BREAST SURGEONS of Australia & New Zealand

Breast Quality Audit (BQA)

2022 Annual Report

Breast Surgeons of Australia and New Zealand Inc.

February 2025

FOREWARD

I am pleased to provide you with the 2022 annual report summary for the BQA. We continue to place emphasis on providing information relevant to member practice which will assist with reflection and audit of current management of breast cancer in Australia and New Zealand.

While the updated BQA launched in May 2023, the data provided in this report represents cases treated in 2022 and therefore the KPIs used for the report may not represent the fully functional new data set. We are expecting that over time the improved data fields will allow more detailed and relevant data to be presented.

We are also hoping that BreastSurgANZ members will take the opportunity to make data requests for areas that are interesting and relevant to them and that we can see further publications based on BQA data.

I would like to take this opportunity to thank Lora Papa, previous BQA Project Lead, Rachael Lumb, current Project Lead and Michelle Ogilvy, Project Coordinator Morbidity Audits, who have worked very hard on the database, the information in the report and on your data requests.

I would also like to thank the BQA subcommittee members, who volunteer their time for meetings out of hours across our wide-ranging time zones! Thanks also to Sam Rawlings, BreastSurgANZ CEO for her contribution.

Finally I would like to thank BreastSurgANZ members for taking the time to contribute data to the BQA. The data collected provides a fabulous resource for research and audit and provides members with the opportunity to benchmark and improve practice.

DR MELISSA BOCHNER
Chair, BreastSurgANZ, Breast Quality Audit Committee

PRESIDENT'S REPORT

For over two decades, the BQA has played a critical role in improving the quality of breast cancer surgical care across Australia and Aotearoa New Zealand. Established in 1995 and continuously evolving since then, the audit remains a cornerstone of our Society's commitment to excellence in breast cancer treatment.

The BQA is much more than a data repository—it is a powerful tool that supports our members in multiple ways. Surgeons use the audit for self-reflection and performance improvement, benchmarking their practice against key performance indicators and peer group standards. It also serves as a vital resource for research, leading to numerous publications that help shape best practice in breast cancer surgery. Additionally, the BQA is integral to credentialing, quality assurance, and fulfilling professional development requirements, ensuring that our members remain at the forefront of high-quality patient care.

The 2022 report highlights continued engagement, with 336 participating surgeons and 274 hospitals contributing to the audit. This year, we have observed positive trends, particularly in the adoption of neoadjuvant therapy for triple-negative and HER2-positive breast cancer, demonstrating the responsiveness of our members to evolving clinical guidelines.

While these achievements are commendable, the report also identifies areas for ongoing improvement. Addressing these challenges will require continued collaboration, data-driven quality improvement initiatives, and engagement from our members.

I extend my sincere gratitude to the BQA Committee, led by Dr Melissa Bochner, for their dedication to overseeing this essential program. I also acknowledge the invaluable contributions of BreastSurgANZ members, hospital teams, and data analysts who make this audit possible. Your commitment to quality improvement is what drives the success of this initiative.

As we move forward, BreastSurgANZ remains committed to refining the BQA to ensure it continues to meet the needs of our members and reflect contemporary best practices. I encourage all members to engage with this report, reflect on their practice, and continue leveraging the BQA as a resource for both professional growth and the betterment of breast cancer care.

Thank you for your ongoing commitment to excellence in breast surgery.

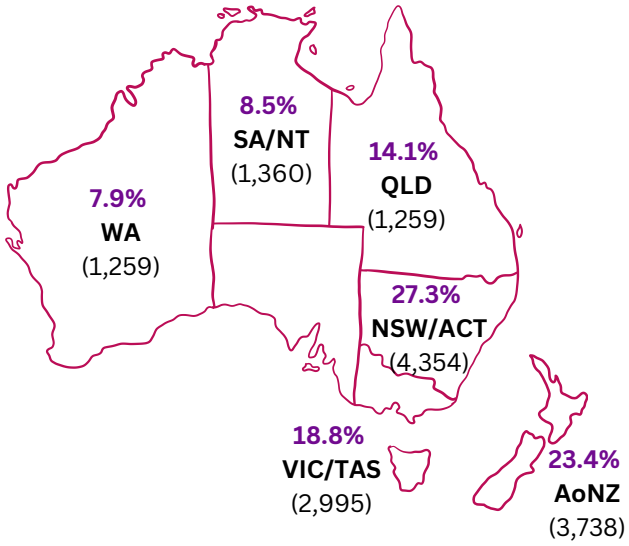
DR MELANIE WALKER
President, BreastSurgANZ

Executive Summary

This summary covers episodes entered into the BQA with a diagnosis date of
1 January 2022 to 31 December 2022

Audit Analysis

15,959
Episodes entered into the BQA



274
Participating Hospitals

336 Participating Surgeons

PATIENT

Private: 47.6% (7,589)
Public: 49.1% (7,828)
Unknown: 3.4% (542)

61
Mean Age
(Range 20 - 109 years old)

GENDER

Female: 99.34% (15,859)
Male: 0.6% (100)

ETHNICITY

Non-indigenous: 84.7% (13,518)
Indigenous: 4.8% (760)
Unknown: 10.5% (1,681)

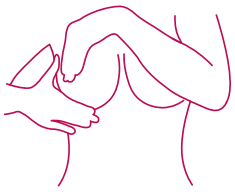
DATA

10
Requests

PUBLICATIONS

2
Published Papers

DIAGNOSIS



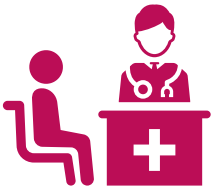
15,921 Cases

86.6% **Invasive** (13,642)

14.2% **DCIS** (2,265)

0.1% **LCIS** (14)

REFERRAL SOURCE



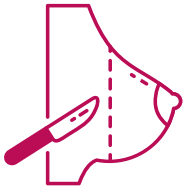
15,867 Cases

49.5% **GP** (7,851)

37.0% **BreastScreen (Aust and AoNZ)** (5867)

13.5% **Other/Private Screening** (2,149)

SURGERIES PERFORMED



15,637 Breast

3.7% **Open Biopsy** (560)

65.5% **CLE** (9,985)

10.5% **Re-excision** (1,602)

6.4% **Mastectomy after BCS** (1012)

29.8% **Mastectomy only** (4539)

11.3% **Recon** (1,723)

3.4% **No/Other** (529)

INVASIVE

13,342 Axilla Invasive

5.6% **None** (750)

80.3% **SNB** (10,719)

21.2% **Total ANC** (2,822)

4.1% **ANC Level I** (553)

14.4% **ANC Level II** (1,919)

4.4% **ANC Level III** (587)

DCIS

2,153 Axilla DCIS

61.5% **None** (1,353)

37.3% **SNB** (803)

2.0% **Total ANC** (43)

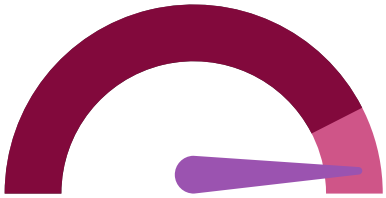
0.9% **ANC Level I** (20)

1.1% **ANC Level II** (23)

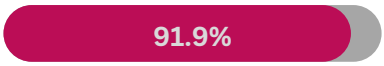
0.1% **ANC Level III** (3)

2022 KEY PERFORMANCE INDICATORS

KPI BCS for RT: Percentage of invasive cases undergoing breast conserving surgery referred for radiotherapy (excluding patients ≥70 years old with ER+/PR+, HER2- cancer, having <20mm primary tumor size)

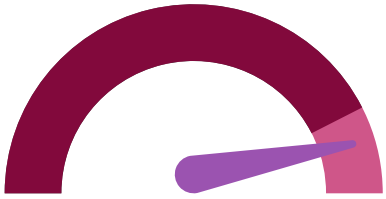


85% Threshold
96.3% Performance

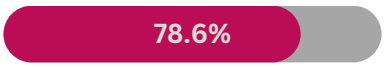


Surgeons meeting KPI

KPI ER+ for hormone therapy: Percentage of oestrogen positive invasive cases referred for (adjuvant or neoadjuvant) hormonal therapy treatment

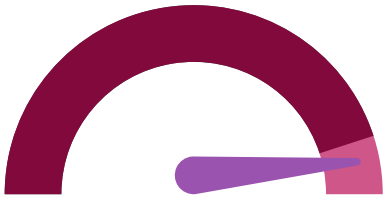


85% Threshold
91.0% Performance

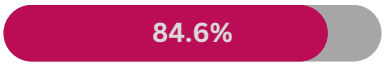


Surgeons meeting KPI

KPI Axillary Surgery: Percentage of invasive cases undergoing axillary surgery

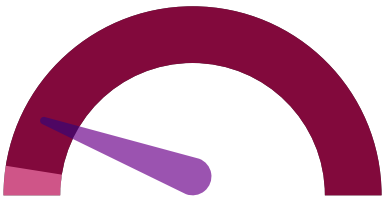


90% Threshold
94.4% Performance



Surgeons meeting KPI

KPI Node negative axillary clearance: Percentage of axillary clearance cases with zero positive nodes entered (excluding cases with any neoadjuvant therapies)



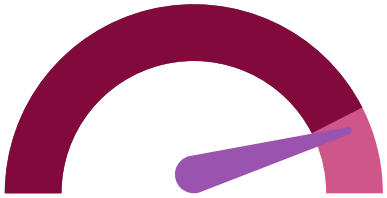
5% Threshold
14.3% Performance

Surgeons meeting KPI *

*In order to meet this KPI, surgeons need to be under the 5% threshold.

2022 KEY PERFORMANCE INDICATORS

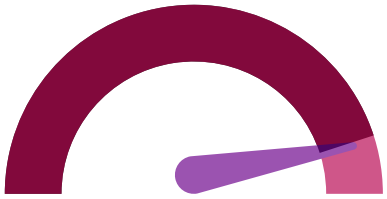
KPI High risk with Mx for RT: Percentage of high-risk invasive cases undergoing mastectomy referred for radiotherapy (invasive tumors ≥ 50mm or ≥4 positive lymph nodes)



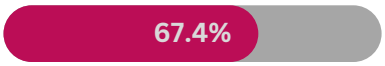
85% Threshold
88.3% Performance

Surgeons meeting KPI

KPI High risk for CT: Percentage of high-risk cases referred for chemotherapy

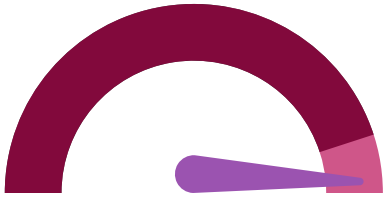


90% Threshold
91.3% Performance

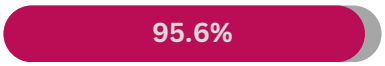


Surgeons meeting KPI

KPI use of breast care nurse: Percentage of cases with involvement of a breast care nurse in management of the patient

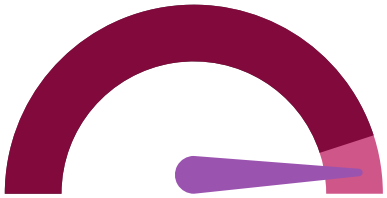


90% Threshold
98.5% Performance

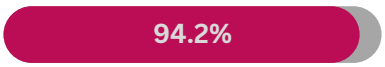


Surgeons meeting KPI

KPI Participation in MDT: Percentage cases with discussion at a multidisciplinary meeting

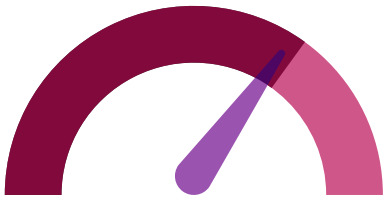


90% Threshold
96.6% Performance



Surgeons meeting KPI

KPI TN and HER2+ for NACT: Percentage of triple negative or HER2+ cases undergoing neoadjuvant chemotherapy, for patients <70 years old and tumor size ≥20mm



70% Threshold
67.9% Performance

Surgeons meeting KPI

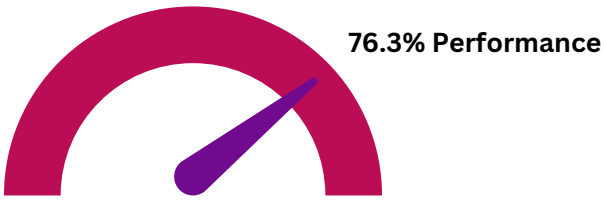
Surgeon performance is based on the previous 3 years of data, for this report from 2019 - 2022.

2022 KEY PERFORMANCE INDICATORS

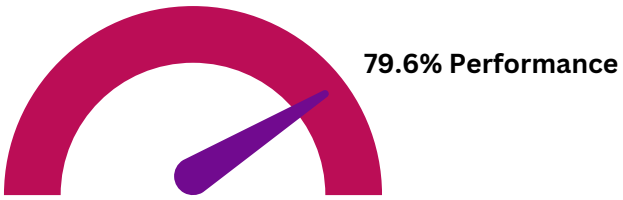
KPI Immediate reconstruction (DCIS): Percentage of DCIS cases undergoing mastectomy receiving immediate reconstruction

KPI Immediate reconstruction (invasive): Percentage of invasive cases undergoing mastectomy receiving immediate reconstruction

KPI BCS in T1: Percentage of cases with breast conservation for invasive T1 (<20mm)

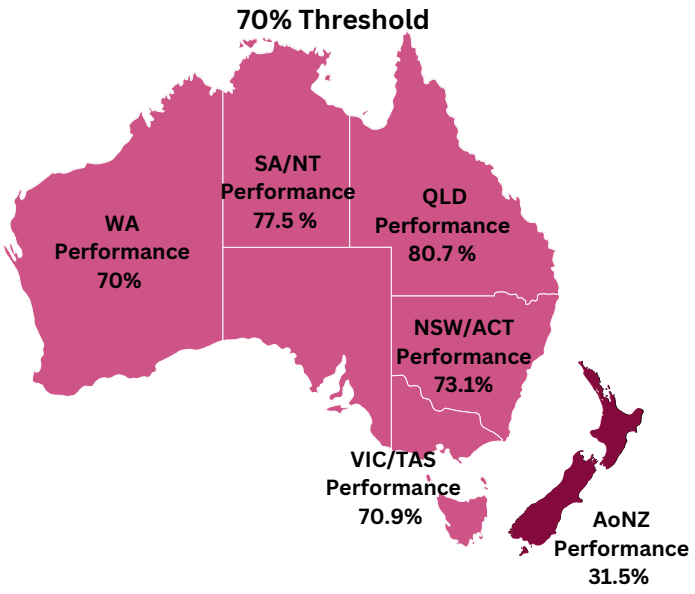


KPI Time to surgery: Percentage of cases proceeding to surgery within 45 days of histological diagnosis e.g. date or core biopsy (excluding cases receiving neoadjuvant therapy)

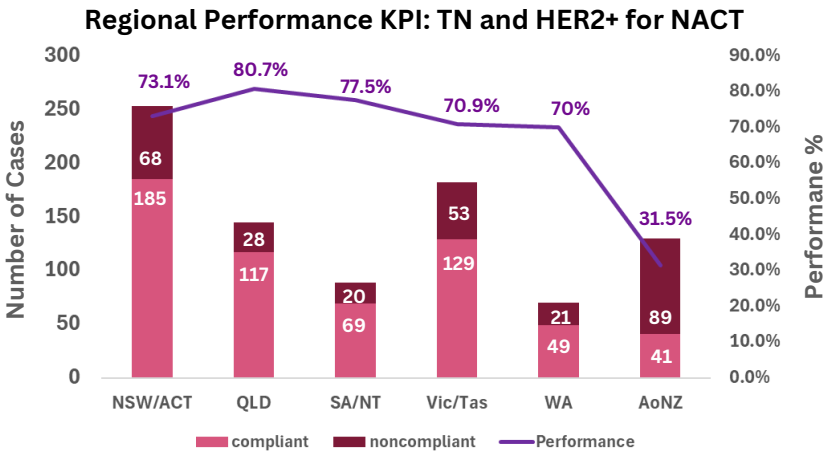


For further information on regional KPI performances please see the tables within the addendum

KPI TN and HER2+ for NACT: Percentage of triple negative or HER2+ cases undergoing neoadjuvant chemotherapy, for patients <70 years old and tumor size ≥20mm

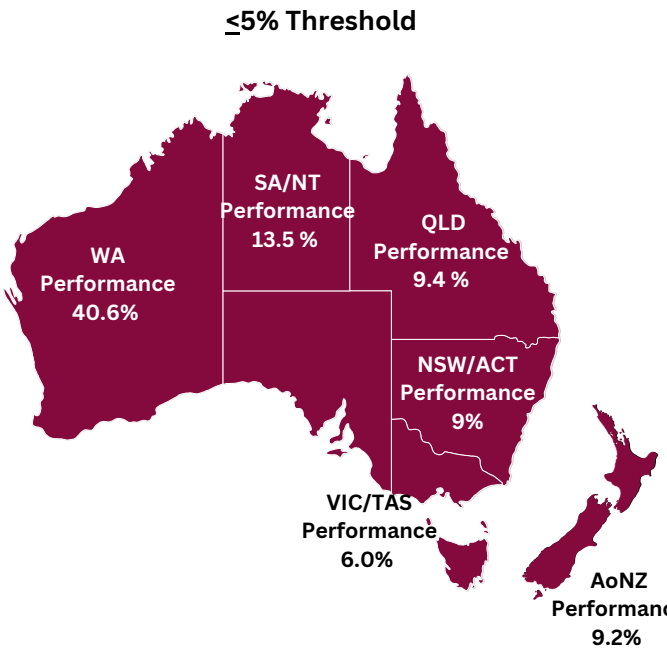


Aggregate Australia and Aotearoa New Zealand Performance - 67.9%

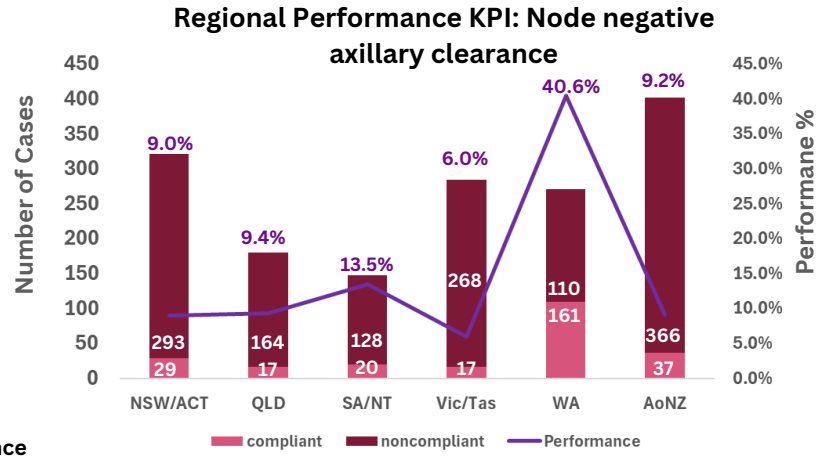


Performance has improved for KPI TN and HER2+ for NACT in 2022. In 2020-2021 the performance was 51%, improving by 16.9% in 2022 to 67.9%, reflecting the adoption of neoadjuvant therapy for triple negative and HER2+ ≥ 20mm cases. All regions of Australia are reaching the threshold while Aotearoa New Zealand performance is at 31.5% below the threshold of 70% reflective of the differences in clinical practice in Aotearoa New Zealand.

KPI Node negative axillary clearance: Percentage of axillary clearance cases with zero positive nodes entered (excluding cases with any neoadjuvant therapies)



Aggregate Australia and Aotearoa New Zealand Performance - 14.3%



Performance has improved for KPI Node negative axillary clearance in 2022. In 2020-2021 the performance was 18% which has improved to 14.3% in 2022. Western Australia's performance was investigated which identified data being entered into the BQA database incorrectly. Education on this KPI has occurred and we expect numbers to improve and reach the KPI threshold in 2023.

ADDENDUM: STATE OF THE NATIONS - KPI PERFORMANCE BY REGION TABLES

KPI BCS for RT: Percentage of invasive cases undergoing breast conserving surgery referred for radiotherapy

Threshold: 85%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	1857	65	96.6%
QLD	849	27	96.9%
SA/NT	496	31	94.1%
Vic/Tas	1285	64	95.3%
WA	468	18	96.3%
AoNZ	1424	41	97.2%

KPI ER+ for hormone therapy: Percentage of oestrogen positive invasive cases referred for (adjuvant or neoadjuvant) hormonal therapy treatment

Threshold: 85%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	2807	301	90.3%
QLD	1469	61	96.0%
SA/NT	885	38	95.9%
Vic/Tas	2009	125	94.1%
WA	771	143	84.4%
AoNZ	2401	352	87.2%

KPI Axillary Surgery: Percentage of invasive cases undergoing axillary surgery

Threshold: 90%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	3470	209	94.3%
QLD	1738	96	94.8%
SA/NT	1046	47	95.7%
Vic/Tas	2411	115	95.4%
WA	1008	37	96.5%
AoNZ	2917	244	92.3%

KPI Node negative axillary clearance: Percentage of axillary clearance cases with zero positive nodes entered (excluding cases with any neoadjuvant therapies)

Threshold: <5%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	29	293	9.0%
QLD	17	164	9.4%
SA/NT	20	128	13.5%
Vic/Tas	17	268	6.0%
WA	110	161	40.6%
AoNZ	37	366	9.2%

KPI High risk with Mx for RT: Percentage of high-risk invasive cases undergoing mastectomy referred for radiotherapy (invasive tumors ≥ 50mm or ≥4 positive lymph nodes)

Threshold: 85%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	211	43	83.1%
QLD	159	19	89.3%
SA/NT	99	6	94.3%
Vic/Tas	154	28	84.6%
WA	82	13	86.3%
AoNZ	279	22	92.7%

ADDENDUM: STATE OF THE NATIONS - KPI PERFORMANCE BY REGION TABLES

KPI High risk for CT: Percentage of high-risk cases referred for chemotherapy

Threshold: 90%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	761	69	91.7%
QLD	408	22	94.9%
SA/NT	231	28	89.2%
Vic/Tas	557	64	89.7%
WA	226	19	92.2%
AoNZ	633	66	90.6%

KPI use of breast care nurse: Percentage of cases with involvement of a breast care nurse in management of the patient

Threshold: 90%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	4049	104	97.5%
QLD	2146	19	99.1%
SA/NT	1309	4	99.7%
Vic/Tas	2953	19	99.4%
WA	990	14	98.6%
AoNZ	3674	63	98.3%

KPI Participation in MDT: Percentage cases with discussion at a multidisciplinary meeting

Threshold: 90%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	3973	218	94.8%
QLD	2170	22	99.0%
SA/NT	1259	54	95.9%
Vic/Tas	2883	99	96.7%
WA	1147	110	91.2%
AoNZ	3272	8	99.8%

KPI TN and HER2+ for NACT: Percentage of triple negative or HER2+ cases undergoing neoadjuvant chemotherapy, for patients <70 years old and tumor size ≥20mm

Threshold: 70%

Region	Compliant	Non – Compliant	Performance
NSW/ACT	185	68	73.1%
QLD	117	28	80.7%
SA/NT	69	20	77.5%
Vic/Tas	129	53	70.9%
WA	49	21	70.0%
AoNZ	41	89	31.5%

KPI Immediate reconstruction (DCIS): Percentage of DCIS cases undergoing mastectomy receiving immediate reconstruction

Region	Yes	No	Performance
NSW/ACT	63	81	43.8%
QLD	35	61	36.5%
SA/NT	13	34	27.7%
Vic/Tas	54	58	48.2%
WA	11	48	18.6%
AoNZ	70	101	40.9%

ADDENDUM: STATE OF THE NATIONS - KPI PERFORMANCE BY REGION TABLES

KPI Immediate reconstruction (invasive): Percentage of invasive cases undergoing mastectomy receiving immediate reconstruction

Region	Yes	No	Performance
NSW/ACT	303	766	28.3%
QLD	101	565	15.2%
SA/NT	27	334	7.5%
Vic/Tas	257	499	34.0%
WA	74	357	17.2%
AoNZ	254	1009	20.1%

KPI BCS in T1: Percentage of cases with breast conservation for invasive T1 (<20mm)

Region	Yes	No	Performance
NSW/ACT	1256	330	79.2%
QLD	555	164	77.2%
SA/NT	366	66	84.7%
Vic/Tas	871	209	80.6%
WA	327	137	70.5%
AoNZ	1068	472	69.4%

Time to Surgery: Percentage of cases proceeding to surgery within 45 days of histological diagnosis, e.g. date of core biopsy

Region	Yes	No	Performance
NSW/ACT	2806	414	87.1%
QLD	1434	337	81.0%
SA/NT	870	166	84.0%
Vic/Tas	1935	358	84.4%
WA	789	234	77.1%
AoNZ	1964	996	66.4%

OVERVIEW

The BQA is a quality assurance activity for members of Breast Surgeons of Australia and New Zealand (BreastSurgANZ).

BACKGROUND

The BQA is a quality assurance activity for members of BreastSurgANZ. It aims to monitor and improve the quality of care provided by surgeons for patients with early and locally advanced breast cancer in Australia and Aotearoa new Zealand.

The Audit was initiated in 1998 as a pilot study by the Breast Surgery Section of RACS. It has been running continuously since, with BreastSurgANZ taking over its direction since 2010 at which time BreastSurgANZ contracted RACS to deliver, on behalf of the Society, audit operations and special projects.

Participation in the audit is compulsory for all Full and Associate members of BreastSurgANZ.

Participants are encouraged to self-assess their clinical performance against set key performance indicators (KPIs) via the online interface and to engage with the audit's data request program for more specific quality assurance activities.

ACKNOLWEDGEMENTS

BQA Committee (Current)
Dr Melissa Bochner, Chair, SA Representative
Dr Synn Lynn Chin, WA Representative
Dr Saud Hamza, WA Representative
Dr Jason Lambley, QLD Representative
Dr David Moss, NZ Representative
Dr Paul Samson, NZ Representative
Dr David Speakman, VIC/TAS Representative
Prof Andrew Spillane, NSW/ACT Representative
Ms Lisa Tobin, Breast Cancer Network Australia, Consumer Representative

BreastSurgANZ
Ms Samantha Rawlings, BreastSurgANZ CEO
Dr Melanie Walker, BreastSurgANZ President

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Dr Helena Kopunic, Manager, Surgical Audits

PUBLICATIONS

- Older breast cancer: Not all T1 HR+ breast cancers are equal. Journal of Oncology Research and Therapy (2022)

- Older breast cancer in Australia: Tumour characteristics of screened versus symptomatic breast cancers. Journal of Oncology Research and Therapy (2022)

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