

# bcrc-wa what's news

Issue 4  
Nov 2014

NEWSLETTER OF  breast cancer  
research centre - WA



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

## Conventional anti-cancer treatment and 'alternative treatments' – are they really the same?

Why is it necessary to write on this topic?  
After all, most people know about the use of surgery, radiation therapy and drug therapy for treating cancer.

In an era where there has been an information explosion through the Internet, Facebook and other social media sites, despite the upside of rapid dissemination of information, unfortunately there is also a downside; with variable reliability of the information being conveyed. In the arena of cancer treatment, there is a vast amount of proposed alternative treatments available to treat cancer, which will frequently lead to confusion and misunderstanding amongst the community.

The purpose of this article is to provide some broad guidance as to the differences between conventional and unconventional treatment for

*Continued page 3.*

## what's inside

Mind Bender / Meet the BCRC-WA staff	2
Cover story (cont.)	3, 4
PYNKS	6
Rossmoyne Community Singers	8
An Elegant Evening at Linneys	9
Breast B-Ware GP Forum	11
Monthly Recipe #1	12
Monthly Recipe #2	13
Individual Benefits of Trial	14
"How are you?"	15
When Painting Turns Into Therapy	16
Management of Breast Cancer in the Older Patient	17
Golfing Staff Members	19
Hills Rangers Football Club Fundraiser	

## Love our newsletter?

### Want it as an E-newsletter?

Visit  
[bcrc-wa.com.au](http://bcrc-wa.com.au)  
if you prefer  
to receive your  
newsletter  
via email.



## Mind- Bender



HOROBOD is a clue to the identity of a famous historical figure. Who is it?

Answer: Robin Hood



**Like us  
on Facebook  
and share us  
with your friends!**

 [facebook.com/bcrc-wa](https://facebook.com/bcrc-wa)

## Meet the BCRC staff



### **Introducing:**

Jessica McCann

### **Position:**

Senior Clinical  
Research Assistant

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

My role is to co-ordinate clinical trials that the Breast Clinical Trials Unit (BCTU) of BCRC-WA performs. This includes preparing patients for their visits, ensuring procedures and assessments are performed according to clinical trial protocols and liaising with trial sponsors to resolve queries and confirm study methods. I review patient data to ensure accuracy and then this is reported for study analysis.

I enjoy the challenge of working on varied clinical trials and having the opportunity to interact with our lovely patients.

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

I grew up in Perth, studied a Bachelor of Science in Human Biology and then went on to work in Histopathology. I enjoyed working in a busy laboratory and acquired skills and understanding of sample processing and diagnostic techniques. This experience gave me a good knowledge base for my current role and I enjoy furthering my learning in clinical trial treatments.

When I'm not working, I like to catch up with family and friends and cuddle my brand new baby niece. I'm lucky to live near Perth's beautiful coast line and I love to go down to the beach for swims, BBQs and walks. I also like to read and to travel, and I'm gradually getting to tick books and places off my list.

*Professor Chan's article continued.*

breast and other cancers. I will concentrate on drug therapies, but essentially the same principles apply to the validity of surgery and radiation therapy.

First, some definitions;

Conventional treatment = any treatment which has first been evaluated in the laboratory as having a mechanism of action which leads to cancer cell damage or death (this process usually requires some years to establish), followed by treatment in people with cancer in the context of clinical trials and is the basis of evidence-based medicine (see below)

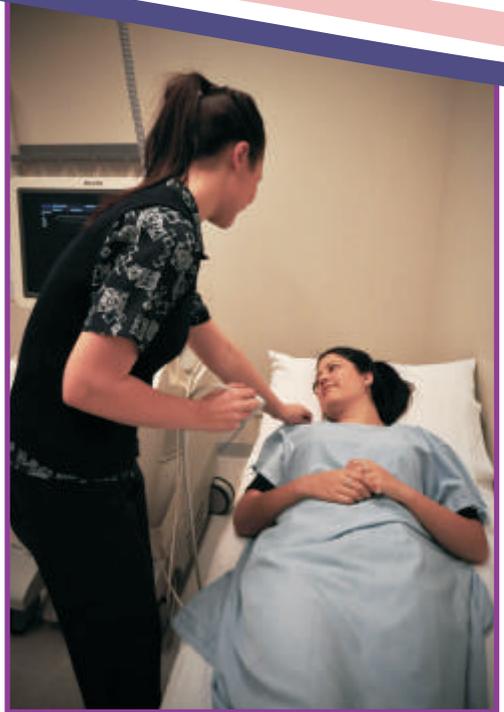
Unconventional treatment = any intervention or treatment which has not been evaluated as above and is usually based on anecdotal evidence

Anecdotal evidence = a claim made by one or more individuals of information based on the individual's personal experience

Evidence-based medicine = the use of treatments which have been evaluated in well-designed and well-conducted clinical trials, usually in large numbers of people with the same condition (involving 100's or 1000's of patients so that the possibility of a positive effect of the treatment is not merely due to a play of chance)

Clinical trial = A research project in people with cancer, where the medicine has already undergone laboratory testing and shown to be potentially useful in treating that cancer. There are different types of clinical trials, but all share the following common features:

a) A written plan for the clinical trial is developed (called Trial Protocol) where a statistician gives advice as to how many patients need to be included, to prove that the medicine is effective and that the result is not just a chance occurrence.



b) The Trial Protocol is reviewed by a group of knowledgeable individuals who are independent of the group performing the clinical trial (this is the Ethics Committee) who can request clarification and changes to be made before giving approval for the clinical trial to be done.

c) During the course of the clinical trial, independent personnel will monitor the conduct of the trial and ensure that there is adherence to the Protocol (i.e. all patients on the trial are receiving the treatment at the planned doses, the effect on the cancer is being measured regularly (with scans) as to whether the treatment is working and checking continually what side effects are seen; and when side effects occur, that they are being treated properly and side effects are subsiding).

d) On completion of the trial, all the results on the patients are evaluated as to whether the medicine being evaluated worked or not in that patient. All patients are included in this evaluation, whether the treatment worked or not.

e) The results are then presented at a scientific meeting or published in a scientific journal, where any doctor or scientist in the field can ask questions, criticise the results or support the results (this is called Peer Review).

The key differences between Conventional and Alternative treatment in cancer is that conventional treatment must:

- First, have a biological basis for the treatment working,
- Secondly, the treatment has then been tested in many patients having the same cancer condition and,
- Thirdly, the results of that testing has been open and transparent for the medical community to review.

Unfortunately, alternative treatments, which are said to shrink or cure cancer do not go through the same rigorous process as described above and not open to Peer Review (i.e. evaluation by experts in the field).

So although there may be some 'natural' or 'unconventional' treatments which may work to treat cancer, the people who promote these unconventional treatments have not undertaken the same approach to prove the worthiness of their treatment. In conclusion, whenever a treatment is being considered, it is important to ask:

1. Is there laboratory evidence of effectiveness of the treatment?
2. Has the treatment been researched in large numbers of patients with the same kind and stage of cancer?
3. Has it been independently evaluated by experts in the field?

### **Prof. Arlene Chan**

Director – Breast Clinical Trial Unit  
Vice-Chair – BCRC 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.

# PYNKS

With much love in her heart, Flavia Harris from SugarPlum Sweets opened her store to the PYNKS ladies this month.

October is our important month in the yearly calendar as it is Breast Awareness Month, and what a way to enjoy the day by learning to make gourmet cupcakes from scratch with beautiful buttercream frosting.

Here are some of the beautiful comments and appreciation with which we have been inundated:

“Please pass on mine and Lorri's thanks for a wonderful morning. What a clever lady she is. And such a beautiful soul. You can tell she loves her job. And her side-kick extraordinaire was absolutely wonderful. How I wish there were more young people like him, willing to work, courteous, and the best coffee I've had for a long time.” Tarnya

“What a treat it was to meet the girls in such a different environment. It was a really happy group and to do something outside of the hospital was a great treat.” Ginny

“Thanks for a wonderful day last Sunday - a great way to have some fun and relax.” Susan

“Flavia is such a positive and caring young woman, who gave us the opportunity to tap into our “inner baking goddesses” where much laughter, tasting and creativity was unleashed. A fabulous event.” Gracie

“It was the most enjoyable PYNKS session I have ever attended!” Kerry

Flavia has been such an advocate for our not-for-profit organisation, Breast Cancer Research Centre –WA, and has tirelessly raised funds to



help us in our quest for a diagnosis, treatment and support of women and men with breast cancer. In October, Flavia has also donated 100% of the money raised on staff cupcake orders from the Mount Hospital Staff and buildings at 140 and 146 Mounts Bay Road. In previous years Flavia has decked out the Seminar Room and put on high teas for patients and staff. We cannot thank you enough, Flavia, for your dedication and support to our cause to fight breast cancer and metastatic disease through clinical research trials.

Flavia Harris's shop is situated at 290B Cambridge Street Wembley.





# RENEW

RETURN TO NORMAL AND WELLNESS

- ✓ Exercise effectively and safely
- ✓ Aid in reducing breast cancer treatment related side-effects
- ✓ Improve cardiovascular fitness
- ✓ Facilitate your recovery and return to wellness

**Book Today!**

Individual or Group sessions (max 4)

Phone **9481 1660** or visit Mount Physiotherapy  
1st Floor, 146 Mounts Bay Road, Perth

**RENEW is a BCRC-WA initiative  
in collaboration with Mount Physiotherapy.**



**MOUNT PHYSIOTHERAPY**

# Rossmoyne Community Singers

Rossmoyne Community Singers are proud to support the Breast Cancer Research Centre and have, for many years, promoted regular mammograms for our members, given that we are a ladies choir.

We also have 4 of our members who are breast cancer survivors, who would not be singing in our lovely choir today if it were not for the advances in medical research in treating this insidious disease. Many more of our choir have family members who have been through or are currently going through breast cancer treatment, including our musical director whose mother was diagnosed earlier this year.

Choir members (and our very talented MD and accompanist, Perry and Harry) took the opportunity to dress in their finest pink or purple to mark the occasion and raise \$725 whilst enjoying a cuppa and a pink cake or two...

Our "survivors" Cherry and Susan promoted the event and were so very pleased that the evening was supported so positively by the whole choir. A plethora of pink is shown in the above photo of the group along with a photo of our breast cancer survivors Susan, Pam, Cherry and Elizabeth, with MD Perry standing alongside Pam's



car, painted pink to promote breast cancer awareness.

Our smaller choir ensemble Strike a Chord finished the night singing "I Say a Little Prayer"- a song sung by many famous women, but in particular remembering Dusty Springfield.

Many thanks to BCRC for all that you do.

**Leonie Thorogood**  
President Rossmoyne Community Singers/Strike a Chord  
**0419 471 583**

# An Elegant Evening at Linneys, Subiaco

A BIG thank you to Linneys in Subiaco who generously hosted the Breast Cancer Research Centre – WA's Corporate Partnership Launch on Wednesday 29th October.

An elegant evening was had by all corporate guests, with the opportunity to network while perusing Linneys' beautiful jewellery.

As a not-for-profit organisation with no government funding, corporate philanthropy and partnerships are vital in carrying out BCRC-WA's essential work. BCRC-WA welcomes the opportunity to work with businesses from a wide range of industries, who have a commitment in helping to drive awareness, research and education in breast cancer right here in Western Australia.

BCRC-WA understands that every business is different, so we have a collaborative and flexible approach to all partnerships to ensure that together, we can have an impact on the lives of breast cancer patients.

Partnering with BCRC-WA, offers businesses the opportunity to engage with employees and customers, reach out to the community and expand their corporate social responsibility program.

If you are interested in partnering with BCRC-WA please give us a call today on 9321 2354 or email [karen.quick@bcrc-wa.com.au](mailto:karen.quick@bcrc-wa.com.au).

**Mrs Karen Quick**  
General Manager  
**BCRC-WA**





# 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

# Breast B-Ware GP Forum

An intense three month planning process went into our inaugural Breast B-Ware General Practitioner forum held during Breast Awareness Month in October.

The team at BCRC-WA meticulously planned this event in conjunction with Dr Eric Khong from BreastScreen WA and our generous sponsors. The event was sponsored by Mount Hospital Pharmacy, Western Diagnostic Pathology, Genesis Care, Perth Radiological Clinic and CBM Corporate.

As Dr Eric Khong advised “Breast cancer remains the most common malignancy to affect women in Australia. It remains vital to diagnose disease at the earliest stage to enable optimal local and systemic treatment, which then translates into the highest rates of survival; as well as identify those women at increased risk of the disease to offer options for surveillance and risk reduction.

The aim of this forum was to support GPs in providing evidence-based quality to healthcare for women and men in relation to breast disease.”

A statistic given by Cancer Australia (<http://canceraustralia.gov.au/affected-cancer/cancer-types/breast-cancer/breast-cancer-statistics>) shows that in 2010, breast cancer was the most common cancer in Australian women (excluding non-melanoma skin cancer), accounting for 28 per cent of all new cancers in Australia.

Our speakers included prominent professionals from BCRC-WA members group, Breast and General Surgeons, Radiation and Medical Oncologists, Registered Nurses and Palliative Care Physicians.

The Directors of BCRC-WA, Prof Arlene Chan and Dr Willsher talked extensively on topics of diagnosis, Adjuvant Breast Cancer and Metastatic Breast Cancer. Everyone in this esteemed group worked incredibly hard to provide an interesting and innovative session with case studies and PowerPoint presentations.

All time was given freely by these busy professionals to ensure that GPs gained an understanding of all parameters pertaining to diagnosis and treatment.

The positive feedback we have received from the GPs who attended will ensure that we continue this education session on a biennial basis.

For more information and to look at our web page please go to: [www.bcrc-wa.com.au](http://www.bcrc-wa.com.au)

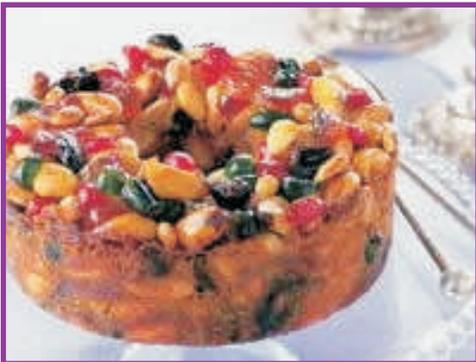


# Monthly Recipe #1

## Gluten-Free Christmas Wreath

### INGREDIENTS

- 3 rings glacé pineapple (coarsely chopped)
- 1 cup glacé apricots (coarsely chopped)
- 1 cup dates
- 1 cup glacé figs (quartered)
- 1 cup red glacé cherries
- 1 cup green glacé cherries
- 1 cup blanched almonds
- 1 1/2 cup brazil nuts
- 3 eggs
- 1 cup firmly packed brown sugar
- 1 tablespoon rum
- 90 grams butter
- 1 cup almond meal (ground almonds)
- 1 cup gluten-free flour
- 1 teaspoon baking powder
- 1 teaspoon gelatin
- 1 tablespoon water



### METHOD

1. Preheat oven to 150°C. Grease 20cm ring pan and line with grease proof paper.
2. Combine fruit and nuts.
3. Beat eggs until thick and creamy then add sugar and softened butter.
4. Stir eggs into fruit/nut mixture then add sifted flour, baking powder and almond meal.
5. Press cake mixture firmly in to baking pan.

### Fruit Topping

- 3 rings glacé pineapple (coarsely chopped)
- 2 glacé figs (coarsely chopped)
- 1 cup red glacé cherries
- 1 cup green glacé cherries
- 1 cup brazil nuts
- 1 cup blanched almonds

### METHOD

1. Combine fruit and nuts together and arrange on top of cake.
2. Bake cake in oven for 2 hours.
3. Cool cake in pan.
4. Mix gelatin and water and heat until dissolved.
5. Brush gelatin mixture over the fruit topping.

“Something sweet for Christmas.”  
Jo Farrer

# Monthly Recipe #2

## Bird Seed Slice

### INGREDIENTS

- 1 packet of Coles Trail Mix (fruit, nuts and seeds, ~400gm)
- Half cup chopped apricots
- Quarter cup of poppyseeds
- Half cup sultanas
- 1 cup chopped dates
- Quarter cup of chia seeds (optional)

### METHOD

- Place all ingredients into a bowl and mix. Add 2 heaped tablespoons of SR flour.
- Add 3 beaten eggs and mix well.



Pour into a slice tray and bake in moderate oven for 20 minutes until golden.

Slice when cool and enjoy!

“A healthy slice. I hope you enjoy it.”  
Tracy Bingham

“Happiness cannot be travelled to, owned, earned, worn or consumed. Happiness is the spiritual experience of living every minute with love, grace and gratitude.”

# Individual Benefits of Trial

As we've said previously in our newsletters, clinical trials are the best way to provide answers to the many questions surrounding breast cancer.

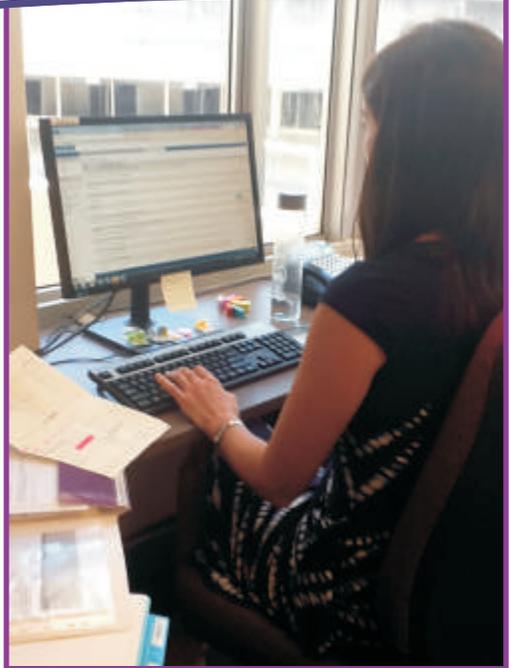
All of the currently used cancer treatments were first proven to be effective and safe in clinical trials before they became generally available.

It's easy to see that the groups or companies sponsoring the research may have a lot to gain from clinical trials, but what benefits are there for the individual patients?

Here at the BCTU, we only choose to participate in clinical trials where every patient will receive a valid treatment whether they receive the 'new' therapy (an Investigational Product) as well as an already approved treatment (a Comparator).

Clinical trials allow access to cutting-edge treatments which are not yet available to patients, but even those patients receiving the placebo (or 'look-alike' inactive version) of the IP will still receive an appropriate treatment for their cancer.

While there may be a few more extra visits or assessments, a clinical trial patient will have an 'extra pair of eyes and ears' (or more!) in the BCTU team,



which includes Registered Nurses and Research Coordinators. Our patients find it comforting to know they will be seen by a nurse more often and have a team to call on for any questions or to ask for help with scheduling their appointments. The whole BCTU team enjoys providing support and a friendly smile to our patients.

Many patients derive a very positive feeling from knowing that their involvement in a clinical trial will add to the global knowledge of breast cancer treatments. In some cases, patients feel this may directly benefit their own sisters, daughters and granddaughters.

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

# “How are you?”

A simple *How are you?* is fine, if said in the same way that you normally would when greeting a friend or relative...

But if questions delve further: “*How are you feeling? How is the chemo going? Is it working?*”, then you are starting to put pressure on a cancer patient to open up about their personal health problems.

It is a most personal matter that an individual has a right to NOT disclose.

Some people subtly probe by voicing assumptions.

Comments that make assumptions, such as; “*You look great. You must be fine?*” may be stressful when things are not going well.

It assumes an answer will be given if the statement is not correct.

Any specific questions or comments should be left to the closest of relatives – mother, father, husband or very closest of friends.

If your friend wants to talk about these things she will mention them in her response to the milder question: “*How are you?*” and you can take it from there.



## ✓ What to say:

*How are you? How's things?  
(Don't probe further - Let the person lead the conversation and respect their privacy.)*

## ✗ What not to say:

*What exactly is happening with your treatment?  
You look so well.  
You must be fine.*

# When painting turns into therapy

I was diagnosed with breast cancer in 2008 at the age of 38.

I went through a mastectomy followed by chemotherapy and radiation, which took 12 months in total. This journey was difficult both psychologically and physically and it has had lasting effects but I have a very supportive husband who is always there for me, including supporting my art.

I have also lost three other of my family members to cancer so this was a very traumatic part of my life.

Art has always been part of my life and took on greater meaning when I was diagnosed with cancer, and it has enhanced my life in so many positive ways. Painting has given me the wonderful avenue to express myself and capture the many aspects of life which I love to portray on canvas.

I am in my fifth year of remission and I'm convinced that painting helped save me.

When I was unwell, I took on more painting as it was my therapy, and I honestly believe that it helped me heal both emotionally and physically.

Life is so precious and what I saw is what I put on canvas. Uluru is so majestic, peaceful and spiritual I had to paint it, and I felt so good in painting it.

Dr Willsher is instrumental in my cancer care and offers tremendous genuine support both medically and 'from the heart'.

A cancer person knows this, and I felt his genuine care and appreciated his expertise. I wanted to give Dr Willsher something from my heart that is both Australian and which was created by me, and symbolises to me that he is my rock in the medical profession - this is through Uluru. Thank you Peter.

It is important to raise awareness of breast cancer and I use my art to do this by involving fundraising opportunities at a number of exhibitions.

I have had several successful exhibitions and have received international awards and recognition. In November, I had an exhibition in Rockingham called the Kaleidoscope Pop Up Exhibition at the Gary Holland Community.

If you would like to follow my art work please go to my Facebook page: Ljubica Ratz Art / COLOURBRUSH



# Management of Breast cancer in the older patient.

## Age is the main risk factor for developing breast cancer.

The median age for breast cancer diagnosis is 60 years, with 40% of all breast cancers diagnosed in women aged over 65 years. In contrast, one in 225 women under the age of 40 and one in 14 women aged between 60-79 years develop breast cancer.

Studies for the treatment of breast cancer in older women are limited and protocols regarding treatment recommendations are crucial with the rise of breast cancer cases in the ageing population. Clinicians are often required to make treatment decisions in the face of lesser evidence from clinical trials, as compared to the evidence for younger patients. This may lead to the under or over-treatment of patients, and consequently poorer outcomes.

The rate of breast cancer deaths in the general population decreased by 2.5% per year for women aged under 75 years, however this rate decreased by only 1.1% per year for women aged over 75 years. Older patients may not receive the same treatment as younger patients due to other health issues which may impact on a shortened life expectancy. Older patients are often underrepresented in clinical trials owing to same factors.

The major determinants for improvement in breast cancer survival appear to be adjuvant therapy and breast screening.

### Screening

The US Preventive Services Task Force states that in women over 70 years, there is insufficient data to determine the effect of mammography screening on breast cancer mortality. Despite this, the American Cancer Society recommends screening older women as long as they have no chronic conditions or a shortened life expectancy. In the UK and Australia, women over 70 are not invited for screening but it is available to them.

### LOCO-REGIONAL THERAPIES

#### Surgery

Elderly patients with early breast cancer commonly decline surgery in favour of endocrine therapy if hormonal receptor positive. However, a Cochrane meta-analysis has shown that this approach is not justifiable in patients who are fit for surgery. A study conducted by the National Cancer Centre Singapore (NCCS) has shown that age is not a contraindication to breast cancer



surgery, and can be safely performed for women aged over 80 years old. Non-surgical options would only control, rather than remove the disease; which may not be sustainable throughout the patient's life expectancy. These patients may require salvage surgery later which is associated with more complications and a lower success rate.

### **RADIOTHERAPY**

Breast Conserving Surgery (BCS) should be followed by radiotherapy to achieve results comparable with mastectomy in terms of recurrence and survival. In some elderly women, BCS without radiation may be used to minimise potential radiation-related complications.

However, the value of Radiation Therapy after BCS in elderly breast cancer patients is still a subject of debate, since some studies suggest that radiation may be safely omitted for low-risk tumours in women over age 70.

### **SYSTEMIC TREATMENT**

Endocrine therapy  
Adjuvant endocrine therapies may be offered to patients with endocrine-responsive disease, regardless of age, axillary node involvement, or tumour size.

Tamoxifen and Aromatase Inhibitors are commonly used endocrine therapies, with data supporting a 5 to 10-year course of treatment in elderly patients.

### **Chemotherapy**

Chemotherapy given to elderly patients tends to be less aggressive, or not be given at all. There is a link between under treatment and poorer breast cancer outcomes, while age has been shown to be an independent risk factor for receiving less than the standard treatment. While the majority of elderly women have 'lower risk' oestrogen receptor-positive tumours, higher risk tumours can still occur in a significant proportion of older women. In women with oestrogen receptor-negative tumours, the benefit from chemotherapy is likely to be as high as in younger patients, however, there is no data specifically addressing the utility of chemotherapy for luminal B tumours in older breast cancer patients.

The choice of therapies for an elderly patient in clinical practice may be driven by age itself rather than an objective and evidence-based evaluation of factors, especially geriatric parameters. Multidisciplinary approach with input from a geriatric physician prior to any management decision is crucial in these patients.

**Dr Karim Ghanim**  
Breast/General Surgeon



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

# Golfing Staff Members

Anne Tregonning (Board Member of BCRC-WA) and Janine Bailey (Financial Bookkeeper of BCRC-WA) both successfully competed recently in the Cottesloe Golf championships.

Anne competed in A division and successfully took the win, leaving everyone waiting to the last hole to see her successful outcome.

Janine competed in B division and came runner-up.

Well done to our golfing superstars. Keep up the good work.



# Hills Rangers Football Club raises funds for BCRC-WA

Hills Rangers Football Club held a successful fundraiser in October for Breast Cancer Research Centre-WA.

Hills Rangers, a newly merged community youth football club, have received solid support from the local and wider community. That Sunday saw the last games of the season played at home in Sawyers Valley, and the club used this opportunity to raise funds to give something back.

\$1510 was raised through hamper raffles and a cake stall. All games were played with pink footballs, pink goal flags and the players wore a white armband as a mark of respect for those who have faced breast cancer, and in hope for a cure.

Hills Rangers wishes to thank its members and families for their generosity in contributing to this cause.

If you would like to make a donation, please go to [www.bcrc-wa.com.au](http://www.bcrc-wa.com.au) or call 08 9321 2354





breast cancer  
research centre - WA

Striving to improve outcomes  
for patients with breast cancer.



breast cancer  
research centre - WA

☎ 9321 2354

@ info@bcrc-wa.com.au

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

👉 www.bcrc-wa.com.au

📘 facebook.com/bcrc-wa



Like us  
on  
Facebook  
and share  
us with your  
friends

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