it up at the earliest stages enables the best chance of survival.

During my practice at BCI, I have noticed that most Arabic women presented a little bit later resulting in more advanced disease. This meant they may need more adjuvant therapy like chemotherapy and targeted therapy. It has been my privilege being from an Arabic background and speaking Arabic, making the communication with Arabic women much easier. This inspired me to design a study with my colleagues to study women from an Arabic background or those who consider Arabic language as their preferred language. We identified Arabic women diagnosed and treated for breast cancer at BCI. We

found that these women were younger, from more disadvantaged areas and also showed more aggressive tumour features compared with other groups. So they were more likely to present with symptomatic lesions (like a breast lump) rather than lesions that were identified on a screening mammogram (which usually cannot be felt). This emphasises the benefits of breast screening in ensuring breast cancer is picked up at its earliest stages allowing less aggressive treatments and improved survival. This aligns with data from the population screening program that shows migrant women have a lower rate of attendance for routine screening mammography.

BreastScreen participation is significantly lower among the migrant population in Australia compared to Australian-born women. The participation rate of women who speak a language other than English at home is below 49%, compared to around 55% in English-speaking women across NSW.

BCI delivers FREE screening mammograms for women aged 50-74 years through the BreastScreen Program. The appointment for screening takes no more than 15 minutes, it's free and no doctor's referral is required. With a culturally diverse population, varying socioeconomic demographics, newly arrived migrants and lower levels of health literacy, it is evident that we need to overcome barriers for breast screening. That is why, the interpreter service - which is available at BCI- ensures that we can talk to women in their native tongue to make them aware of the importance of having a mammogram every two years.

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During my time at BCI every day brought new challenges, many tears and frustrations, but also great joy and satisfaction: and at BCI we assist women pre-diagnosis, post diagnosis, during planning and treatment, then follow up care and every problem imaginable in between. We support women and their families through all stages of their breast cancer journey, toward achieving their goals.

I've been fortunate to find a supportive network of colleagues to assist my training at BCI. Every time I walk in, I feel enormously proud and privileged to work amongst such dedicated, intelligent and talented individuals, working together as a cohesive team to consider each patient and work through the best possible treatment pathway.

Ultimately, I know BCI will continue to provide an excellent service to all who walk through the doors whether it is a patient coming for treatment or a health professional coming to learn. I am grateful for the time I have spent as part of the team delivering that service. So, thank you so much BCI and keep shining a Ray of Hope.

Challenges for breast screening in Western Sydney

The past financial year has been a busy one for the Westmead Breast Cancer Institute's (BCI) BreastScreen NSW program in Sydney's west. From July 2018 to June 2019 we had over 47,000 women visit a BCI Sunflower Clinic in Western Sydney for their free mammogram.

Although a pleasing result, the overall participation in breast screening by eligible women continues to be less than 1 in 2. That is quite concerning when we know that 1 in 8 will go on to develop breast cancer in their lifetime and lives can be saved if it is found early.

Screening mammograms are the most effective way of detecting breast cancer early. With early detection the treatment of breast cancer is less invasive, survival rates are better, and women can get back to their normal lives guicker. Furthermore, mastectomy and chemotherapy can be avoided with less invasive treatments of smaller cancers. That is why we actively invite and encourage women aged 50 to 74 to have a mammogram every 2 years.

So, attention women of Western Sydney - if you are receiving our invites - please come, your appointment will only take 15 minutes and you will have peace of mind for another 2 years. If you're not getting our invites please come anyway and phone us to update your details on our files. If you are coming we thank you and ask that you please share our message with someone you know who should.

Please telephone **13 20 50** to book your mammogram.

Our BCI Sunflower clinics are readily accessible in select hospitals and MYER stores, with availability for screening 6-7 days a week. Appointments are free and no doctors' referral is required for a screen. We run a high quality service for women aged 50-74. Women aged between 40 and 49 (as well as those over 75) are also eligible to access the service.

We offer a small gift to first time screeners and the availability of interpreter assisted sessions for those with limitations in the English language. We run education sessions and group bookings for screening for workplaces and community groups. You are encouraged to contact BCI's Marketing department should you wish to organise a gathering in Western Sydney to raise awareness about breast cancer and screening - please phone 02 8890 9482.

The dynamics of our eligible population for breast screening in Western Sydney continues to evolve year on year. We now have over 170,000 women in our catchment, across 8 local government areas (LGAs), from Lithgow to Auburn aged 50-74. Almost 40% come from non-English speaking backgrounds and the socioeconomic demographic spans a whole spectrum of women. Help us to reach out to your community.

These factors make for an extremely diverse target population requiring tailored intervention strategies to get women to screen. Our aim is to enhance the BreastScreen experience, encourage continued engagement and a return to rescreening, to reduce the morbidity and mortality associated with the complications of advanced breast cancer.

Remember, breast cancer does not discriminate. Irrespective of a woman's lifestyle, well-being, background or family history - 1 in 8 will develop breast cancer in their lifetime, simply by being a woman and getting older. Please support our efforts by encouraging your loved ones to screen. It's safe, it's quick and it's free. Together, we will save lives.

An appointment for a free mammogram can be made by phoning 13 20 50 or book online at www.breastscreen. nsw.gov.au



Westmead Breast Cancer Institute Level 1, Westmead Hospital PO Box 143, Westmead NSW 2145 Phone: (02) 8890 6728 / Fax: (02) 8890 7246



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a Myer department store in

Western Sydney, or at one of

the hospitals listed above.

Electronic Medical Records

In the early 1990s in a UK breast centre in Nottingham the doctors had a very smart idea of collecting and collating information on every aspect of diagnosis, treatment and follow up on breast cancer patients. The information included details of how patients were first diagnosed with breast cancer, how and where it was diagnosed, information about the patient's family, and detailed information on their surgical, radiation and hormonal/ chemotherapy treatments. If you consider there were hundreds of patients seen through this facility every year, it was a huge amount of information and data points! The centre collated and reviewed the information and followed up these patients to look at their outcome for decades. It was true foresight on the part of the clinical team involved because this same information provides much of the basis of what we now understand, in terms of how to assess the degree of aggressiveness of a particular tumour and the clinical course that it will follow.

These days, you hear a great deal about "big data" collection being used to make changes and improvements in systems. The same is true for breast cancer patients. Some of you who have come through our clinics may have noticed that a doctor or nurse is recording



A/Prof Nirmala Pathmanathan and A/Prof Elizabeth Elder your information on a computer rather than a paper file. This not only saves the trees, it is also a way of capturing data from our hundreds of patients we see every day.

So how do we collect this information in a secure, meaningful and systematic way? Well it was no easy task. BCI developed and are now using a specific breast cancer electronic medical record created by our clinicians for our patients. This project took several years to complete, identifying what information to collect, how and when to collect it and then programming the information into a user friendly interface doctors could enter whilst in the clinic. The project was led by Associate Professor Elisabeth Elder and our director Associate Professor Nirmala Pathmanathan. A/Prof Elder worked with clinical teams to devise

"electronic forms" to record clinical details of different patient visits from the first visit to surgery through to follow up. Similarly A/Prof Pathmanathan worked to devise electronic forms to record detailed aspects of the pathological features of breast tumours to be recorded by the pathologist in an electronic format.

The project involved huge changes in the way things were done and after many revisions, we are finally able to see the value of the electronic record with hundreds of data points being collected during routine clinical activities. At BCI we are now able to see a detailed record for every patient and the information is collated into a database. The information allows our doctors to improve communication with patient's general practitioners and specialist doctors, follow trends, and understand how different types of cancer behave. It also leads to improvements in clinical decisions and most importantly provides information for the purposes of research. Our research is reliant on having accurate information, and with access to detailed information on hundreds of patients in a single database it will prove invaluable in the future. As they say information is power!!

Ensuring that research has a direct impact for our patients (cont)

Continued from page 1

quide treatment of triple negative breast cancers. These cancers lack receptors that can be effectively targeted with existing treatments, and are overall the most aggressive type of breast cancer. The research aims to identify which patients are at greatest risk of relapse, so that this can be taken into account in planning their clinical care. Through reviewing microscope images of these cancers, the team realised that not all triple negative breast cancers look the same, and that certain patterns were recognisable in subsets of triple negatives, which a computer tool might detect more accurately. The team established a collaboration with an expert computer science team from the University of Warwick in the UK to explore this idea. The plan is to have experienced pathologists provide training to an artificial intelligence program, so that the program will 'learn' how to recognise cancers that are at the greatest risk of relapse. This cutting edge software could then be provided to clinical pathology departments to assist in diagnostic assessment.

In addition to finding solutions to improve outcomes for patients with invasive breast

cancer, the team is regularly faced with the challenge of treating ductal carcinoma in situ, or DCIS. This refers to the presence of malignant cells confined to the milk ducts of the breast, which have not yet invaded the surrounding tissue. About 20% of breast cancers detected by mammography turn out to be DCIS. DCIS is a very low risk form of breast cancer, which is usually cured by surgical removal. But for some patients. the malignancy returns, and about half the time it returns as an invasive cancer. There is currently no way to predict when this might occur. DCIS is diagnosed clinically by examining for the presence of normal cells, called myoepithelial cells, which surround and confine the malignant cells to the ducts. In invasive breast cancer, these cells are lost. The team discovered that proteins contained in normal myoepithelial cells begin to disappear as DCIS develops. Early results suggest the rate of loss of these proteins predicts whether DCIS might become invasive. The team hopes that this discovery will identify a novel panel of markers that could be used in the clinical setting to flag patients who are at high risk of developing invasive breast cancer down the track. This will help patients to decide

the level of treatment that's best for them after their surgery.

Breast cancer is alarmingly prevalent in our community, with 1 in 8 women expected to be faced with a breast cancer diagnosis sometime in her life. Research yielding novel diagnostic tools, targeted treatments and improvements in screening are critical to improving outcomes and preventing breast cancer deaths. The Westmead Breast Cancer Institute Research Initiative is a team of clinicians from all the different disciplines involved in treating breast cancer integrated with researchers. The research team is embedded within the multidisciplinary team and part of the clinical meetings that happen every day where patients and their treatment plans are discussed. In this way research has been integrated into routine clinical work, which ensures that all research is driven by current issues that face our patients and clinicians. At BCI this is another demonstration we are committed to research that provides affordable care to improve the lives of patients and can truly make a difference. To find out more about research through BCI, call 8890 8458 or email bci-information@ health.nsw.gov.au.

You can make a difference.

We hope you have enjoyed reading this year's Venus Newsletter. As you will have seen, the Westmead Breast Cancer Institute (BCI) continues to provide expert care and quality services across all of our programs - screening, diagnosis, clinical treatment and support, research and education. This can only be achieved with the ongoing support we receive from you, our supporters, in addition to the funding we receive from government.

There are many ways you can help BCI provide continuing state of the art breast cancer services to the people of western Sydney. Your continued generosity has enabled us to improve services for patients including development of new and soon to be translated patient information brochures, more advanced surgical equipment and enhancing our collaborative clinical and translational research projects.

Every day 48 women in Australia will receive a diagnosis of breast cancer. Given the aging population and population growth this number is set to increase. With your help and generosity, we at the BCI will continue to improve the breast cancer journey, and make a significant difference to the lives of women with breast cancer, their families and the community.

Please help us in our mission of "engaging with our community for early detection, diagnosis, support and treatment of people with breast cancer, today and everyday".

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You can:

Make a donation

You can make a one-off or recurring donation by either:

- 1. Donating online at www.bci.org.au and click on the "Donate Now" button on the top right hand side Your tax deductible receipt will be issued immediately by email.
- 2. Using the donation form on the back of the address slip that came with Venus (it already contains your details and donor number), or using the donation form at the bottom of this page, and posting them back.

Your tax deductible receipt will be mailed to you.

3. Phoning 8890 8458 with your credit card details.

Fundraise for us

If you would like to fundraise on our behalf, either individually or through your business, community group or school, we'd love to hear from you. Before fundraising on our behalf you will need to read our Fundraising Guidelines and complete the Fundraising Agreement Form.

Give in Celebration

Making a donation to celebrate a special occasion or milestone is a great way to support the BCI. Ask your guests to donate to a cause rather than give presents. Tax deductible receipts can be organised for you.



Supporting People with Breast Cancer Today and Every Day

- Providing screening, diagnosis, treatment and care by expert teams
- With world-class research, education and innovation
- Engaging the help of our community and supporters
- To shine a Ray of Hope

Best Breast Friends

A chance to meet other women affected by breast cancer. Join us for a chat and listen to guest speakers present talks on various subjects including nutrition, menopause and exercise.

Session times:

First Tuesday of each month, February - December 10:30am–12:00pm

Westmead BCI [Door 1] Conference Room Level 1, F Block Westmead Hospital

For more information call 8890 9682 or email BCI-supportservicesinfo@health. nsw.gov.au

Supporting People with Breast Cancer Today and Every Day

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I would like to support the Westmead Breast Cancer Institute's Fundraising Campaign by: 1. Donating online at www.givenow.com.au/westmeadbci	Donor number First Name		
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