

kConFab

NEWSLETTER

June 2018

Published by kConFab, The Peter MacCallum Cancer Centre, Grattan Street, Melbourne 3000. Tel: 03 8559 6526. Website: <http://www.kconfab.org>

Dear kConFab families

Since our last newsletter there have been many advances made from our research work and we are keen to update you with some of this progress. The importance of our work is reflected in the number of national and international research projects, 170 in total with 45 currently active, that focus on the search to find genes associated with familial breast, ovarian and prostate cancer, investigations into whether psychosocial factors like stress, anxiety, depression, social support and personality are risk factors for breast cancer and to find out how lifestyle factors might influence the chance of developing cancer.

We have four project updates in our research updates section of this edition that covers some of our new findings. These include:

- Dr Rachel Glassey has recently published on the decision making process in young women undergoing a risk-reducing mastectomy – the removal of their normal breasts to prevent cancer.
- Professor Melissa Southey has new information about why some families who don't have a known genetic predisposition to breast cancer, such as the identification of a *BRCA1* or *BRCA2* mutation (gene fault), still experience multiple cancers in the family.
- Drs Pete Simpson, Nic Waddell and Katia Nones have analysed the genetic profile from breast cancer tissues collected by kConFab. This work is informing us about the biological and genetic processes that can go wrong and lead to cancer development.

- Shannon Fox, a student with Professor Margaret Kelaher and Dr Imogen Elsum, is gaining insights into how the needs of kConFab participants who identify as Aboriginal and Torres Strait Islanders are being met when accessing familial cancer genetic services.

The major strength of our work is that we have now been in contact with many of our families for up to 20 years. That means we have all of the treatment and health outcomes for either cancer prevention strategies or cancer treatment over many years that is being used to advance our knowledge for improved risk prediction, surveillance and treatment options. The accumulation of such long term data and biological samples makes our resource unique and extremely valuable world-wide for research studies. Significantly, for national researchers using the kConFab resource, the long-term access has provided stability to their work and has enabled many of them to become international leaders in various aspects of familial cancer research.

In recent years there have been advances in the technology we use to detect gene faults (mutations) that are known to cause cancer. kConFab member Dr Lesley Andrews has written an informative piece explaining how routine genetic testing on your blood DNA sample may now utilize a cancer gene panel, rather than a single gene search (page 2).

An exciting area of our work is the translation of our kConFab research findings into clinical practice. One of these studies is being run by a clinical researcher, Professor Kelly-Anne Phillips, who in collaboration with international colleagues, is looking for women and men who have been diagnosed with breast cancer and who carry a *BRCA1* or *BRCA2* gene fault (mutation) to participate in an international clinical trial, known

as OlympiA. The OlympiA clinical trial is investigating whether taking a medication known as olaparib (a tablet) twice a day for 12 months can reduce the risk of breast cancer recurring (coming back) (page 4).

Kelly has also included in this edition an update about a new on line tool that she has been involved in developing known as iPrevent. For women who have not had cancer this on-line tool estimates your personal risk of developing breast cancer and it also explains how your risk can be reduced. (page 3).

For the past 3 years the NBCF Board has approved the awarding of the Professor Joe Sambrook, post-doctoral prize at our annual conference. This award is in recognition of Professor Joe Sambrook and his major contribution to the NBCF national strategic research plan. At our annual conference in August 2017, we had two joint winners, PhD candidates Ms Laura Porter and Dr Peter Savas. You can read about Laura and Peter's outstanding research work on page 5 & 6.

In closing, because of the generosity and co-operation of our families, kConFab has become one of the world's best resources for research into familial aspects of breast, ovarian and, in recent times, prostate cancer. Your communications to us about new family members who become eligible to join kConFab, new diagnoses of cancer in your family and about impending surgery for the removal of both normal and cancer (breast, ovarian and prostate) tissue have enabled us to continue to support world-wide research. So, on behalf of the entire kConFab team, I want to thank you most sincerely for your ongoing support. We hope that you find this newsletter informative and we welcome your feedback.

Professor Stephen Fox,

*Chairperson,
kConFab Executive Committee.*

Investigating Consumer Views & Experiences on the Use of Genetic Information in Insurance

By Associate Professor
Kristine Barlow-Stewart
Director, Master of Genetic
Counselling Program,
University of Sydney



We would like to invite you to participate in a Master of Genetic Counselling student's research project to investigate experiences and views about the use of genetic information in health, life and travel insurance underwriting in Australia. This study aims to obtain current information in this domain to understand the consumer perspective.

You are eligible to participate if you are an adult (over the age of 18 years), have a family history of an adult onset genetic condition, and were asymptomatic, or

unaffected, for a genetic condition at the time of your experience between January 2010 and December 2016. This means that you had no symptoms but

- You had a genetic test that says you are at risk of developing the condition; and/or
- You had advice that you are at risk based on your family history; and/or
- You had treatment or were undertaking screening or risk reducing strategies so that you were not symptomatic

Participating in this research project will involve completion of a short anonymous questionnaire that is available online at this address:

<https://www.surveymonkey.com/r/insurance18>.

The survey will take approximately 15 to 20 minutes to complete and

participation is voluntary.

If you complete the survey and submit it, this will be taken as consent for the use of your data in this research study.

If you are interested in participating, please take the time to read the Participant Information Statement that provides further information about this study. This can be accessed through the link above before completing the survey. If you know anyone else who would be eligible to participate, please feel free to inform him or her about the study.

If you would like any more information concerning the study, please contact:

Brenely Vargas Murillo
Master of Genetic
Counselling student at
the University of Sydney,
nvar6478@sydney.edu.au.



What is Panel Testing?

By Dr Lesley Andrews
Head of Department,
Hereditary Cancer Clinic,
Prince of Wales Hospital,
Sydney NSW



Testing for the breast cancer genes called **BRCA1** and **BRCA2** has now been available for over 20 years. Although this testing has explained why breast and ovarian cancer runs in some families, for many others, the genetic link has remained unexplained.

A huge amount of research has been done to identify several other genes in which mutations (faults) cause an increased risk of breast cancer. Until recently, the cost of testing for many genes individually has been prohibitive. However, a new method of genetic testing called Next Generation Sequencing (NGS) enables many genes to be tested at once. When several genes

are tested simultaneously, this is called **panel testing**.

Although many genes have been reported to be linked to breast cancer, most clinics will only request results of a few genes where research has definitely proven the link, and enough information is known about the gene to use the result reliably. Unfortunately, researchers and clinics are finding that these genes are only explaining a small proportion of families that are not linked to **BRCA1** or **BRCA2**, so the search for more breast cancer genes continues.

Here are a few examples of genes that are tested in panels:

PALB2 is a gene that is similar to **BRCA2**. It is linked to breast cancer in men as well as women, and cancer of the pancreas in some families.

People who have two faulty copies of a gene called **ATM** have a severe neurological disorder. Women who carry just one faulty copy may be at increased risk of breast cancer, depending on the particular fault in the **ATM** gene that they carry.

Inherited faults in the **TP53** gene cause a condition called Li Fraumeni Syndrome. Fortunately **TP53** mutations

are a very rare cause of breast cancer, as these can also cause many other types of cancer, often occurring at young ages.

PTEN is another gene which is linked to breast cancer, as well as cancer of the uterus and thyroid. Although these three cancers are quite often found in the same family, faults in the **PTEN** gene are rarely the cause.

Since November 2017, there is now a Medicare rebate for panel testing of individuals with breast and/or ovarian cancer who have at least a 10% chance of carrying a faulty breast and/or ovarian cancer gene. The referring doctor will decide which genes should be tested, depending on the cancers in the family.

If your family has participated in kConFab, blood from at least one member of your family who has had breast and/or ovarian cancer will have been tested for mutations in these genes. Often further panel testing has been done. If you have consented to receive results, you will have been informed if any relevant results have been found.

If you have seen a genetic counsellor in the past, you can contact the genetics clinic if you wish to know more about testing in your family.

BRCA-P – an international breast cancer prevention trial for women with a faulty BRCA1 gene

By Professor Geoffrey Lindeman

Joint Head, Stem Cells and Cancer Division at the Walter and Eliza Hall Institute and Medical Oncologist, The Peter MacCallum Cancer Centre and Royal Melbourne Hospital, Melbourne.

Women who carry a faulty BRCA1 gene are at high life-time risk of developing breast cancer. While risk-reducing mastectomy is a very effective strategy for decreasing risk, most women don't pursue this option and less radical approaches are needed.

Most BRCA1 mutation carriers opt for close monitoring through a combination of clinical checks, mammograms and MRI scans. This is helpful for increasing the chance that a breast cancer is detected at an early stage where treatment is more likely to be effective. This approach, however, does not prevent breast cancer.

A recent discovery, made in collaboration with kConFab using normal breast tissue from the kConFab resource, has identified a possible new strategy for the

prevention of breast cancer in BRCA1 mutation carriers. Investigators at the Walter and Eliza Hall Institute in Melbourne identified the culprit cell type in the breast that can go awry and lead to breast cancer in mutation carriers. This cell is positive for a marker called 'RANK' and is switched on by a molecule called 'RANK ligand'. Using laboratory models, researchers found that neutralising RANK ligand can 'switch off' the precursor cell – before cancers arise. This raises the possibility that it may be possible to delay or even prevent breast cancer, and possibly 'buy time' for women considering mastectomy.

An inhibitor of RANK ligand, called denosumab, is already in use in the clinic to treat thin bones (osteoporosis) or breast cancer that has spread to bone. Based on the laboratory findings, it is possible that denosumab could be 'repurposed' as a breast cancer prevention drug. However denosumab is not approved for this purpose and clinical trials are needed to confirm that this approach is both safe and effective.

'BRCA-P' is an international multi-centre breast cancer prevention study that will investigate whether

denosumab is indeed effective in preventing breast (and ovarian cancer) in well women with faulty BRCA1 gene. The study will be conducted in Australia by Breast Cancer Trials and internationally led by the Austrian Breast & Colorectal Cancer Study Group. It is the first multi-country study to investigate a breast cancer prevention drug for BRCA1 mutation carriers.

Women who elect to participate in the study will be randomised to receive either denosumab or placebo every 6 months for a total of 5 years. They will undergo standard close monitoring. Since denosumab is a 'bone builder', the effects of treatment on bone will also be studied.

Women aged between 25 and 55 who have never had cancer and who are not planning breast surgery at the time of study entry will potentially be eligible for the BRCA-P Trial. The study will be conducted at a number of sites around Australia, with approximately 2,900 women to be recruited world-wide.

Detailed information on how to participate in BRCA-P will be available from Breast Cancer Trials (www.breastcancertrials.org.au) and kConFab later this year.


www.petermac.org/iprevent

Find out your personal risk of breast cancer and what you can do about it

By Professor Kelly-Anne Phillips
Consultant Medical Oncologist,
National Breast Cancer
Foundation Practitioner Fellow,
The Peter MacCallum
Cancer Centre, Melbourne.



iPrevent estimates your personal risk of developing breast cancer. It also explains how your risk can be reduced.

It will take approximately 30 minutes to complete iPrevent. You will be able to download a personalised report

that you can discuss with your doctor.

iPrevent should not be used if you have had invasive breast cancer or DCIS.

iPrevent will ask about:

- Your own medical history, including your height and weight and the result of any breast biopsy you have had.
- Details about your family history of cancer (including your parents, grandparents, children, brothers, sisters, aunts, uncles, nieces and nephews). This includes the approximate ages at diagnosis

and year of birth for each of those relatives who have had breast, ovarian, pancreatic or prostate cancer.

You can use iPrevent if you don't know these details, but the more information you have the more accurate the risk assessment.

The information you enter into iPrevent is used to create your personalised report. No personal information is saved once you close out of the session.

iPrevent can be found at:
www.petermac.org/iprevent

OlympiA – A Clinical Trial For Women with Breast Cancer and BRCA1 or BRCA2 Mutations

By Professor
Kelly-Anne Phillips
*The Peter MacCallum
Cancer Centre,
Melbourne.*



Researchers are looking for participants with a BRCA1 or BRCA2 mutation who have been diagnosed with breast cancer in the last 12 months.

While many people diagnosed with breast cancer in the setting of a BRCA1 or BRCA2 mutation are successfully treated with currently available treatments (including breast surgery, chemotherapy and radiotherapy), for some the breast cancer will recur. The

OlympiA clinical trial is investigating whether taking the PARP inhibitor, olaparib, as tablets twice a day for 12 months can reduce the risk of breast cancer coming back after all standard anticancer treatments have been completed.

Participants will have a 50:50 chance (randomly allocated) of receiving either olaparib or a placebo (inactive “sugar tablet”).

Several previous studies have already shown that olaparib is a useful treatment for individuals with inherited BRCA1 or BRCA2 mutations who have advanced cancers, but this is the first time it will be tested in people with less advanced breast cancer.

This study is being coordinated in Australia by Breast Cancer Trials, in partnership with the Breast International Group (BIG) and AstraZeneca internationally. It is hoped that the study will show that olaparib improves the curability of patients with breast cancer and inherited BRCA1 or BRCA2 mutations, which may result in a new standard treatment for these breast cancer patients.

OlympiA will enrol 1,800 patients in approximately 500 centres worldwide.

For more information about OlympiA visit the Breast Cancer Trials website at www.breastcancertrials.org.au or speak to your treating clinician about whether you are eligible to participate.

RESEARCH UPDATES

Improving access to genetic services for Aboriginal and Torres Strait Islander populations

By Professor Margaret Kelaher,
Dr Imogen Elsum & Ms Shannon Fox
The University of Melbourne, Melbourne.

There are many stories in the media about personalised medicine, the genomics revolution and how we are at the cusp of a new era in healthcare. However, there is little discussion on how equitably distributed the health benefits of this revolution will be, and how they will translate to Aboriginal and Torres Strait Islander populations?

This is a question being addressed by a group of academics, clinicians and policy makers who have been awarded an NHMRC partnership grant and funding from the Lowitja Institute, Australia’s national institute for Aboriginal and Torres Strait Islander health research. There is evidence of significant unmet

need for clinical genetics and genetic counselling in Aboriginal and Torres Strait Islander populations and, where services do exist, considerable gaps persist in the provision of these services and the continuity of care. With an increasing trend of integrating genomics into clinical practice, addressing these issues is crucial to improving provision of effective genetic health services to Aboriginal and Torres Strait Islander people.

The Better Indigenous Genetic (BIG) health services project is assessing how well four models of genetic service provision meet the needs of Aboriginal and Torres Strait Islander people in the Northern Territory, Western Australia and Queensland. The research will investigate what are key barriers and facilitators to effective, culturally competent delivery of genetic services and follow-up support. Based on the findings, recommendations and strategies will be developed with a focus on building the capacity of the workforce to better meet patient and family needs, and to support improved access to follow-up services.

Core to the principles of the BIG health services project is strong

Aboriginal and Torres Strait Islander leadership and guidance throughout all aspects of the project, including its design, development and implementation. Four of the chief investigators are Aboriginal, there is a Project Reference Group that has approx. 50% representation by Aboriginal and Torres Strait Islander people and an End User Group that is made up entirely of Aboriginal and Torres Strait Islander people with personal experience of genetic services. Several kConFab participants are members of the End User Group and provide valuable input to the research.

Interviews with Aboriginal and Torres Strait Islander kConFab participants are also underway to gain perspectives of those accessing familial cancer genetic services focusing on the cultural competence of these services and identification of barriers and facilitators.

If you an Aboriginal and/or Torres Strait Islander kConFab participant and are interested in the study or being involved, please email or ring Heather on:
heather.thorne@petermac.org
or telephone 03 8559 6526
or toll-free number 1800 221 894

RESEARCH UPDATES

Heightened risk perception and the influence on decision-making in younger women undergoing bilateral prophylactic mastectomy

By Dr Rachel Glassey
The University of
Western Australia, Perth.



Women are recommended to undergo bilateral prophylactic mastectomy (BPM) (also known as a preventative mastectomy) before age 40 years as this has the greatest benefit for risk reduction. However, there are few research studies focusing on younger women undergoing BPM.

This study focuses specifically on the perceptions and experiences of younger women (under 35 years) in Australia and New Zealand, who are considering and/or undergoing BPM. This study adds the experiences of women in these groups and builds on the Australasian research profile. This research provides new insights from a different context with the hope that this information will be used to improve the outcomes for women at high risk of developing breast cancer in our country.

There were a number of factors related to the decision to undergo a BPM, however, it appeared the decision was often underpinned by fear and anxiety. Health professionals also appeared to have an influence on decision-making and risk perception. The way younger women perceive information given to them should be taken into account when discussing risk. It was apparent that some younger women continued to be anxious about their risk of developing breast cancer post-BPM. Some of those considering BPM were also unsure if they would feel relieved of anxiety post-surgery. If the risk reduction BPM offers is not reflected in women's perception of their own risk, this poses a problem for clinical practice.

This study found that having the opportunity to see an experienced

psychologist prior to BPM appears to influence satisfaction with psychological well-being, body image and intimacy. Furthermore, feelings towards one's breasts, type of mastectomy and open communication with significant other also appeared to influence satisfaction with reconstructed breasts and intimacy. An important finding was the lack of integrated services, inconsistent information and difficulties receiving information that women reported. They suggested ways in which these could be addressed in the service delivery of clinical practice, including clearly defined pathways. A multi-disciplinary team could assist these barriers to accessing information.

kConFab supports the discovery of non-genetic, heritable risk factors for breast cancer.

By Professor
Melissa Southey
Chair of Precision Medicine,
Monash University and
Professorial Fellow,
Clinical Pathology, The University of
Melbourne, Melbourne.



Epigenetics, the study of the environment surrounding our genes and the regulation of their behaviour, is an exciting new field for researchers. It is providing insights into everything from evolutionary biology to cancer research.

One epigenetic mechanism is called DNA methylation, which is the chemical modification of DNA that does not change the DNA sequence. This process is part of normal cellular regulation and is a mechanism that enables genes to be turned 'on' or 'off'. DNA methylation can be passed from parents to children. Our new work has found many instances of this that can predispose a family to breast cancer.

Working with participants of kConFab and the Australian Breast Cancer Family Registry we measured methylation at over 450,000

positions across their genomes. These studies included those who are at increased risk but do not carry a mutation in a known breast cancer gene such as *BRCA1* or *BRCA2*.

We then used a new statistical method developed by Dr James Dowty at The University of Melbourne, to systematically search the genome for heritable DNA methylation marks associated with breast cancer risk.

This innovative approach enabled us to pinpoint 24 heritable DNA methylation marks associated with hereditary breast cancer.

This finding is paradigm shifting for current clinical genetic testing as it explains an additional proportion of the familial risk for breast cancer. Using this new information we are now working to improve risk prediction for all women and better identify those at highest risk. This work could also support the development of new strategies for cancer prevention and provide new treatment possibilities using epigenetic therapeutics. The study was published in the world-leading *Nature Communications* in February 2018.

The NBCF student award winners at the kConFab conference, August 2017.

A summary of Ms Laura Porter's presentation.

BRCA2 faults (mutations) are associated with an increased risk of developing aggressive prostate cancer with poor clinical outcomes. However, the mechanisms by which *BRCA2* mutations contribute to clinical aggressiveness are not completely understood. Previously, we showed that *BRCA2*-mutant prostate cancers often have intraductal carcinoma of the prostate (IDC-P), a distinct growth pattern of prostate cancer cells that is associated with adverse clinical features. Despite this, IDC-P is not routinely reported in pathology and its functional significance remains poorly understood. Thus, we investigated the clinical relevance of IDC-P as well as the underlying

(Continued on page 6)

RESEARCH UPDATES

(Continued from page 5)

molecular features of localised *BRCA2*-mutant prostate cancers with and without IDC-P.

A summary of Dr Peter Savas's presentation.

Understanding the cancer genome is seen as a key step in improving outcomes for cancer patients. The majority of work in this area has targeted primary cancer cells and very few studies have performed comprehensive profiling of advanced breast cancer. Evolution of the cancer genome during the natural history of breast cancer is largely unknown, as is the profile of the cancer when the patient passes away. We sought to study in detail these aspects of advanced breast cancers that have failed to respond to treatment.

Understanding the causes of familial breast cancer with genome sequencing

Drs Pete Simpson, (Right) Nic Waddell and Katia Nones

University of Queensland's Centre for Clinical Research and at the QIMR Berghofer Institute for Medical Research, Brisbane.



It has been known for many years that an inherited fault (mutation) in *BRCA1* or *BRCA2* can cause familial breast cancer. However, familial breast cancer is not always associated with *BRCA1* or *BRCA2*. There are other genes which, when faulty, can also cause an increased risk of cancer to be inherited. In many of cases, however, the cause of the inherited disease still remains unknown.

Researchers at the University of Queensland's Centre for Clinical Research and at the QIMR Berghofer Institute for Medical Research have been collaborating on a project to understand the causes of familial

breast cancer. We have studied 80 breast cancer tissue samples that were donated to kConFab and to two other tissue banks. The breast cancer in some of these cases was related to an inherited gene fault (mutation) in *BRCA1* or *BRCA2* though for many the cause of the familial breast cancer was unknown.

We have studied the breast cancer tissue samples using a method known as whole genome sequencing. This method enables scientists to read all the letters in the DNA sequence from an individual, just like reading a book. When studying a cancer tissue sample one can read the sequence of letters and identify all the errors (mutations) in the sequence that have accumulated as the cancer has grown. Tumours can have 10s to 1000s of errors in their DNA sequence. A careful investigation of these errors begins to tell us a story of the history of the cancer - what factors have gone wrong in order for it to grow. This information is useful because it may provide a clue as to how to treat the patient. In the context of familial breast cancer, it can also tell us about the possible causes of the cancer. This is information which is important to help families minimise the risk of developing the disease.

This type of research is only made possible through the generosity of breast cancer patients who donate their tissue for research purposes and through the dedication of biobanks who are able to collect and store the samples for projects that may arise in the future.

More information about BCNA's news and events

To receive ongoing information about BCNA's latest news and events, you may like to subscribe to receive BCNA's free magazine, The Beacon, or BCNA's free monthly e-newsletter, Network News.

To subscribe to either publication, visit the BCNA website (bcna.org.au) or ring BCNA on 1800 500 258.

Messages from the kConFab team:

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

- We send information to you by post and email therefore, it is very important to keep your contact details up to date. Please call 1800 221 894 (toll free) or email (heather.thorne@petermac.org) to pass on these updates.
- Please remember that fresh tissue specimens of all tissue types, whether normal or cancerous, obtained at surgery are extremely valuable for our research so a reminder about upcoming surgery is appreciated.
- 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 all 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
- Are there other family members eligible to join kConFab? Once a family has been counselled at a Family Cancer Clinic about a genetic (fault) mutation in the family, additional family members may become eligible for recruitment into the kConFab study. Once a family member, female or male turns 18 years of age they may also be eligible to be recruited into the kConFab study.



SAVE THE DATES

20 – 23 March 2019 | SkyCity Auckland Convention Centre



Key dates:

Registration open	March 2018
Call for abstracts	March 2018
Call for abstracts closes	October 2018

www.insight2019.com

FAMILIAL ASPECTS OF CANCER: RESEARCH & PRACTICE – 2018

The Family Cancer Clinics of Australia & New Zealand
kConFab

Australian Colorectal Family Study (ACCFS) & the
Australian Breast Cancer Family Study (ABCFS)
International Sarcoma Kindred Study (ISK)

Mantra on Salt Beach, Kingscliff, NSW, Tuesday 4th – Friday 7th September 2018

NBCF awards new research funding to stop Breast Cancer deaths



NATIONAL
BREAST CANCER
FOUNDATION

The National Breast Cancer Foundation (NBCF) has awarded \$11 million in funding to support 20 breast cancer research projects in 2018.

The funding will cover 73 Australian researchers from all over the country, ranging from established leaders to some of our brightest up-and-coming stars, working together to improve the prevention, early detection, treatment and quality of life of breast cancer.

According to NBCF CEO Professor Sarah Hosking, 2018 marks the most exciting year yet for NBCF. “We are delighted that we can award \$11 million to such diverse research studies and support outstanding Australian research talent. This is a solid step towards our future ambitions.”

Some of the highlights of this year’s grant recipients include kConFab member, Associate Professor Sarah-Jane Dawson from the University of Melbourne, who received \$1.5m for the development of a new blood test to improve early detection and detection of cancer relapse. In addition, fellow kConFab member Professor John Hopper from the University of Melbourne received \$498,000 to advance a new risk score, which combines family history

and new measures to better identify women at high risk of breast cancer.

NBCF Research Director Dr Chris Pettigrew commented that, “This is an incredibly inspirational group of researchers. They have demonstrated a combination of passion and diligence to their research projects. We’re really excited to see what the 2018 grants deliver.”

NBCF is Australia’s leading community-funded organisation relying purely on the Australian public to fund breast cancer research. You can support NBCF by taking part in their GO PINK campaign from June 18 to 24, helping toward their ultimate goal of zero deaths from breast cancer by 2030. Register for GO PINK at <https://fundraise.nbcf.org.au/event/go-pink>.

Collaborating Family Cancer Centres

Melbourne

**The Parkville Familial Cancer Centre
Peter MacCallum Cancer Centre &
The Royal Melbourne Hospital
Peter MacCallum Cancer Centre**

Level 1B 305 Grattan St,
Melbourne, 3000
Contact: Ms Alexandra Lewis
Tel: 3 8559 5322

The Royal Melbourne Hospital

Level 2 Centre, Infill Building,
Grattan Street, Parkville, 3050
Contact: Mr Michael Bogwitz
Tel: 03 9342 7151

Monash Medical Centre

Clayton, 3168
Contact: Dr Marion Harris
Phone: 03 9594 2009

Austin Health

Heidelberg Repatriation Hospital
Heidelberg West, 3081
Contact: Mr Matthew Burgess
Tel: 03 9496 3027

Victorian Regional Family Cancer Clinics:

**Albury/ Ballarat/Wodonga/
Shepparton Austin Health Family
Cancer Clinic**

Tel: 03 9496 3027

Bendigo/ Mildura

**Peter MacCallum Cancer Centre
Family Cancer Clinic**

Tel: 03 8559 5322

Geelong/Warrnambool

**Royal Melbourne Hospital Family
Cancer Clinic**

Tel: 03 9342 7151

Moe/Traralgon

**Monash Medical Centre Family
Cancer Clinic**

Tel: 9594 2009

Sydney

**Familial Cancer Service
Westmead Hospital**

Westmead, 2145
Contact: A/Prof Judy Kirk
Phone: 02 8890 6947

**Prince of Wales Hospital
Hereditary Cancer Clinic**

High Street, Randwick, 2031
Contact: A/Prof Kathy Tucker
Phone: 02 9382 2577

**St George Community Hospital
Hereditary Cancer Clinic**

Kogarah, 2217
Contact: A/Prof Kathy Tucker
Phone: 02 9382 2577

St Vincent's Cancer Genetics Clinic

Darlinghurst, 2010
Contact Professor Allan Spigelman
Phone: 02 9355 5647

The Hunter Family Cancer Service

The John Hunter Hospital
Hunter Valley, 2298
Contact: Professor Allan Spigelman
Phone: 02 4985 3132

Sydney Cancer Genetics

P.O. Box 845 Broadway, 2007
Contact: Dr Hilda High
Phone 02 8964 9977
info@sydneycancerogenetics.com.au

Brisbane

**Genetic Health Queensland
Royal Women's and Children's Hospital**

Bramston Terrace Herston, 4029
Contact: Dr Rachel Susman
Phone 07 3646 1686

Wesley Medical Centre

Suite 28, Level 2, 40 Chasely Street
Auchenflower, QLD 4066
Contact: Dr Michael Gattas
Phone: 07 3217 8244
brisbanegenetics.com.au

Canberra

ACT Genetics Service

Level 5, Building 1, The Canberra Hospital
Yamba Drive, Garran 2605
Contact: Dr Linda Warwick
Phone: 02 6244 2133

Adelaide

**South Australian Clinical
Genetics Services
Women's and Children's Hospital**

North Adelaide, 5006
Contact: Dr Nicola Poplawski
Phone: 08 8161 6995

Perth

**Genetic Services of Western Australia
King Edward Memorial Hospital**

374 Bagot Road Subiaco, 6008
Contact: Dr Nicholas Pachter
Phone: 08 6458 1405

Tasmania

**Tasmanian Clinical Genetics Service
Royal Hobart Hospital**

Contact: Dr Jo Burke
Phone: 03 6166 8296

Auckland – New Zealand

**Auckland- New Zealand
Genetic Health Service NZ –
Northern Hub**

Building 30, Auckland City Hospital
NZ local call 0800 476 123
International +64 9 307 4949
Ext 25870
www.genetichealthservice.org.nz

Wellington – New Zealand

**Genetic Health Service NZ –
Central Hub**

Wellington Hospital
Private Bag 7902, Wellington 6242
NZ local call 0508 364 436
International +64 4 385 5310
www.genetichealthservice.org.nz

Christchurch – New Zealand

**Genetic Health Service NZ –
South Island Hub**

Christchurch Hospital
Private Bag 4710, Christchurch 8140
NZ local call 0508 364 436
International +64 3 378 6195
www.genetichealthservice.org.nz

**For all general kConFab
research enquires:**

kConFab National Manager

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Research Department
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Melbourne, 3000
Phone: 03 8559 6526
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Email: heather.thorne@petermac.org