

kConFab

Kathleen Cunningham Foundation CONSortium for research into FAMilial Breast Cancer

Published by kConFab, Peter MacCallum Cancer Centre, St Andrews Place, East Melbourne 3002, www.kconfab.org, phone (03) 9656 1542

DEAR READERS,

It may seem that you only just received a newsletter from us, but we have now decided to send them every six months because of the positive feedback we received after the last newsletter sent out in May.

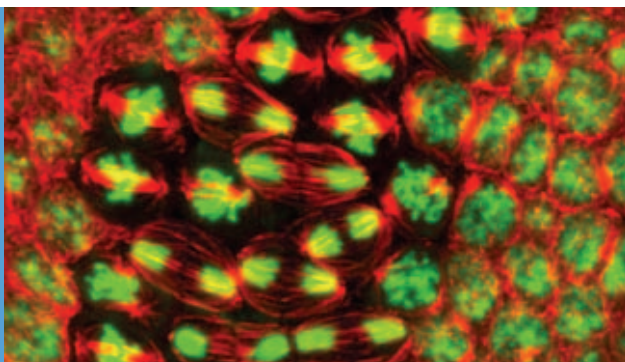
Some kConFab participants asked us to keep the issue of collecting fresh surgical tissue on the front page of the newsletter so that they remember to let us know if they are having breast or ovarian surgery. There is no doubt that these newsletters do serve as a reminder as we always get several phone calls soon after they are mailed. So, please remember if you are having surgery and would like to donate tissue to kConFab, phone your local kConFab nurse (or Heather Thorne 03 9656 1542) before the surgery so that we can make arrangements with the local surgeon and pathologist to collect the tissue at the time of the operation. This allows the tissue to be frozen, which preserves it much better than the standard pathology storage protocols. We now

have three approved research projects that will use the frozen breast tumours, and one that will need to use frozen ovarian tumours. In addition, we anticipate that we will receive many requests to use the tissue collected from prophylactic breast and ovarian surgeries, aimed at working out the early steps that change a normal cell to a cancer cell. Because of the difficulty of collecting material straight from surgery, and the restrictions to collecting biological specimens that are being imposed in many countries overseas, these fresh tissue collections are probably the most important of all the material that kConFab collects. We have included with this newsletter a fridge magnet with a **1800 221 894** contact number to make contacting us easier.

In August we had our 7th kConFab Annual Conference in Queensland, and as usual invited several world leaders in familial breast and ovarian cancer research. They were extremely

impressed with our achievements in Australia in building up kConFab from scratch to what is now probably the best resource in the world for research into familial breast cancer. There are now 7,667 participants in kConFab from 855 families. This could not have been done without your help and continued participation. We realise that this may be an imposition on your time, and we are very grateful. We have no doubt that the research that stems from kConFab will improve the outcome for women, and men, from families at high risk of developing breast cancer, and we hope that you share this vision.

Sincerely,
Georgia Chenevix-Trench
Chair, kConFab Executive Committee



USE OF TISSUE DONATED TO kConFab

We want to reassure our participants that kConFab will only have access to any 'left-over' tissue. When kConFab participants notify us about planned surgery, the kConFab team always takes the following steps:

- We contact the surgeon and the pathologist involved with your surgery and discuss the possibility of kConFab having any tissue that is left over after the pathologist has examined it.
- We supply the surgeon and pathologist with a copy of your signed kConFab consent form so that they can be confident that you have consented to our project and have given permission for us to access your surgical material.
- We attend theatre on the day of surgery.
- We liaise with the pathologist who takes all of the tissue that is required to make an accurate diagnosis on the tissue removed.
- Only then does kConFab obtain any additional tissue for its research project.
- kConFab does not take any tissue until the Pathologist has taken everything needed for diagnostic purposes.
- On some occasions we do not collect any tissue as there is not enough left over, for example if a biopsy is taken from a small lump.

THE kConFab CLINICAL FOLLOW UP STUDY HAS BEEN REFUNDED

In November last year the Clinical Follow-Up Project was refunded by the NHMRC for a further three years. This means we are able to continue sending questionnaires to kConFab participants, in order to update and collect information regarding your health and lifestyle.

If you have not received a follow up questionnaire before, you should expect to hear from us approximately three years after you were first enrolled into kConFab. The questionnaire takes approximately 20 minutes to complete and can be posted back to us in the self-addressed envelope provided. We understand the questionnaire can arrive at a busy time in your life, so it is OK if you need to wait a few weeks before filling it in – although it is helpful if you can let us know. For the integrity and quality of the study it is important to follow up as many participants as possible in this way, but if you prefer not to complete the questionnaire you can withdraw from the study at any time.

Thank you to everyone who has completed a questionnaire. We will be contacting some of you again shortly with a second round questionnaire, as it will have been six years since you were first interviewed. The second round

questionnaire will contain a few new questions regarding the use of hormonal contraception, general medications and complementary and alternative therapies. It will also ask about any new cancers diagnosed, surgery performed and changes of address. Even if your details have not changed during the last 3 years, it is still important to complete the questionnaire, as this information is just as valuable to us.

It is difficult to design questions to suit everyone, so please don't hesitate to contact us if you are having any problems completing your questionnaire. Our toll free number is **1800 111 581**. This line is manned during normal office hours and 5 nights a week until 7pm (EST). We now have four research assistants working on the follow up study including our newest member Joel Murray. Joel brings a male perspective to our research team.

Thank you again for taking the time to fill in your questionnaire. Please let us know if you change your contact details. Your information is of great value to our ongoing research.

Prue Weideman
Clinical Follow up Coordinator
Toll Free number 1800 111 581

Clinical Follow Up Team, left to right: Prue Weideman, Joel Murray, Joanne McKinley.





Top: Dr Graeme Suthers (SA Clinical Genetic Services Adelaide), Prof Bruce Ponder (Cambridge UK).

Left to right: Meryl Altree (kConFab SA research nurse), Prof Joe Sambrook (Founding Director, kConFab).

Bottom, left to right: kConFab research nurses Anna Nash (WA), Helen Conlon (NSW), Beth Spear (VIC).

kConFab PATHOLOGY REVIEW

By kConFab pathologist Maurice Loughrey



A large study is underway looking at the pathological features of breast cancers arising in families lacking mutations (faults) in BRCA1 and BRCA2, or the so-called BRCAX families. The major breast cancer predisposition genes BRCA1 and BRCA2 were identified in the early 1990s and mutations in these genes account for only a minority of breast cancer families. Despite intensive efforts since then, identification of the genetic basis underlying the remainder of breast cancer families has had limited success. Mutations (faults) in these unidentified genes (so-called

'BRCAX' genes) are probably more common than mutations in BRCA1 and BRCA2 and may confer a lower risk of breast cancer.

The current study involves examination by a pathologist of the microscopic features of breast cancers from BRCAX families, in the hope of identifying a pattern or patterns that would establish a 'fingerprint' of BRCAX tumours. Similar studies looking at the pathology of breast cancers in individuals who have a BRCA1 mutation have revealed a distinctive pattern when the cells are reviewed under the microscope, different from most sporadic tumours and from BRCA2 associated cases. This makes it theoretically possible to predict possible BRCA1 mutation status from routine pathological examination of a breast cancer using a standard microscope. Similarly, if a pattern or patterns emerge within the BRCAX group of tumours, features may be identified which allow us to predict the mutation carrier status in

women with a strong family history of breast cancer. Furthermore, if the BRCAX group can be subdivided into smaller pathologically similar groups more likely to represent a common underlying genetic cause, this may assist conventional genetic laboratory techniques in the identification of more genes that may be involved in the development of breast cancer.

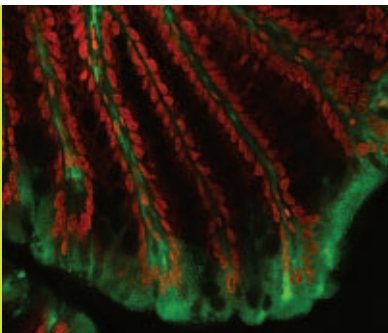
Only a few studies looking at the pathology of BRCAX breast cancers have to date been reported and these have been on a small scale, with less than 100 cases included. No strong patterns have emerged. As the BRCAX group is likely to represent multiple smaller groups, reflecting different underlying genetic causes, a large scale study is more likely to obtain significant results.

The current kConFab study aims to study tissue from participants from 400 BRCAX families. Preliminary results should be available in early 2005.

TO KNOW OR NOT TO KNOW?

By Tanya Wilson

When I was 35 I went to my GP of many years with a breast lump the size of a ten cent piece. He knew my aunt developed breast cancer in her 40's but still assured me "it was nothing to worry about" without ordering any tests. I never thought to seek a second opinion because I didn't feel sick, I wasn't tired and this man had looked after me for over 20 years. I trusted his opinion. Months later I felt a lump under my arm and went to the local GP who found I had breast cancer and it had spread to the lymph nodes under my arm.



At the time of my mastectomy and 12 doses of chemotherapy, I was a single mother with daughters aged 5 and 7 and I'm an only child. I had to hide my fears and feelings from my daughters and my mother who was terrified I would die like her sister.

For 6 months the chemotherapy was injected undiluted into my arm at my surgeon's office, with no opportunities to meet other young women enduring the same life crisis and no one to offer me hope and support.

Eventually I was referred to an oncologist who suggested I be tested for a breast cancer gene mutation. Both my mother and grandmother hadn't had breast cancer but mum's 2 cousins and only sister had developed breast or ovarian cancer in their 40's and all were deceased. Thinking I was helping research and never imagining I would have a mutation, I consented and was told my test results should take 12 – 18 months. It took 3 1/2 years to find out I had a BRCA1 gene fault (mutation). The news hit me hard. The chances of developing cancer in my remaining breast and ovaries were not my only concern. I was worried my daughters may have inherited the gene mutation from me and what was the best way to tell my mother and cousins about the result, if they wanted to know?

I discussed prophylactic (preventative) mastectomy with my oncologist and surgeon. As I now had a cyst in the other breast and a swollen internal gland. Thankfully the surgeon knew it was cancer, that it had spread to my internal nodes and took immediate action.

I now had a fiancé, 5 kids, I was working, we'd just moved further out of Melbourne and I was co-ordinator

of the young women's breast cancer support group I'd founded 4 years earlier. It was definitely easier dealing with my diagnosis this time because of all the support, experience and knowledge I could get and share with others in the group. Some of these women had a breast cancer gene mutation and understood first hand about the guilt, worry and the fear I was feeling.

Over the next 13 months I had a mastectomy, 8 doses of chemotherapy, 30 doses of radiotherapy, my ovaries removed and bi-lateral breast reconstruction. Had I known about my gene mutation before I found my first lump, I know I would have been treated differently by health professionals and I would also have taken preventative measures to reduce my risk of developing breast cancer, but there is also the psychological side to knowing and I would have had to live with that too. I truly believe that if I'd known in my 20's that my life now would be completely different but not necessarily better, I may have made different life decisions. I'm still yet to decide when to tell my daughters because I know that the information I need to share with them may mean they have to make some painful decisions. I hope research like kConFab will advance our understanding on how best to manage and clinically treat high risk families which will make the decision process a lot easier for future generations.

The Young Ones breast cancer support group Victoria for women under 45.

**Contact Tanya Wilson 041 123 5964.
tanya_wilson@optusnet.com.au
http://members.optusnet.com.au/~tanya_wilson/html/homePage.htm**

kConFab PSYCHOSOCIAL STUDY



Left to right: Judy Wilson, Nicky Howard, Jenny McKenzie, Georgina Banks and Melanie Price.

The Psychosocial Study is examining the role of stress, social support and common psychological states such as anxiety and depression in the development of breast cancer.

The study is being conducted from the Department of Psychological Medicine at the Royal North Shore Hospital, Sydney, and is funded by the National Health and Medical Research Council of Australia.

The research is based on a common belief that stress and other psychosocial factors may affect the risk of developing cancer, in particular breast cancer. It is not clear from existing research whether these factors can and do clinically alter cancer risk – and if so, over what sort of time frame. These are some of the questions we aim to answer, and this may result in identifying specific risk factors that may be modified to reduce cancer risk.

Since mid-2001, approximately 1600 kConFab women have taken part in the Psychosocial Study. As you may know, this is a long-term study, and we will contact participants a total of three times, at three-yearly intervals, to

request completion of a questionnaire and/or a telephone interview. The questionnaire usually takes around 15 minutes, and asks about emotional responses, thoughts and feelings, and social support. The interview usually takes around 45 minutes, and focuses on recent stress or change. We work flexible hours, and are happy to schedule the interview around participants' family and work commitments, and even contact people who are living overseas.

A number of findings from several smaller studies that have been conducted as part of this research have already been published. For instance, one of our recently published studies found that women who are at increased risk of breast cancer do not, overall, report greater psychological distress (such as anxiety and depression) than women who are not at increased risk. Another survey conducted as part of the Psychosocial Study examined the impact on kConFab women of receiving genetic mutation results. This study found that although many women experienced distress (when mutation-positive) or guilt (when mutation-negative) when they first learned of their results, these unpleasant feelings seemed to diminish over time. A number of benefits of learning their results were also identified by many participants, such as feelings of relief and reduced anxiety among mutation-negative women, and reduced uncertainty and a greater sense of control among mutation-positive women.

We are continuing to recruit both new and existing kConFab women who do **not** have cancer, with the aim of recruiting at least 2000 participants. Our largest achievement is that we have started our first round of follow-

up questionnaires and interviews with women who first participated in the study 3 years ago. So, if it has been some time since you did the questionnaire and interview, we may be re-contacting you soon to check whether you may be willing to do them again! Finally, we are planning to do a smaller study focusing on the experiences of women who have not had cancer, but who have decided to have prophylactic surgery (i.e. breast and/or ovaries removed to reduce the risk of getting cancer). If you have had this type of surgery, you may hear from us again to request completion of a survey asking about how you reached the decision to have the surgery, and how it has affected your life three years later.

We are very grateful to all of the women who have participated in the Psychosocial Study so far – thank you for so generously giving us your time for this research. Please do not hesitate to call our toll free numbers below if you have any questions or issues relating to the study that you would like to discuss. Also, please make sure you notify us of any change of address or contact details.

Judy Wilson
Psychosocial Study Coordinator
1800 772 838
(Toll-free call Australia)
0800 888 340
(Toll-free call New Zealand)

A NEW RESEARCH STUDY

kConFab STUDY OF MEN FROM HIGH RISK BREAST CANCER FAMILIES

Elizabeth Lobb, WA Centre for Cancer and Palliative Care, Perth, Western Australia



This study will help us understand what it means to a man to belong to a high risk breast cancer family, and will assist in the development of genetic counselling models that are sensitive to men's needs. We wish to understand men's experiences of being part of a high risk breast cancer family, their attitudes towards being at risk, their knowledge of breast cancer genetics and any anxiety or depression they may experience in coping with this family history.

This research is funded by the National Health & Medical Research Council because research in the past has mainly focussed on women in high risk breast cancer families. Also, fewer men than women come forward for predictive BRCA1/2 testing and perhaps misinformation about the cancer risks to men explains why men are often under-represented in familial cancer clinics.

Although the risk of cancer in males carrying a breast cancer gene mutation is lower than for women with the same fault, these men may be at higher risk of developing cancer than for men in the general population. They have a 50/50 chance of carrying

the faulty gene if a parent, brother or sister is a carrier of the faulty gene. If they inherit the faulty gene they have a 50/50 chance of passing it on to their sons or daughters.

All men without cancer, and who are part of a high risk breast cancer family (except men who are at low risk, or partners of women at high risk) are invited to participate.

There are two stages to the study. Stage 1 involves a telephone interview with men who have been to a familial cancer clinic and is currently underway.

Stage 2 involves completing a questionnaire. A detailed information and consent form will be mailed in January, 2005. If you feel you are unable to help with Stage 2 of the study, we would be most grateful if you could return the reply-paid "opt out card". If we don't receive the card we will mail out the questionnaire that takes about 20 minutes to complete.

For further information please contact: Liz Lobb on (08) 9273 8728 or the toll free number 1800 993311 or e.lobb@ecu.edu.au

MEN – WHAT USE ARE THEY TO kConFab? – LOTS!

- By studying the males in the family it helps us to track the disease through families. Even though males rarely develop breast cancer they have a 50/50 chance of carrying the faulty gene. If they inherit it they can pass it on to their daughters.
- Males often are left out of the family discussions about genetic testing in breast cancer families and this can be isolating for them. Their being included helps them, their daughters and the study...A win win situation!
- Although the risk of cancer in males carrying a breast cancer gene mutation is lower than that of women with the same fault, men may be at a somewhat higher risk of developing cancer than the general population. Understanding what that risk is, and for which cancers, is likely to be helpful in planning appropriate screening. Looking at how the genes function in non-breast/ovarian tissue may help us understand their function.

MESSAGES FROM THE kConFab TEAM

To keep kConFab running smoothly, we would greatly appreciate if you would remember the following:

- Because information is provided to our participants by mail, it is very important to keep your contact details up to date. We may even ask you to send us the name of another contact person, in case we are unable to find you. Sometimes we need to contact family members when a gene fault has been identified that is relevant for your family. In this case, we write notification letters to all participants who indicated a wish to be informed about results of genetic testing for the family. We do not supply individual research results, as our research testing is often done under conditions less stringent than those needed for a clinical test. We understand that

some family members may already know their own genetic testing results, having attended a Family Cancer Clinic. However, we know that others will not yet have been to such a clinic. The notification letter will provide details so that all of those who are interested in having a clinical genetic test can do so with the support of a Family Cancer Clinic. Some family members may have told us that they do not wish to be notified if kConFab finds a gene mutation in their family. These people will not receive a letter.

- Please remember that fresh tissue specimens obtained at surgery are extremely valuable for research. Please ring your local kConFab research nurse to inform her of any surgery planned for treatment or prevention.

- It is very important that we are notified of any new cases of cancer in your family. Research relies on accurate and up-to date information about the cancers in each of our participating families. We appreciate your help with this.
- Please notify kConFab if, at any time, you prefer not to have more contact with our study.
- Please tell your research nurse if you change your address.

How can interested families join kConFab?

Ring any of the research nurses or the kConFab manager listed on the next page, or, view our home page to determine if your family meets our selection criteria: <http://www.kconfab.org/epidemiology/1eligibility.asp>

BREAST CANCER INTEREST GROUPS – USEFUL CONTACTS

DRAGONS ABREAST AUSTRALIA UNDER THE UMBRELLA OF BREAST CANCER NETWORK AUSTRALIA

Who are we?

We are a group of breast cancer survivors of various ages from a great variety of backgrounds, athletic abilities and interests.

High on our list of priorities is having fun, trying new things, meeting interesting people and being involved in a challenging, physical activity whilst promoting breast cancer awareness.

We are under the umbrella of the Breast Cancer Network, Australia – the national voice of Australians personally affected by breast cancer.

Dragons Abreast provides a “face” for the breast cancer statistics whilst spreading the message of breast cancer awareness through participation in the wonderful and strenuous sport of dragon boat racing.

We invite all breast cancer survivors and supporters to come and experience the magic that is part of our unique team – not necessarily as a paddler, there are many tasks that we welcome assistance with!

<http://www.dragonsabreast.com.au>
or ring **National co-ordinator:**
Michelle Hanton Tel (08) 8941 8923

BREAST CANCER NETWORK AUSTRALIA'S RURAL AND REMOTE WORKING PARTY – BRIDGING THE DISTANCE

At Breast Cancer Network Australia's National Summit in February 2002, a group of women from rural and remote parts of Australia met to 'network' and discuss issues relevant to them. A number of unmet needs were identified and they agreed that further discussion and exploration was needed. From frustration came determination and the formation of the Rural and Remote Working Party driven by consumers.

Fourteen women living in diverse areas of rural and remote Australia make up the Rural and Remote Working Party, which meets monthly via teleconference. All members have direct 'grass root' links to women from rural/remote Australia through support networks, advocacy groups and representing women on committees throughout Australia.

The Rural and Remote Working Party provides women living in rural and remote parts of Australia with a powerful voice, support and information. It strives to identify and prioritise relevant issues, develop achievable, sustainable strategies that contribute to improving the support, information and care of women diagnosed with breast cancer despite geographical location.

For further details regarding the Rural and Remote Working Party contact BCNA on 1800 500 258.

BREAKING NEWS

Realising the importance of tissue collection and cell banks, the Australian Government will provide more than \$14.2 million to establish or extend eight national research facilities, including tissue and cell banks, in New South Wales, Victoria, Queensland, Western Australia and the Australian Capital Territory.

"The Scheme is designed to assist health and medical researchers by providing support for specific facilities and activities that will enhance the national research effort," the Health Minister, Mr Abbott said. "All Australian

researchers working in the health and medical field will benefit from being able to get access to stored tissue and cell samples or to national databases.

Building on the important Australasian Biospecimen Network at the Peter MacCallum Cancer Centre in Victoria where kConFab has its home office and processing laboratories, more than \$1.7 million over five years will establish an **Australasian Biospecimen Network-Oncology**, of which kConFab, WA Research Tissue Network, Peter MacCallum Tissue Bank, Westmead Hospital and Westmead Children's

Hospital and Q.I.M.R. are members, to collect, process and disseminate tumour tissue for research.

Other successful applicants to receive funding were the Australian Twin Registry, National Network of Brain Banks, Cell Bank Australia, Breast Cancer Biospecimen Resource, Australian Prostate Cancer Collaboration (APCC) Bio-Resource, National Population-based Genetic Epidemiology, Biospecimen and Bioinformatic Resource, Australian Phenome Bank.

COLLABORATING FAMILY CANCER CENTRES

Melbourne

Familial Cancer Centre
Peter MacCallum Cancer Institute
East Melbourne
Contact: Ms Mary-Anne Young
Phone: 03 9656 1199
kConFab research nurse: Beth Spear
Phone: 03 9656 1903

Royal Melbourne Hospital
Familial Cancer Centre
Parkville
Contact: Dr Geoffrey Lindeman
Phone: 03 9342 7151
kConFab research nurse: Kate Pope
Phone: 03 9342 4257

Victorian Clinical Genetics Service
The Murdoch Institute
Royal Children's Hospital
Parkville
Contact: Dr Mac Gardner
Phone: 03 8341 6293
kConFab research nurse: Kate Pope
Phone: 03 9342 4257

Victorian Clinical Genetics Service
Monash Medical Centre
Clayton
Contact: Ms Tarii Hall
Phone: 03 9594 2026
kConFab research nurse: Beth Spear
Phone: 03 9656 1903

Sydney

Familial Cancer Service
Westmead Hospital
Westmead
Contact: Assoc. Prof. Judy Kirk
Phone: 02 9845 6947
kConFab research nurse:
Monique Dyson
Phone: 02 9845 6845

Prince of Wales Hospital
Hereditary Cancer Clinic
Randwick
Contact: Dr Kathy Tucker
Phone: 02 9382 2577
kConFab research nurse:
Helen Conlon
Phone: 02 9382 2607

St George Community Hospital
Hereditary Cancer Clinic
Kogarah
Contact: Dr Kathy Tucker
Phone: 02 9382 2577
kConFab research nurse:
Helen Conlon
Phone: 02 9382 2607

St Vincent's Hospital
Family Cancer Clinic
Darlinghurst
Contact: Dr Robyn Ward
or Ms Rachel Williams
Phone: 02 8382 3395
kConFab research nurse:
Monique Dyson
Phone: 02 9845 6845

The John Hunter Hospital
Hunter Valley
Contact: Dr Tracey Dudding
Phone: 02 4985 3132
KConFab research nurse:
Helen Conlon
Phone: 02 9382 2607

Brisbane

Queensland Clinical Genetics Service
Royal Children's Hospital
Bramston Terrace
Herston
Contact: Dr Michael Gattas
Phone: 07 3253 1686
kConFab research nurse:
Vicki Fennelly
Phone: 07 3636 5200

Adelaide

South Australian Clinical Genetics
Services
Women's and Children's Hospital
North Adelaide
Contact: Dr Graeme Suthers
Phone: 08 8161 6995
kConFab research nurse: Meryl Altree
Phone: 08 8161 6821
or Susan Schulz 08 8161 6393

Perth

Genetic Services of Western Australia
King Edward Memorial Hospital
Subiaco
Contact: Dr Ian Walpole
or Professor Jack Goldblatt
Phone: 08 9340 1525
kConFab research nurse: Anna Nash
Phone: 08 9340 1610

Tasmania

The Royal Hobart Hospital
The Launceston General Hospital
The North West Regional Hospital,
Bernie
Contact: Dr David Amor
c/o VCGS Royal Children's Hospital
Melbourne
Phone: 03 8341 6300
or Dr Jo Burke
Royal Hobart Hospital
Phone: 03 6222 8296
kConFab research nurse: Kate Pope
Phone: 03 9342 4257

Auckland – New Zealand

Northern Regional Genetics Services
Auckland Hospital
Auckland
Contact: Dr Ingrid Winship
Phone: 64 9 3737599 ext 3768
kConFab research nurse: Jane Wylie
Phone International: 64 9 307 7232
NZ local call: 0800 476 123

Wellington – New Zealand

Central and Southern Regional
Genetics Services
Wellington Hospital
Wellington South
Contact: Dr Alexa Kidd
Phone: 64 4 385 5310
kConFab research nurse: Jane Wylie
Phone International: 64 9 307 7232
NZ local call: 0800 476 123

kConFab Co-ordinator

Heather Thorne
Peter MacCallum Cancer Centre
Research Division
Phone: 03 9656 1542
Email: heather.thorne@petermac.org

USEFUL WWW SITES

kConFab – www.konfab.org

National Breast Cancer Foundation – www.nbcf.org.au

Breast Cancer Network Australia – www.bcna.org.au

Breast Cancer Research Association Inc – www.breastcancer.asn.au