

# **1. OVERVIEW**

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## Key Statistics

- Breast cancer is the most common cause of cancer-related death in women in Australia.
- Age is the biggest risk factor in developing the disease. Over 75 per cent of breast cancers occur in women 50 years and over. Less than 10% occur in women under 40.
- Nine out of ten women who get breast cancer DON'T have a family history of breast cancer.
- The lifetime risk of women developing breast cancer before age 75 years is one in eleven. The risk of a diagnosis by age 85 is one in eight.
- From 1993 onwards, there has been a steady decline in the age-standardised mortality rates for women in the target age group of 50-69 years. The mortality rate for these women in 1989 was 66.7 deaths per 100,000 women; in 2003 the corresponding figure was 54.1.
- In 2002-2003 1,618,306 women participated in BreastScreen Australia screening. Of these women, 1,118,429 (69%) were in the screening program target age group of 50 to 69 years.
- The Program's aim is to achieve a participation rate of 70% among women aged 50-69 years. At present, the Program is screening 56.1% of women in this age group.
- In 2003, 3,663 invasive cancers (any size, all screening rounds) were detected through BreastScreen Australia in women aged 40 and over.
- BreastScreen Australia operates in over 500 locations nationwide via fixed, relocatable and mobile screening units.

### Breast Screen Australia

### Acknowledgements:

[BreastScreen Australia Monitoring Report, 2002-2003 \(May 2006\)](#)  
[Cancer in Australia 2001 \(Dec 2004\)](#)

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## Tasmanian Statistics

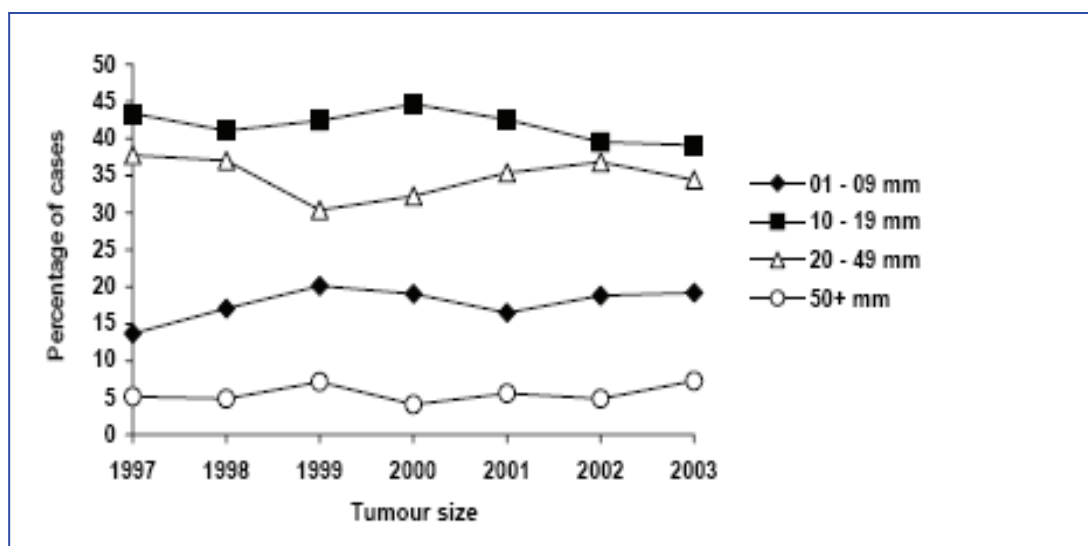
### Female breast cancer 1997 - 2003

The Tasmanian Cancer Registry first recorded breast cancer tumour size and lymph node involvement in 1997 when funding was provided to all Australian cancer registries for this purpose.

#### ***Tumour size***

In 2003, 95% of the 295 primary breast cancer cases (female) were histologically examined. Information about tumour size was available for 276 (94%) of these cases. Of these tumours, 53 (19.2%) were less than 10mm in diameter, 108 (39.1%) were between 10 and 19mm, 95 (34.4%) were between 20 and 49mm, and 20 (7.3%) were greater than 50mm in diameter. Figure 7 compares categories of tumour size from 1997 to 2003.

Figure 7: Breast cancer - Size of histologically confirmed tumours 1997 - 2003



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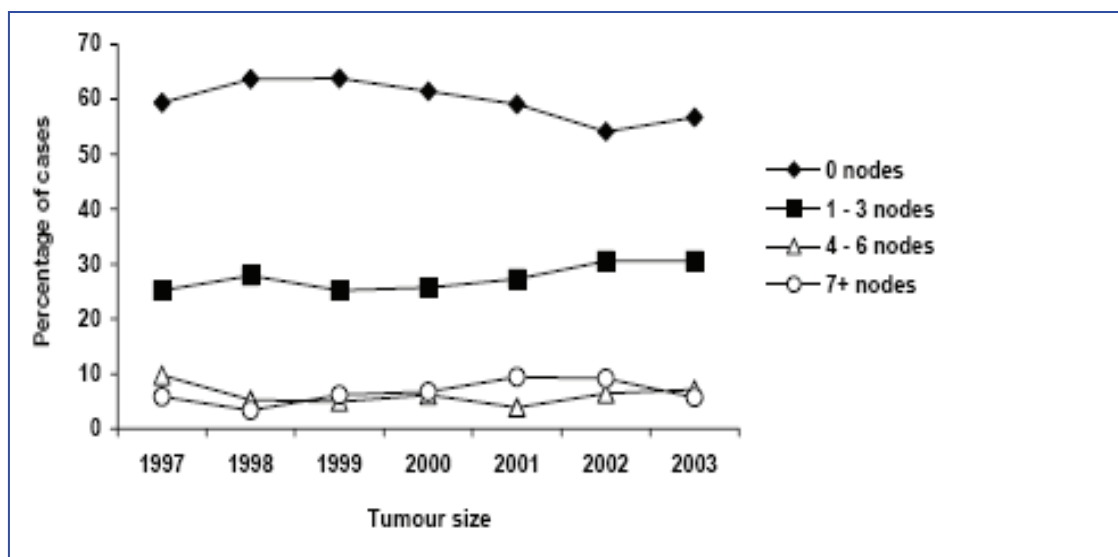
[1.6 Genetic Clinical Services](#)

## Tasmanian Statistics *cont'd*

### ***Lymph node involvement***

Of the 295 primary breast cancer cases (female), lymph nodes were investigated in 210 (71%) of cases. Where nodal status was examined, 119 (56.7%) cases were classified as lymph node negative, 64 (30.5%) cases involved 1 to 3 lymph nodes, 15 (7.1%) cases involved 4 to 6 lymph nodes, and 12 (5.7%) cases involved 7 or more lymph nodes. Figure 8 compares categories of lymph node involvement from 1997 to 2003.

Figure 8: Breast cancer - Lymph node involvement 1997 – 2003



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## Tasmanian Statistics *cont'd*

### Regional Distribution of Cancers

The regional distribution for each cancer site is shown as the number of cases and the percentage of all cases of each cancer site in each statistical division (Table 1). This information is based on recorded postcode of residence. On the basis of population numbers in each of the statistical divisions, the distribution of cancers would be expected to be 49% in the South, 28% in the North and 23% in the Mersey-Lyell division. Variation around that distribution can be expected due to chance occurrences and differences in the age distribution between the regional populations.

*See diagram overleaf*

#### Further information:

[Cancer In Tasmania](#)

[Tasmanian Cancer Registry](#)

[The Tasmanian picture](#) — The Cancer Council Tasmania

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## Tasmanian Statistics cont'd

Table 1: Regional distribution of cancer incidence for all sites with a minimum of 50 new cases 2003

T ICD-10	Site	Southern	Northern	Mersey-Lyall	Total
		234,903 (49%)	135,071 (26%)	107,120 (23%)	477,094 (100%)*
C 51	Prostate	205 (51%)	114 (28%)	85 (21%)	405
C 18-C21	Colorectal	155 (51%)	84 (27%)	67 (22%)	305
C 50	Breast	137 (46%)	89 (30%)	71 (24%)	297
C 33, C34	Lung	109 (45%)	73 (30%)	62 (25%)	244
C 43 Melanoma of skin		114 (52%)	61 (28%)	45 (20%)	220
C 81- C 85	All lymphomas	62 (58%)	25 (23%)	20 (19%)	107
C 54	Kidney	22 (48%)	19 (26%)	16 (24%)	68
CD1 – C14, C 30-C 32	Head and neck	28 (42%)	22 (33%)	17 (25%)	67
C 91 – C 95	All leukaemia	29 (45%)	20 (31%)	16 (25%)	65
C 67	Bladder	31 (48%)	23 (35%)	11 (17%)	65
C 25	Pancreas	31 (48%)	21 (32%)	13 (20%)	65
C 00	Lip	25 (49%)	14 (27%)	12 (24%)	51
	<b>Total new cases</b>		<b>960 (49%)</b>	<b>565 (29%)</b>	<b>436 (22%) 1961</b>

\*Cancer types may not add up to 1005 due to rounding.

#Source: Australian Bureau of Statistics (ABS), Population Estimates by Age and Sex, Australia and States 2003, June 2004, Data Cube (Cat. No. 3235.0.55.001).

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## Risk Factors

There are various risk factors connected with breast cancer, the single greatest one being increasing age. The most important influence is the hormonal factor, including menstrual and childbirth history. The use of oral contraceptives at a young age and the extended use of hormone replacement therapy are known to increase breast cancer risk .

Breast cancer in close family members (first degree relatives) is an indicator of risk. Other factors associated with increased risk are a previous history of breast cancer or benign disease, an increased body size, especially a heavier body weight at older ages and exposure of breast tissue to ionizing radiation (particularly before 20 years of age).

Research is still continuing in many areas.

Below is a list of information relating to risk factors for breast cancer. These can be accessed via the Department of Health and Ageing's [Healthinsite](#):

### Publications:

Title: Breast cancer: can you prevent it?  
Publisher: myDr  
Description: In the battle against breast cancer, it helps to know your breasts. They are made up of fat, nipple, milk glands (alveoli) and ducts through which milk can pass from the glands to the nipples.  
Date: Jun 2006

Title: Breast cancer: early diagnosis is the key  
Publisher: myDr  
Description: The good news is that with advances in treatment and diagnosis, more women are surviving breast cancer than ever before.  
Date: Jun 2006

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## Risk Factors

Title: Breast x-ray screening  
Publisher: Better Health Channel  
Description: A breast x-ray or mammogram is the best way to detect breast cancer in its earliest stages. A mammogram every two years is recommended for women over 50 years of age. Date: Mar 2006

Title: Family history and breast cancer  
Publisher: National Breast Cancer Centre (NBCC)  
Description: Risk factors for developing breast cancer include having a genetic or family history; getting older or having been diagnosed with breast cancer or DCIS. Date: Nov 2004

Title: Risk factors - Family history and genetics - breasthealth  
Publisher: National Breast Cancer Centre (NBCC)  
Description: Breast cancer risk factors include genetic or family history. Date: Oct 2003

Title: Nutritional supplements  
Publisher: The Jean Hailes Foundation  
Description: For women aged 40 and over dietary recommendations include general food guidelines, such as The Australian guide to healthy eating, and specific nutrient recommendations, as outlined in the Recommended dietary intakes for use in Australia. Date: Jul 2003

Title: Managing healthy women at risk of breast cancer  
Publisher: Australian Prescriber  
Description: Several risk factors for breast cancer have been identified. The most important of these are ageing and a positive family history. Optimal breast cancer prevention strategies in high-risk women are still to be determined and are the subject of ongoing clinical trials. Date: Dec 2002

Title: Breast health  
Publisher: The Cancer Council Victoria  
Description: Contents: Breasts; breast changes; breast care; common breast problems; breast cancer; breast cancer risk; finding breast cancer early.

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## Risk Factors *cont'd*

Title: Benefits of breast feeding  
Publisher: myDr  
Description: Studies show that women who breast feed have a reduced risk of developing breast cancer later in life.  
Date: May 2002

Title: Phytoestrogens and breast cancer in postmenopausal women: A case control study  
Publisher: Healthy Eating Club  
Description: Examines the association between isoflavones, androgens, and dietary composition and the risk of breast cancer in Australian post-menopausal women.  
Date: Oct 2001

Title: Breast cancer facts and figures  
Publisher: myDr  
Description: Discover some fast facts about breast cancer.  
Date: Mar 2001

Title: Guidelines for the surgical management of breast cancer  
Publisher: Royal Australasian College of Surgeons  
Description: These College guidelines consist of systematically developed statements about selected key issues in breast cancer. They have been developed by surgeons, with extensive input from other specialists involved in the management of breast cancer, and from consumers.  
Date: Sep 1997

## **Acknowledgements**

Healthinsite is an Australian Government initiative, funded by the [Australian Government Department of Health and Ageing](#). It aims to improve the health of Australians by providing easy access to quality information about human health.

<http://www.healthinsite.gov.au/static>

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## Prevention

To date, there is still no known absolute measure to prevent breast cancer. Sometimes, in extreme cases, women who are at extremely high risk of developing breast cancer (say from a strong family history or having one of the genes that increase risk) have made the decision to have preventive surgery and have both breasts removed, even though there were no signs of cancer at the time. This reduces their risk of developing breast cancer by 90 per cent or more.

Although the risk factors of ageing or positive family history of breast cancer can't be altered, other defensive measures can be taken. These include having regular screening and being breast aware.

Lifestyle factors which may increase the risk of breast cancer such as alcohol consumption and diet can be changed .

### **Mammograms**

[BreastScreen](#) Australia states that regular 2-yearly mammograms are the best way for women aged 50-69 to detect breast cancer early, which improves the chances of successful treatment and recovery.

### **Exercise**

Recent research has suggested that undertaking regular exercise, especially during adolescence and young adulthood, and maintaining a healthy body weight may decrease the risk of developing breast cancer.

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## **Prevention *cont'd***

### ***Diet***

Controlling weight, especially after menopause, and eating a healthy diet is the advice recommended for reducing risk. Increased intake of some dietary components, such as phytoestrogens (such as found in soy), fibre, lycopene (an antioxidant found in tomatoes), and vitamins A (eg. from beta carotene), C and E, is said to lower the risk of breast cancer. These claims are controversial - studies have produced mixed results, although there is no doubt that a varied diet rich in fruit and vegetables helps a person stay healthy.

### **Acknowledgements**

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## Breast Screening

A screening mammogram is an x-ray of the breast. It is the best way of detecting breast cancer at its earliest stages. Early detection of breast cancer offers a better chance of successful treatment and recovery.

Breast screening for women aged 50—69 is recommended.

Scientific evidence is not strong enough to recommend regular screening mammograms for women aged 40-49 (unless they have a family history of breast cancer) although they may request a free screening mammogram at Breast-Screen Australia.

The breast tissue in women before the menopause is dense and makes mammograms difficult to read, so women under 40 do not usually have regular screening mammograms. Young women with a strong family history or symptoms should ask their doctor for a diagnostic breast x-ray. As should any woman who develops a breast symptom.

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## **Breast Screening and Assessment in Tasmania**

Provides free breast screening and follow up assessment services for all eligible women.

**Breast Screen Booking**      **Phone: 13 20 50**

### ***Eligibility Information***

Who should have a screening mammogram?

BreastScreen is State / Australian government funded to provide free screening mammograms every two years. The target population is women aged 50-69. All women over the age of 40 are eligible to attend.

Screening mammograms are not available for women under 40.

### ***More Information***

The following fact sheets are available for more information:

- Breast Awareness
- Breast Screen Booking Details
- BreastScreen Explained - 'No more excuses'
- Breast Pain
- Relaxation Brochure - 'You have been called back'
- Called to Assessment
- Waiting for results
- Mammograms 40 - 49
- Mammograms after 75
- An Order form for Print Material is also available

### **Further information:**

**[Early detection of breast cancer](#) National Breast Cancer Centre**

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## Genetic Clinical Services

Family cancer clinics provide a service for people with a family history of cancer and their health professionals. After collecting and thoroughly assessing detailed information about a woman's family history of cancer these clinics provide:

- Information about a person's risk of developing cancer
- An estimate of the likelihood of carrying an inherited mutation in a cancer predisposing gene.
- Counselling and support.
- Advice about possible strategies that might help reduce the risk of cancer.
- Information about early detection of cancer.
- If appropriate, the offer of genetic testing.

### Further Information:

#### Clinical Genetics Service Tasmania Royal Hobart Hospital

Royal Hobart Hospital HOBART TASMANIA 7000

Telephone: 03 6222 8296 Fax: 03 6222 7961

Contact person: Dr Jo Burke, Sonya Bacic (Genetic Counsellors)

Services offered:

- Risk Assessment
- Management Advice
- Predictive Testing
- Breast Screening Program
- Genetic Counselling
- Referral for predictive testing

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