



Breast Quality Audit (BQA)

2020 - 2021 Annual Report



Foreward

Dear BreastSurgANZ member,

I am pleased to provide you with the 2020/21 annual report summary for the BQA. We have made the decision to make this report shorter, with an emphasis on providing information relevant to your practice and which will assist with reflection and audit of current management of breast cancer in Australia and New Zealand.

You will be aware that the updated BQA launched in May 2023, and that the data provided in this report represents cases treated in 2020 and 2021. The KPIs used for the report are the newly launched KPIs, using the previous 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 and Michelle Ogilvy, Project Coordinator Morbidity Audits, who have had a very busy year finalising the new data fields and KPIs and implementing the improved functionality of the database.

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 all the work she does for the BQA.

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.

I look forward to a productive 2024 and wish you all a very happy festive season.

Dr Melissa Bochner

Chair, BreastSurgANZ, Breast Quality Audit Committee



President's Report

Congratulations to Breast Quality Audit (BQA) Committee Chair Melissa Bochner and the BQA Committee for all that has been achieved with the Breast Quality Audit (BQA) over the past 12 - 18 months.

The committee, under Melissa's leadership, has led many significant changes to the BQA over the past 18 months including this change to the presentation of annual audit data for the period 2020 - 2021.

We hope this new way of presenting annual BQA data will provide members with an accessible, easy to read snapshot of BQA data for this period. and we welcome member engagement with and feedback on this new look report.

I would invite all Full and Associate BreastSurgANZ members to read through the report and reflect on your own practice and to continue to utilise the BQA as the fantastic resource it is. This is your data, for you to utilise, for research and presentation, and for quality assurance activities and credentialing.

I would also take this opportunity to ask non-compliant members to ensure you are contributing the minimum number of cases to the BQA annually in order to meet the requirements of membership with the Society.

Over the coming 12 months we will be focusing on member compliance with the BQA and closing the Audit loop via formal implementation of the Clinical Quality Improvement policy.

As always, we encourage your feedback and suggestions on how to improve the BQA to ensure it reflects the needs of the membership.

Dr Melanie Walker

President, BreastSurgANZ



Overview

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

This report provides an overview of data submitted to the audit with a diagnosis date of 2020 and 2021.

Background

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

Acknowledgements

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

RACS Staff

Dr Lora Papa, Project Lead

Ms Michelle Ogilvy, Senior Project Officer

Dr Helena Kopunic, Manager, Surgical Audits

Prof Wendy Babidge, General Manager, Research, Audit and Academic Surgery

BreastSurgANZ

Ms Samantha Rawlings, Chief Executive Officer

Dr Melanie Walker, President, BreastSurgANZ

BreastSurgANZ Members

BreastSurgANZ acknowledges the dedication of its members in maintaining involvement with the audit and providing the time and resources to ensure the audit is an accurate and up-to-date reflection of breast surgical practice in Australia and Aotearoa New Zealand.

Executive Summary

This summary covers episodes entered into the BQA with a diagnosis date of 1 January 2020 to 31 December 2021

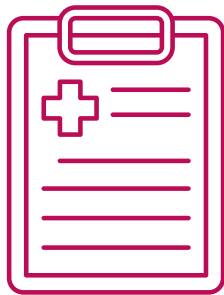
Audit Analysis



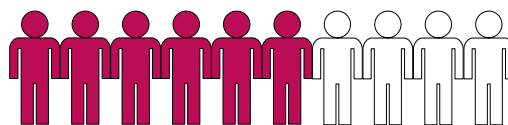
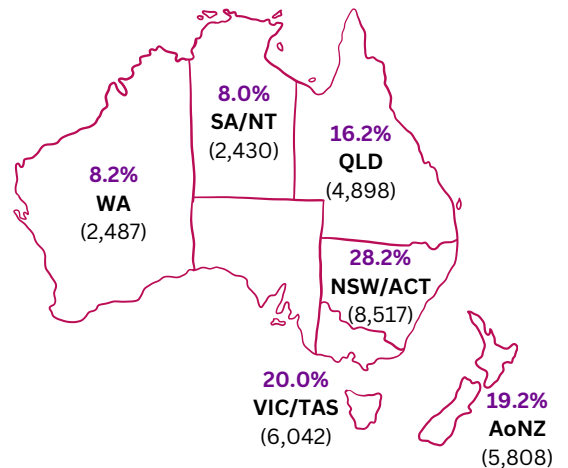
326
Participating Surgeons



263
Participating Hospitals

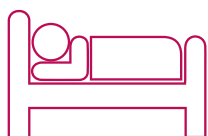


30,203
Episodes entered into the BQA



61
Median Age
(Range 20 - 102 years old)

PATIENT



Private: 47.6% (14,388)
Public: 49.3% (14,886)
Unknown: 3.1% (929)

GENDER



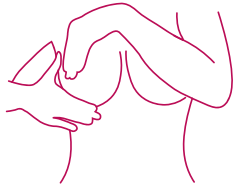
Female: 99.3% (29,995)
Male: 0.7% (208)

ETHNICITY

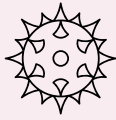


Non-indigenous: 83.5% (25,225)
Indigenous: 3.8% (1,157)
Unknown: 12.7% (3,821)

DIAGNOSIS



29,961
Cases

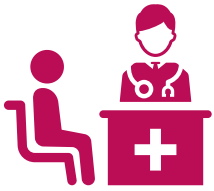


86.1%
Invasive
(25,795)



13.9%
DCIS
(4,166)

REFERRAL SOURCE



29,991
Cases



52.0%
GP
(15,605)



28.7%
BreastScreen (Aust)
(8,620)

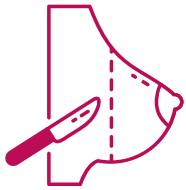


7.6%
BreastScreen (AoNZ)
(2,267)



11.7%
Private Screening
(3,499)

SURGERY



37,761
Breast



2.9%
Open Biopsy
(1,111)



49.5%
CLE
(18,682)



7.3%
Re-excision
(2,762)



29.2%
Mastectomy
(11,040)



8.2%
Reconstruction
(3,111)



2.8%
No/Other
(1,055)



32,600
Axillary



67.8%
SNB
(22,114)



3.6%
Level I/Sampling
(1,189)



12.9%
Level II
(4,203)



3.7%
Level III
(1,196)



12.0%
No
(3,898)

DATA



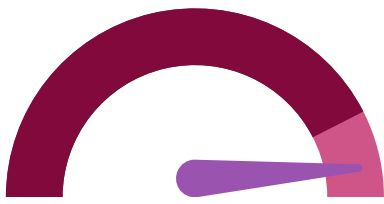
13
Requests



5
Published Papers

KEY PERFORMANCE INDICATORS

KPI 1 Percentage of invasive cases undergoing breast conserving surgery referred for radiotherapy (excluding patients ≥ 70 years old with ER+/PR+, HER2- cancer, having < 20 mm primary tumor size)

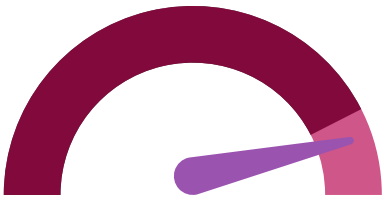


85% Threshold
95% Performance

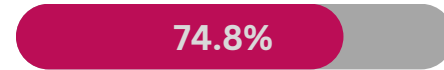


Surgeons meeting KPI

KPI 2 Percentage of oestrogen positive invasive cases referred for (adjuvant or neoadjuvant) hormonal therapy treatment

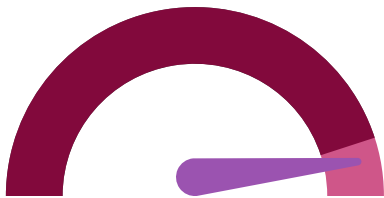


85% Threshold
90% Performance



Surgeons meeting KPI

KPI 3 Percentage of invasive cases undergoing axillary surgery



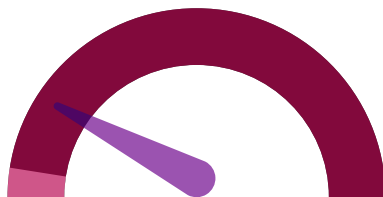
90% Threshold
94% Performance



Surgeons meeting KPI

KPI 4 Percentage of axillary clearance cases with zero positive nodes entered (excluding cases with any neoadjuvant therapies)

18% Performance
5% Threshold

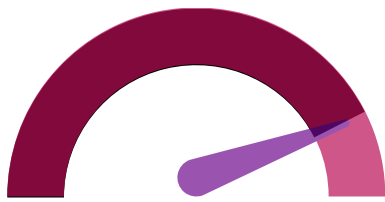


Surgeons meeting KPI *

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

KEY PERFORMANCE INDICATORS

KPI 5 Percentage of high-risk invasive cases undergoing mastectomy referred for radiotherapy (invasive tumors $\geq 50\text{mm}$ or ≥ 4 positive lymph nodes)



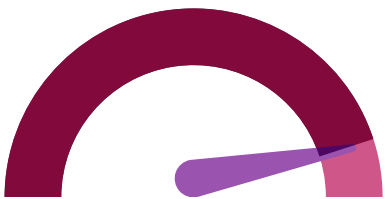
85% Threshold

86% Performance

64.2%

Surgeons meeting KPI

KPI 6 Percentage of high-risk cases referred for chemotherapy



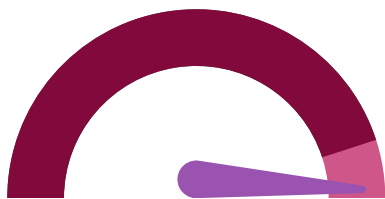
90% Threshold

91% Performance

67.1%

Surgeons meeting KPI

KPI 7 Percentage of cases with involvement of a breast care nurse in management of the patient



90% Threshold

99% Performance

93.5%

Surgeons meeting KPI

KPI 8 Percentage cases with discussion at a multidisciplinary meeting



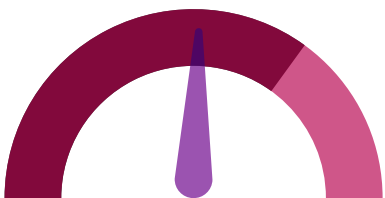
90% Threshold

97% Performance

93.6%

Surgeons meeting KPI

KPI 9 Percentage of triple negative or HER2+ cases undergoing neoadjuvant chemotherapy, for patients <70 years old and tumor size $\geq 20\text{mm}$



70% Threshold

51% Performance

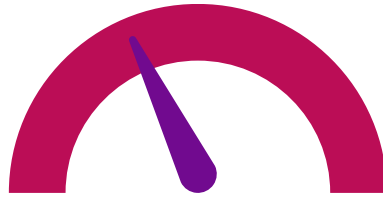
23.0%

Surgeons meeting KPI

KEY PERFORMANCE INDICATORS

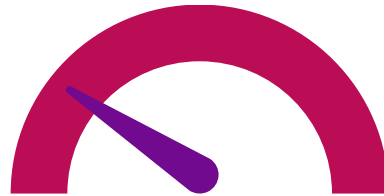
KPI 10 Percentage of DCIS cases undergoing mastectomy receiving immediate reconstruction

37% Performance



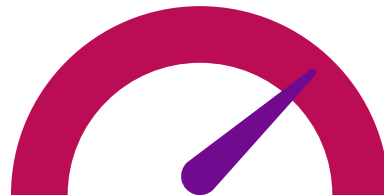
KPI 11 Percentage of invasive cases undergoing mastectomy receiving immediate reconstruction

21% Performance



KPI 12 Percentage of cases with breast conservation for invasive T1 (<20mm)

74% Performance



KPI 13 Percentage of cases proceeding to surgery within 45 days of histological diagnosis e.g. date of core biopsy (excluding cases receiving neoadjuvant therapy)

86% Performance



Publications

Lomma C, Chan A, Chih H, Reid C, Peter W. Male Breast Cancer in Australia. Asia Pac J Clin Oncol. 2021 Apr;17(2):e57-e62. doi: 10.1111/ajco.13299. Epub 2020 Jan 19. PMID: [31957255](#).

Salindera S, Ogilvy M, Spillane A. What are the appropriate thresholds for High Quality Performance Indicators for breast surgery in Australia and New Zealand? Breast. 2020 Jun;51:94-101. doi: 10.1016/j.breast.2020.01.007. Epub 2020 Jan 30. PMID: 32252005; PMCID: [PMC7375651](#).

Hong A, Chua J, Cheng M, Law M. Breast cancer subtypes in Australian Chinese women. ANZ J Surg. 2020 Dec;90(12):2516-2520. doi: 10.1111/ans.16313. Epub 2020 Sep 15. PMID: [32935473](#)

Omling, S., Houssami, N., McGeechan, K., Zackrisson, S., Jacklyn, G., Walters, D., Barratt, A. and Farber, R. (2021), The management of women with ductal carcinoma in situ of the breast in Australia and New Zealand between 2007 and 2016. ANZ Journal of Surgery, 91: 1784-1791. <https://doi.org/10.1111/ans.16970>

Chan A, O'Neil N, Lomma C, Chih H, Willsher P. BreastSurgANZ members recommendations for adjuvant systemic treatment and patient compliance in Australian breast cancer patients. ANZ J Surg. 2021 Nov;91(11):2418-2424. doi: 10.1111/ans.17175. Epub 2021 Sep 3. PMID: [34476882](#).

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