



# NBCA News

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## The new and improved data entry system

The new and more user-friendly online data entry system has been available from the web address: <https://www.collegeba.org> since May 2006. All existing data was migrated from the old system successfully. The new system was developed for the National Breast Cancer Audit (NBCA) to accommodate changes in the treatment of early breast cancer and incorporate suggestions made by participants. Security has also been improved. We have received some comments on the new-look system and welcome more feedback to ensure further improvement.

The database currently holds 50,000 cases of which nearly 10,000 have been entered since the launch of the new website. There are now 383 surgeon accounts. Twenty six surgeons have joined since April 2006 and have contributed 500 cases. Following the introduction of the new system, the number of surgeons using paper data forms has been reduced from 21 to 18. We are no longer supporting the old Microsoft Access database entry system and 42 surgeons have moved to the new online system.

There has been a significant increase in the number of episodes entered since the introduction of the new system (See table below).

Month in 2006	episodes entered
April	482
May	924
June	1057
July	1039

### **Any problems**

Phone +618 8363-7513 or email  
[college.breast.audit@surgeons.org](mailto:college.breast.audit@surgeons.org)

### **Frequently asked questions**

We are preparing a list of frequently asked questions (FAQ) which will be put onto the website to assist you during data entry. If you have a question that you think would be a useful addition to this list please email it to [college.breast.audit@surgeons.org](mailto:college.breast.audit@surgeons.org).

***Feedback***

Feedback provided by participants has enabled us to identify omissions and errors in the new on-line data entry system. We received notification for instance that there was a problem with the calculations used to show each surgeon how well they were meeting the quality thresholds. We are currently working with our programmer on this and hope to have these reported accurately by the New Year.

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*Help is available – use the online help pages or contact the Help Desk*

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Other requests have included reviewing the maximum tumour size and patient age ranges allowable; new validation rules for the date of follow-up, providing a 'time-out' function and correcting spelling. Another issue that is also being looked at is how to correctly identify and edit data for patients entered on the previous system. We thank all surgeons for their valuable insight and opinions, and welcome any other contributions.

***Alternative methods of data entry***

**Paper form entry:** New paper data entry forms are available for those who do not want to, or cannot, use the new online data entry system. Forms can be downloaded from the ASERNIP-S website: <http://www.surgeons.org/asernip-s/breast.htm> or can be posted to you following a request made to the audit Help Desk (+618 8363 7513). If you are using paper forms, please ensure that you have the most recent version. Older forms do not conform to the new database.

**Institutional upload:** We are about to trial a method of obtaining data from institutions that have their own data collections for early breast cancer and consequently have not been participating in the NBCA. We have identified three institutions that developed their data sets in tandem with the NBCA and aim to upload the data from these selected hospitals early next year. Once this process has been successfully tested, the methodology will be expanded to include other hospitals with similar data collections.

**Audit news*****Funding***

The audit has secured funding for three years from the National Breast Cancer Centre (NBCC) on the proviso that we can demonstrate full participation by surgeons who are full members of the Breast Section. We are also faced with the challenge of increasing patient coverage and data completeness. Significant effort will be put into these areas over the forthcoming years. We would like to extend our thanks to the NBCC for supporting the audit and look forward to a fruitful collaboration.

We were pleased to obtain recognition for the contribution of New Zealand surgeons, in the form of some funding for work undertaken to date from BreastScreen Aotearoa (NZ). Negotiations are in progress to determine whether this can become an annual contribution towards the audit.



The audit staff would also like to extend their gratitude to the Breast Section Executive, the members of which have worked tirelessly to progress the aims of the audit. We are also grateful to the members of the Audit Clinical Advisory Committee who oversee the progress of the audit and provide clinical advice from a range of perspectives and disciplines including that of breast surgeons, oncologists, consumers, an epidemiologist and a breast care nurse. Finally, we are most grateful for the continuous support of all participating surgeons.

### *Current progress in research*

A major aim of the audit is to analyse the audit data to detect underlying trends. Additional funding was provided by the National Breast Cancer Centre during 2005 for the preparation of two research papers. The first provided a general overview of audit data and has been published (Cuncins-Hearn AV, Boulton M, Babidge W, et al. National Breast Cancer Audit: Overview of Invasive Breast Cancer Management. ANZ Journal of Surgery. 2006; 76(8):745-750). The paper identified certain areas that warranted further investigation including the use of tamoxifen in patients where the cancer was not oestrogen receptor positive, lower use of chemotherapy in older women and less frequent use of radiotherapy in women with larger tumours who had undergone mastectomy.

The second paper concentrated on the treatment of Ductal Carcinoma In Situ (DCIS) and has also been accepted for publication in the ANZ Journal of Surgery in 2007. A third paper, describing the process of establishing the audit was published during 2005 (Boulton M, Cuncins-Hearn A, Tyson S et al. National Breast Cancer Audit: establishing a web-based data system. ANZ Journal of Surgery. 2005; 75(10): 844-847).

Under the current funding arrangement, further research papers will be prepared. The first will aim to assess the diagnosis and treatment patterns for older and younger women. We will provide an outline of these research outcomes in the next newsletter.

A successful Australian Research Council (ARC) linkage grant has enabled us to offer one or potentially two PhD studentships in the area of data mining and patterns analysis. Data mining aims to discover interesting, useful and previously unknown facts using large quantities of data. This project will be jointly run by ASERNIP-S/RACS, Flinders University and the Australian Computer Society. De-identified data from the NBCA will be provided to the PhD student early in 2007 when the project is expected to commence.

### *Questionnaire*

You will have recently been sent a questionnaire about your breast audit practice with specific focus on multidisciplinary care and use of breast care nurses. We are also particularly keen to obtain an estimate of your annual caseload. The value will be used to estimate the proportion of reported caseload in your overall caseload. You will also have an opportunity to adjust the figure towards the end of next year.

The use of multidisciplinary teams and specialist breast care nurses were identified as important in the provision of services to patients with breast cancer by the NBCC. Very little information is available from Australia and New Zealand about their use in practice. The Audit Clinical Advisory Committee did not feel that either area should be collected as routine data using the online data collection system and opted instead to develop the necessary questions as part of a one-off survey.

Please remember to fill in the survey and send it back to us in the reply-paid envelope provided as soon as possible. We apologise to New Zealand surgeons who were sent reply paid envelopes that cannot be used. The data collected from the survey will be used for the stated objective only. The audit has been declared under Part 95 of the Health Insurance Act 1973 to be a quality assurance activity. For this reason the information obtained through our activity cannot be disclosed to another person or to a court. The process of data collection and use is also guided by the NHMRC ethical guidelines.

## Breast Cancer Audit Staff

Dr Tabatha Griffith resigned from her position as Senior Research Officer in August 2006 to take up a job with National Centre for Vocational Education Research. We wish her all the best in her new position.

Sarah Tyson, who has been involved with the audit since its inception, has accepted the role of Senior Research Officer. Sarah will continue to work on a part-time basis and can be contacted from Monday to Wednesday.

Dr Jim Wang joined the NBCA in November having previously been working as a reviewer for ASERNIP-S since January. He has extensive experience with large data sets and statistical methodology. Jim will be working for the audit on a full time basis.

Congratulations and best wishes to Claire Marsh (nee Miller) on her recent marriage. Claire has been a Project Officer with the NBCA since August 2005 and is the person who usually handles enquiries to the audit Help Desk. Claire also manages the audit of endovascular aneurysm repair, a research audit that has been in progress since 1999. Claire will be working full time from the beginning of 2007, although her work load will be divided between the two audits.

Louise Kennedy has been working on RACS audits since 2003. She provides assistance in the area of data entry (for paper forms) and other aspects of administrative work. Louise is available on Mondays and Thursdays.

Maggi Boulton assists with the NBCA in her role as Morbidity Audit Manager. She has been with ASERNIP-S/RACS since 1998 and works primarily on the development of surgical audits. She is available between Monday and Thursday.



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**Wish you a Merry Christmas and Happy New Year**

From the NBCA staff

