



**Prof. Arlene Chan**  
Director – BCTU  
Vice-Chair – BCRC-WA

## Triple negative: What is it and how is it treated?

Breast cancer is not the same disease in every patient.

Although every breast cancer cell starts in the breast, the characteristic of the cancer cells can differ between patients. Breast cancers which are 'triple negative' (TN) are examples of a particular type of breast cancer.

The name is given because these cancer cells lack oestrogen receptors, progesterone receptors and HER2 receptors on the surface of the cancer cell (Figure 1). Receptors can be thought of as "doorways" into the cancer cell that leads to stimulation of the growth of that cancer cell. So in TN cancer cells, they survive and grow by other mechanisms without needing certain receptors to be present on the cell surface.

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# Mind-Bender



My favourite team have won seven times this season, but they haven't scored a goal. Explain.

*Answer: It is a cricket team*



A special recognition to **Hudsons Coffee** who have generously donated catering and coffees at our PYNKS meetings as well as other BCRC-WA functions.



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## Meet the BCRC staff



### **Introducing:**

Mercy Samuel

### **Position:**

Ethics and Research Officer

### **What does your role involve?**

My role is to manage all ethics related issues for all the clinical trials that are undertaken by BCRC-WA. This includes pharmaceutical sponsored trials and the in-house trials sponsored by BCRC-WA. It involves ensuring initial approval of the trial by the Human Research Ethics Committee (HREC), timely submission to HREC of all important safety data, amendments, etc. when the trial is ongoing at the site and ensuring all trial documentation is in place when the study is closed at the site. Clinical trial documentation may seem daunting at times and unnecessary as well, however, the golden rule to remember is that "if it was not documented, it did not happen"!

I enjoy working on the varied clinical trials we have and it is a pleasure to work with our very well organised team. It was also exciting to work on the start-up of the Helen Sewell Breast Tumour Bank and see it progress so well.

### **Tell us about yourself..**

I grew up in India, studied a Masters in Biotechnology and worked for nearly 4 years in clinical data management and I have been hooked on clinical research ever since! I moved to New Zealand for a year after I got married and then we moved to Perth in 2008. I love the vast blue sky and the pristine beaches here and I think I have figured out the unique Aussie vocabulary (well mostly!). I enjoy trying out different cuisines, especially exploring the connection between food and different cultures. I also like to read (though it is currently restricted to reading to my 4-year-old son) and travel.

Professor Chan's article continued.

From research studies, there are a few facts about TN breast cancer:

- (i) These cells can grow faster than other types of breast cancer cells and can be associated with a worse prognosis when compared with breast cancer that is not TN;
- (ii) As a group, patients with TN breast cancer account for about 10-15% of all breast cancers;
- (iii) They are more commonly found in patients who carry the BRCA gene, but can also be found in patients without the gene or indeed, a family history of breast cancer;
- (iv) For patients who have metastatic TN breast cancer, there is a greater predisposition for these cancer cells to be secondaries in particular organs in the body (e.g. bones, brain, liver).

#### Treatment

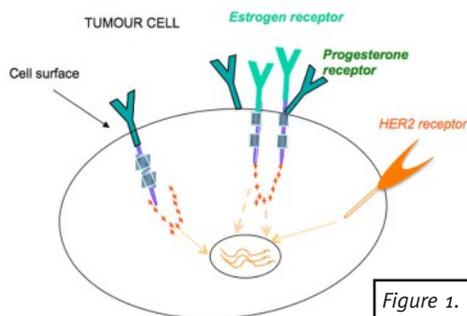
In regard to how we treat TN breast cancer, we do not use specific drugs to target a receptor, as receptors are not present. Contrary to hormone positive and HER2 positive breast cancer, where we use specific drugs called anti-hormone drugs (e.g. tamoxifen, anastrozole and letrozole) and anti-HER2 drugs (e.g. trastuzumab, lapatinib) respectively; this approach is not available for TN breast cancer.

Despite the lack of receptors, TN cells can be effectively killed by a number of chemotherapy drugs, which work without needing to have a receptor present on the cancer cell. So do we treat TN breast cancer differently to other types of breast cancer? The answer is no. Surgery and radiation therapy is used in the same manner as for patients who have non-TN breast cancer. The approach to drug therapy is as follows: For patients who have TN early breast cancer (i.e. there is no cancer spread beyond the armpit lymph glands), the same approach is used to treat as for other types of breast cancer (i.e. choosing the best chemotherapy drugs, giving the best doses based on the patient's body size and giving the drugs over the correct time span).

For women whose TN cancer cells have spread to other organs (i.e. metastatic or stage IV breast cancer), chemotherapy remains the mainstay of treatment. It is important to be aware that there are many different types of chemotherapy that can be used; with the highest likelihood of controlling the metastatic disease being achieved by the correct choice of chemotherapy drug (e.g. using one drug or combination of drugs), changing to another chemotherapy drug once it is apparent that the cancer is no longer responding to the one being used and considering the patient for a clinical trial if possible.

#### Future directions

A great deal of research has been done over the past 5-10 years in TN breast cancer and there is now far greater understanding of what 'drives' these cancer cells. There is much excitement in the identification of proteins and other targets which drive TN cells and drugs have been developed to act against them, (e.g. PARP, angiogenesis, EGFR, FGFR, MAPK) and ongoing clinical trials, will determine which drugs will be the most useful. In the meantime, the optimal use of chemotherapy is still very effective in treating patients with this kind of breast cancer.



**Prof. Arlene Chan**  
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# BreastScreen WA now invites women up to 74 years old!

Towards the end of 2014, BreastScreen WA started inviting women up to the age of 74 years for free two-yearly screening mammograms.

Previously, the program invited eligible women from 50 – 69 years. The change is due to health experts finding that women up to 74 years would benefit from continuing to be invited. This initiative will mean more than 220,000 additional screening services can be delivered throughout Australia over the next four years, detecting an estimated additional 600 breast cancers annually.

Women between 40 and 49 and over 74 years can still access the free service. Although, women may be referred by their GP, a referral is not necessary.

Women diagnosed with breast cancer in Australia have better survival prospects compared with women in most other countries. Having regular mammograms through BreastScreen WA is one of the best things women can do to detect breast cancer early, and improve their chance of survival.

To allow women greater choice in arranging their screening mammograms, appointments can be booked online for one of the 9 metropolitan clinics by visiting the BreastScreen WA website:

[www.breastscreen.health.wa.gov.au](http://www.breastscreen.health.wa.gov.au). Women can also call 13 20 50 if they wish to book by phone.

The 9 metropolitan screening clinics are located in Cannington, Joondalup, Midland, Mirrabooka, Padbury, Perth City, Rockingham, with BreastScreen WA's newest clinics at David Jones in the CBD and the Cockburn GP Superclinic. There is also a permanent screening and assessment clinic in Bunbury, in addition to 4 mobile vans that visit country towns.

BreastScreen WA celebrated its 25th Silver Anniversary in 2014, and is very proud to continue to provide a free, fully-accredited, breast cancer screening service to the women of WA.

## Dr Eric Khong

Liaison GP, BreastScreen WA  
Angela Hellewell, Manager Health  
Promotion and Recruitment,  
BreastScreen WA



# Eat Well, Feel Well

An initiative of Breast Cancer Research Centre WA

Providing you with both complimentary and paid services which will assist you in maintaining a healthy lifestyle.



## Healthy Weight, Healthy Life

**Healthy Weight, Healthy Life** offers early breast cancer patients a free service to assist them with nutritional issues while on treatment.



## Symptom-Less

**Symptom-Less** is a free service that offers advanced breast cancer patients advice on how to deal with symptoms related to their treatment.



## Individualised Sessions

**Individualised Sessions** lets patients meet individually with a dietitian and the service will be specifically tailored to the patient's needs.

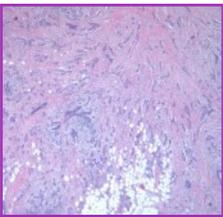
# Breast Pathology

Pathology is the study of disease, where tissue obtained from a biopsy is examined under a microscope.

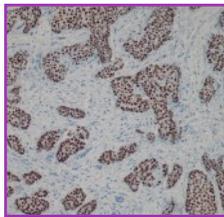
In the case of breast cancer, every breast cancer requires a biopsy. The specimen is “fixed” in formalin, and processed to produce slides of a thin section of the lump. Pathologists are medical doctors who have undertaken at least another 5 years of postgrad training to enable them to interpret the slides.

Once the tumour is surgically removed, the whole specimen, often with a lymph node or nodes, is also submitted to the pathology lab. The goal is to estimate grade (aggressiveness of the tumour), size, the distance to the margins (edge) of the specimen, whether the tumour been completely removed, and detect whether the tumour has invaded into blood vessels.

Estrogen, progesterone, and Her2 receptors are also evaluated, which are critical to allowing the medical oncologist to select the best drug treatment for that patient. Special stains are used to identify these receptors (examples below)



*Breast carcinoma*



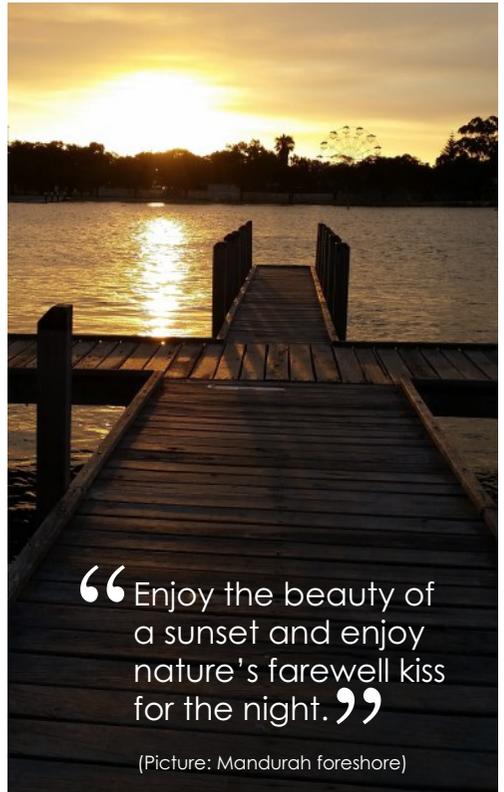
*Estrogen receptor stain*

The pathologist will also help to determine whether the tumour has spread to the axillary (armpit) lymph nodes. This might be determined at the time of the operation with a frozen section, or at the time of formal examination after surgical removal.

Not every lump is cancer: many times a presumed metastasis has turned out on biopsy to be a granuloma, infectious process, or other unrelated condition. All this information provided by the pathologist is critical to patient management.



**Dr David Palmer**  
Histopathologist  
Western Diagnostic Pathology



“Enjoy the beauty of a sunset and enjoy nature’s farewell kiss for the night.”

(Picture: Mandurah foreshore)

# Welcome to our new board member

BCRC-WA welcomes new board member:  
James (Jim) Giumelli.

Jim comes to BCRC-WA with a wealth of experience and will be a valuable member in helping us grow as an organisation.

The founder of Ertech and now Chairman of Ertech Holdings, Jim holds a Bachelor of Civil Engineering and is a Fellow Chartered Professional Engineer of Engineers Australia. He has over 45 years' experience in the construction industry.

Jim has led the successful development, diversification and financial performance of the Ertech Group of Companies since inception in 1981. He is a current director of Ertech Holdings, Ertech Geomarine, Ertech Electrical, FormAction Concrete Civils and Duratec Australia.

In 2008, responding to the shortage of skilled labour in the construction industry, Jim founded the Ertech Construction

Academy which is an innovative training institution that aims to provide young people with a pathway into the civil construction industry.

Jim was the winner of the Western Region Entrepreneur of the Year 2013 in the Services Category and the Western Region Entrepreneur of the Year 2007 in the Financial, Business and Property category.

His personal motto of “willingness to learn and willingness to have a go” reflects a preparedness to take calculated decisions and risks.



## Triathlon Star

Congratulations to BCRC-WA staff member Nicola who completed the Nedlands triathlon in January.

Nicola works as a Senior Study Coordinator within BCTU and more often than not rides her bike to work.

After a 600m swim, 18km cycle and 5km run she succeeded in gaining a bronze medal in

her age division – Nicola you are truly an inspiration to us all, well done!!





# Pynks

POSITIVE • YOUNG • NURTURING  
KIDS/FAMILY-FOCUSSED • STRENGTH-GIVING

*Do you have secondary cancer?  
Like to talk to like-minded people,  
who really understand?*

Pynks is a support and information group for younger women and those who are young at heart. Pynks provides facts and topics relevant to advanced secondary breast cancer.

For more information telephone **9321 2354**  
or email [info@bcrc-wa.com.au](mailto:info@bcrc-wa.com.au)



Pynks is a BCRC-WA initiative

# The role of a Dietitian

People who are going through treatment for cancer often experience symptoms that interfere with their food intake.

This can result in weight loss, muscle wastage, fatigue and affect your tolerance of your treatment.

Even if you aren't losing weight on the scales, some research supports the theory that women are still losing muscle mass, even if you appear to be gaining weight. Your muscle mass supports your metabolism, other bodily functions and overall how active you can be. People who maintain better muscle mass tend to be able to carry out their normal daily activities and exercises better than those who don't

Good nutrition can reduce muscle loss, improve energy levels, improve your stores of nutrients, reduce the risk of infection and help you tolerate the side effects of treatment better. This may help reduce your hospital admissions and aid in your recovery.

Dietitians can help you set goals and find practical ways to get adequate protein and other nutrients, even if you don't feel like eating. We work with your symptoms to allow you to get a balanced, nutritious diet. We can come and see you in Oncology Clinic (free) or in our private rooms (at a cost).

So what if you need to lose weight? We recommend contacting us at the end of your treatment (if you are having chemotherapy, otherwise contact us anytime) and enquire about our free healthy eating and weight loss seminars, run by the Hospital Dietitian. Maintaining a healthy weight, diet and exercise habits has numerous benefits for you for the future. If you have specific needs and goals, a

one-on-one session may help you more. Our Eat Well, Feel program, an initiative of Breast Cancer Research Centre-WA, provides patients with both complimentary (for Mount Patients) and paid services which will assist with maintaining a healthy lifestyle.

Please contact us (details are below) to ensure there is available places.

We work Monday through Friday and can be contacted at [Mount.Dietetics@healthscope.com.au](mailto:Mount.Dietetics@healthscope.com.au) or 9483 2853

## Monthly Recipe

### Ginger & Walnut Shortbread Biscuits

#### INGREDIENTS

2 ¼ Cups Plain Flour  
250 gms Butter or margarine  
½ cup Icing Sugar  
1 teaspoon Vanilla  
Pinch Salt  
115 gms chopped preserved ginger  
115 gms chopped walnuts  
Coating for rolling the shortbread in  
Extra ½ cup icing sugar  
1 teaspoon ground ginger

#### METHOD

Pre-heat oven to 180c°  
Cream butter and icing sugar, add vanilla. Add flour, salt, nuts, ginger and roll into walnut-sized balls.  
Bake in moderate oven for 15 minutes.  
When cooked, roll into the icing sugar with ground ginger while hot, and again when cold.  
A big thank you to Glenys Miller, a member of our PYNKS group, who heeded the call for a recipe for this month's newsletter issue.  
This typifies Glenys, kind and generous and always willing to help others. Thank you Glenys.

# One Size Does Not Fit All

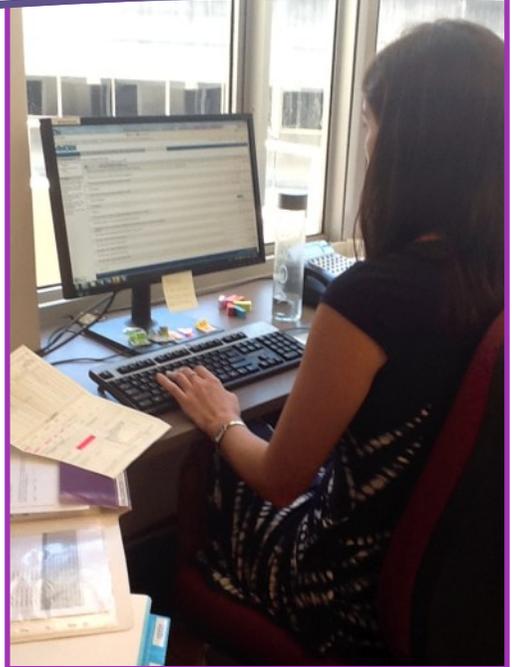
A lot of people think of "cancer" as one disease which behaves much the same way in anyone who is diagnosed with it. These well-meaning people may feel the need to discuss the stories they've heard about their neighbour's aunt's friend who had breast cancer and how their treatment worked out. They mean well but this can be a case of "comparing apples with oranges". Even within breast cancer alone, there are many factors which mean one person's experience and treatment will be very different from the next.

Here in the Breast Clinical Trials Unit (BCTU), we are involved in a range of different projects which address some of the many diverse factors involved in breast cancer.

We have some treatments used in the early stages and given before surgery, some after surgery, some when the cancer is present in other parts of the body and some in a preventative setting.

Some are for hormone positive tumours, some for hormone negative. Some for Her2 positive tumours, some for Her2 negative. One for BRCA positive tumours. Some for pre-menopausal women and some for post-menopausal!

Many of our projects also involve blood tests or tissue tests to identify any other



markers which could tell us which treatments are going to be useful and which are not. Identifying instances where a treatment won't work is just as important as identifying when treatments are more likely to work as it means your doctor has a better idea of which specific treatments may work for you to those that won't.

This is just a simple summary of some of the different factors we look at when studying how different breast tumours behave so you can see it is certainly not a case of one size fits all.

So the next time a well-meaning person tells you about their Great Aunt Mable, just smile and nod.

**Linda Smith (RN)**  
BCRC-WA  
Breast Clinical Trials Unit

# PYNKS member Alexandra's special day

To prove that nothing can stop a PYNKS member, Alex and Mark share their special day with us.

In December last year, Alexandra organised us to renew our vows in Paris, overlooking the Eiffel Tower. This is the exact location I proposed, four years earlier.

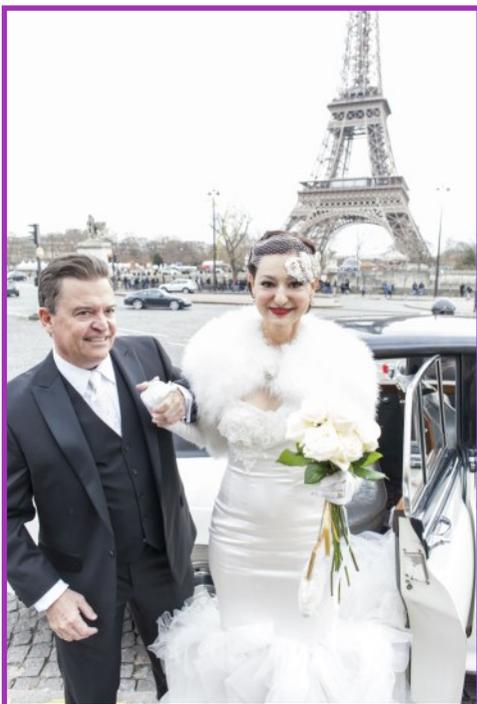
Early in the day, Alexandra had her hair and makeup done in the hotel, while I was sent out to one of the Parisian florists to purchase a bouquet of white roses. We were picked up by our driver and taken to the base of the Eiffel Tower, where we were met by our celebrant, Luke.

After this wonderful event, we were driven around Paris, to our favourite spots, having photographs taken by a very humorous Irish photographer (also organized by Alexandra).

This was followed by a glorious trip through Germany, Venice and eventually back to Paris.

Our thanks to Prof Chan for making this all possible.

Mark and Alex Fernie



# Fundraising Spectacular!

Hot on the social calendar at the end of last year was the annual fundraising by a dedicated group of women, whose aim is to raise money for Breast Cancer Research Centre-WA.

The theme of the night was Alice in Wonderland, and the effort all of the ladies put into their fancy dress costumes for the evening was awesome.

The night was a spectacular event that took months of planning by Leah Stupar and her dedicated friends who are determined to make a difference for women who have been diagnosed with breast cancer.

We cannot thank you enough for your support and feel humbled at your tenacity in raising over \$18,000.



An extraordinary amount and especially since it has brought the grand total over 5 years to well over \$50,000 from this group.

Leah Stupar advised that there is a strong community spirit in the Hills and the following women have supported this event and her own journey with breast cancer and she cannot thank these amazing women enough:

- Tarryn Cuthbert
- Caroline Whitelock
- Vanessa Anderson
- Colleen Williams
- Sam Williams
- Rebecca Buswell
- Louisa Gibson
- Linda Davie
- Dani Tamati
- Sherrelee Lauder
- Deborah Elkes
- Cheryl Roach
- Bridget Liddell – The Courthouse Collection-Major Sponsor

Leah Stupar and her sister Tarryn are stepping down as hosts of this event and the reins will be passed on to the new hosts, Ruth Patrick and Elenie White.

Keep your eyes and ears posted for the 2015 event.

Please contact us at BCRC-WA if you would like to help with this event or if you would like to be a sponsor.



**The following people would like to be publicly acknowledged for their donation:**

- |                   |                    |
|-------------------|--------------------|
| Danielle Thornton | Cheryl Roach       |
| Leith Blackman    | Vanessa Anderson   |
| Michelle Fayeh    | Fiona Routley      |
| Angie McRobbie    | Caroline Whitelock |
| Helen Faulkner    | Vishka Zarebski    |
| Raylene Gibson    | Jill Francis       |
| Louisa Gibson     | Amanda Martino     |
| Helen Bott        | Julianne Hurst     |
| Tracey Vance      | Michelle Fahey     |
| Pauline Gordon    | Little Possums     |
| Susan Archdall    | Tantrum Body Rox   |
| Amanda Moore      | Danijela Simic     |
| Rebecca Buswell   | Linda Davie        |
| Leesa Bomford     | Karena Holden      |
| Dionna Southwood  | Danielle Thornton  |
| Marijana Pilkovic | Ashleigh Crabb     |
| Jackie Strusinski | Bianca Leahy       |
| Katrina Barker    | Bev Chittleborough |
| Traci Italiano    | Heather Wild       |

# PYNKS

A fantastic turnout for the first PYNKS meeting for 2015, with over 50 people attending to hear Professor Arlene Chan talk to PYNKS members, families and friends.

The topic of discussion was 'What has been learned in 2014 for metastatic breast cancer?' It was well-received with some people travelling from country areas just to hear and be inspired by Prof Chan's passion for research and clinical trials.

As current members will attest, Prof Arlene Chan is driven to make a difference for patients now and in the future with metastatic cancer. Breast Cancer Research Centre-WA is uniquely focused on education, patient support and conducting local and international trials, with the primary focus being to improve outcomes for breast cancer patients. Our organisation is a clinician-founded research centre and most importantly, clinician-driven.

Since 2000, 936 patients have entered 57 trials at Breast Clinical Trials Unit (BCTU) under the auspices of Breast Cancer Research Centre-WA. Our patients have had access to new drugs, funding for tests and the resources for staff to follow-up patient contact.

We had the highest recruitment globally, that is 435 patients in 12 trials had access to new drugs not available to other patients. The outcomes of these trials helps to optimise standard care and provide evidence for routine clinical practice.

What can you do to help support and treat women and men who are diagnosed with breast cancer? Prof Chan advised, if offered,



patients should participate in clinical trials that are currently running.

We rely on donations to continue our research and we ask that you consider donating to Breast Cancer Research Centre-WA. Your donation will help perform high quality research and ultimately, improve the outcomes for future breast cancer patients. An example of this is the creation of the Helen Sewell Tumour Bank, the first breast cancer-specific tumour bank in Western Australia, in conjunction with Western Diagnostic Pathology.

This tumour bank was made possible through a donation that enabled the necessary regulatory approval, the processes for obtaining patient consent and the retrieval/storage of the tumour tissue. Continuing donations are required to continue this and other support initiatives and important research.

We are also currently looking for corporate sponsorships to support 2 upcoming studies on survivorships issues and 'cold caps' to prevent hair loss.

To donate, please see our bank details below or alternatively visit our website at [www.bcrc-wa.com.au](http://www.bcrc-wa.com.au), or Direct Deposit: Breast Cancer Research Centre-WA  
BSB: 066000 Acc No: 11284319

## **Rochelle Hook**

PYNKS Co-ordinator  
[info@bcrc-wa.com.au](mailto:info@bcrc-wa.com.au)

# Sisterly Love

Centrals is an organisation that delivers a range of multi-discipline construction and maintenance services for clients in the Mining, Oil & Gas, Utilities, Defence and Infrastructure sectors, Australia-wide.

Recently, an important fundraiser was held in response to Murray Black, one of their co-workers, who passed the hat around on his day off in response to his sister's fight with breast cancer.

Murray not only shaved his head, but his goatee and eyebrows as well. His sister, Leah Black, advised she is not surprised by Murray's actions as he is an amazing, compassionate and loyal person who informed her that if she had to go through it, then so would he!

Leah requested that the raised money be donated to BCRC-WA. Gary Reid, Centrals Systems Director for Construction, advised that as a recognised loyal employee, Centrals had matched funds raised by their employee's, bringing the total to almost \$5000.

The donated money will go towards starting BCRC-WA's 'Survivorship' study – a 12-month clinical trial in an area where little research has been conducted in Australia or internationally.

There is currently no information to assess the frequency and severity of a breast cancer diagnosis on psychological, employment, financial and relationship problems. Our aim is to identify the prevalence and nature of these issues in breast cancer survivors.

This ground-breaking research will allow BCRC-WA to develop and implement specialised programs and interventions to reduce the incidence of these problems in the lives of men and women with breast cancer.

For this study to begin, BCRC-WA needs to raise \$25,000. If you would like to make a real difference by becoming a corporate partner in this trial or by personally donating, please contact our office on 9321 2354, email [info@bcrc-wa.com.au](mailto:info@bcrc-wa.com.au) or visit our website [www.bcrc-wa.com.au](http://www.bcrc-wa.com.au) to donate (quote 'survivorship')

Thank you Murray Black for your response to your sister's breast cancer journey. We know it was done without a thought of reward but we would like to thank you here today for your actions.





Striving to improve outcomes  
for patients with breast cancer.



☎ 9321 2354

@ info@bcrc-wa.com.au

🏠 Suite 42, Level 4,  
146 Mounts Bay Road,  
Perth WA 6000

👉 www.bcrc-wa.com.au

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Help us get the  
word out there  
about the amazing  
work of BCRC-WA!