

# Quarterly Newsletter



sydney breast clinic  
peace of mind

March 2026



*The multidisciplinary team behind the comprehensive breast care at Sydney Breast Clinic. Breast Physician Dr Fiona Long (left), Sonographer Sam Cole (front) and Radiologist Dr Jyotsna Kunduri (right).*

As we welcome the inaugural edition of our Newsletter for 2026, we reflect on what has already been an exceptional start to the year at Sydney Breast Clinic.

2026 has commenced with strong momentum. We are seeing more women prioritising their breast health and booking their screening appointments, along with a growing number of patients attending our High-Risk Clinic for comprehensive consultation and assessment, including consideration of genetic testing where appropriate. We also successfully launched our first webinar of the year, which was very well attended and warmly received.

Most importantly, our community continues to grow, with more patients, families and referrers placing their trust in our care. We are sincerely grateful for that confidence.

Thank you for being part of the Sydney Breast Clinic community. Your ongoing support enables us to continue delivering compassionate, personalised care, and we look forward to sharing another year of progress and partnership together.

Warm regards,

The Team at Sydney Breast Clinic

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GP Update

Staff Spotlights

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# Early Detection Testing Update

## *Turning Innovation into Impact*

With the clinical rollout of Avantect pancreatic and ovarian cancer early detection testing brought into the Australian market by BCAL Diagnostics, the positive engagement surrounding this introduction has been very encouraging.

Our February Webinar for 2026 marked a significant milestone in connecting healthcare providers with the clinical update and discussion on this testing. We had a high level of engagement and interest in improving overall early detection for these cancers often referred to as the “silent killers”.

We were privileged to be joined by Professor Stephen Robson, one of Australia’s top obstetricians and member of a very high-risk pancreatic cancer family. Professor Robson offered both a clinical and deeply personal perspective, reinforcing that innovation in early detection is not simply a scientific advancement, but profoundly a human one.

Equally valuable was the contribution from Dr Daniel Black with ClearNote Health, who provided a detailed overview of the scientific foundation behind the Avantect assay. Importantly, he addressed the role that this blood-based technology plays within clinical workflows, particularly for individuals at elevated risk.

As momentum continues to build, the message is clear: early detection matters, and the appetite for progress in this space is stronger than ever.

We are pleased to report that **this testing is now available nation wide** via Healius Limited and available in NSW, VIC and QLD via Sonic Healthcare, representing a significant step toward expanding access to this innovative technology across Australia.

For individuals interested in learning more or to request an appointment, we encourage you to visit [www.earlydetection.com.au](http://www.earlydetection.com.au).

For exclusive access to this Webinar, healthcare providers are encouraged to visit the BCAL Diagnostics website and register through the clinician portal.

The image shows a screenshot of the website [earlydetection.com.au](http://earlydetection.com.au). The website has a navigation bar with links for "Book appointment", "Find blood collection location", "Register your interest", and "Health hub". A "Pay" button is also visible. The main content area features a dark purple banner with the text "A simple blood test could help detect cancer earlier" and a sub-headline "Ovarian and pancreatic cancers are often found late — early detection matters." Below the banner are two buttons: "For Clinicians" and "For Patients". To the right of the banner is a close-up image of a multi-well plate with various colored caps. To the right of the website screenshot are two QR codes. The top QR code is labeled "Scan to visit Early Detection Website" and the bottom QR code is labeled "Scan to watch the Clinician Webinar".



# Redefining Risk

## *A Personalised Approach to High Risk Breast Care*

While Sydney Breast Clinic already provides comprehensive breast screening and diagnostic services for patients across all risk levels, the High Risk Breast Clinic offers a dedicated, extended consultation model for those seeking a deeper understanding of their individual risk.

This afternoon clinic, lead by Breast and General Surgeon Dr Railya Mousina and Breast Physician Dr Fiona Long, is specifically designed for patients who may have concerns about their personal or family risk of breast cancer and want the time and space to explore this in detail. It provides a more in-depth consultation focused on:

- Understanding individual risk factors and what they mean for long-term health
- Incorporating relevant previous imaging, pathology and interventions
- Clarifying appropriate, personalised surveillance strategies beyond standard screening
- Exploring the implications of family history and potential risks for relatives
- Options for genetic testing and counselling

Importantly, this model allows for meaningful discussion around how risk may impact not only the patient's own screening pathway, but also the potential need for further assessment or genetic consideration within their family.

By creating a dedicated environment for these conversations, the High Risk Clinic enhances patient understanding, supports informed decision-making, and enables a more proactive, personalised approach to ongoing breast health.

### **Integration of Genetic Counselling & Testing Pathways**

For patients with suggestive personal or family histories, the clinic facilitates timely referral for genetic counselling and testing, with particular focus on hereditary breast and ovarian cancer syndromes, including BRCA1 and BRCA2 mutations.

Identification of a pathogenic variant has significant implications for both the patient and their relatives.

This clinic may also support women who participate in routine screening and are seeking a deeper understanding of their lifetime breast cancer risk factors, providing reassurance and personalised guidance for greater peace of mind.

For referrals or to discuss suitability for your patient or yourself, please contact our team.

## An Australian First

### *Introducing New Blood Testing for Pancreatic & Ovarian Cancer*

Sydney Breast Clinic's focus for 40 years has always been to provide patients with access to careful, evidence-based advancements in care. We have been pleased to see the interest from the public for the Avantect Pancreatic and Ovarian Cancer's Early Detection testing, offered through our high risk clinic.

While the Clinic is best known for its expertise in breast health, we recognise that breast cancer risk does not exist in isolation. Certain breast cancers - particularly those linked to inherited or familial risk - are biologically connected to an increased risk of ovarian and pancreatic cancers. For individuals with a family history of breast cancer, or known hereditary cancer risk factors, considering other risks is an important part of personalised care.

Pancreatic and ovarian cancers are often described as "silent" cancers. In their earliest stages, they may cause few or no symptoms, and standard imaging or routine blood tests may not detect them early. As a result, diagnosis typically occurs late, when treatment options can be limited. For people already identified as higher-risk through their personal or familial history, this uncertainty can be particularly concerning for them.

The Avantect blood testing is designed to help address this gap. Using a simple blood sample, they look for biological signals associated with early cancer development. These tests are not diagnostic on their own, but may help identify when closer monitoring or further investigation is warranted.

Breast Surgeon at Sydney Breast Clinic, Dr Railya Mousina, explains the clinical value of this broader, connected approach: "We know that patients with a family history of breast cancer may also carry elevated risks for ovarian and pancreatic cancers. Having additional tools that help us detect concerning changes earlier allows for more proactive care, rather than waiting for symptoms to appear."



**Jayne Shaw**

Sydney Breast Clinic  
BCAL Diagnostics  
Co-Founder & Executive  
Chair



Pancreatic and Ovarian testing is offered through clinical consultation, where a clinician will discuss with a client their individual risk profile, what the test can and cannot tell us, and whether it is appropriate. Results are always interpreted in combination with relevant medical history and can guide clinicians to recommend imaging and other further investigations.

Bringing Avantect to Australia has required careful attention to quality, logistics, and clinical integration. BCAL Diagnostics notes: "After successful use in the US, UK and Europe, with significant backing science, we are really pleased to integrate Avantect into Australia clinical practices. Achieving this means ensuring every step - from sample handling to result reporting - meets the highest standards. Our goal has been to make this technology available in a way that clinicians can trust and patients can feel confident in."

Professor Stephen Robson was the first patient to receive the blood testing in Australia here at SBC earlier in the year, and spoke to 7 News Australia on his personal motivations to do so. Coming from "one of Australia's highest-risk families for pancreatic cancer, ... I've seen many of my relatives lose their lives to this terrible disease. I want that to stop with us."

### A simple blood test could help detect cancer earlier

Ovarian and pancreatic are some of the deadliest cancers because they are often diagnosed late. Early detection of cancer may improve outcomes, and access to health services that provide new methods for detecting ovarian and pancreatic cancer will soon be available in Australia.


[Register Your Interest](#) [Request an Appointment](#)

#### Register Your Interest

Register below and we'll keep you updated on test availability in Australia.

Full Name \*

Email \*



Scan to visit  
Early Detection Website

If you would like to learn more about Avantect testing, or to register for an appointment, please visit [www.earlydetection.com.au](http://www.earlydetection.com.au).

The Sydney Breast Clinic team is here to support you with clear information, compassionate care, and a personalised approach to managing cancer risk - across the full spectrum of women's health.

## A Gynaecologist's Perspective

### *Ovarian Cancer: A Screening Challenge, With New Tools*

Ovarian cancer, while less common than breast or colorectal cancers, can be difficult to detect in its early stages making it a particular concern for Australian women.

In Australia, ovarian cancer is among the top ten most commonly diagnosed cancers in females, with an incidence of approximately 12-14 per 100,000 women. This means around 2,000 new cases discovered each year.<sup>1</sup> Among other factors, genetic predisposition remains a key element in identifying those women who are the highest risk.

These global patterns reflect differences in reproductive risk factors, genetic predisposition and diagnostic practices, with a consistent epidemiologic feature being a strong age-related increase in incidence, particularly after menopause.<sup>2</sup> For example, BRCA1 and BRCA2 gene mutations confer a lifetime ovarian cancer risk estimated at 35–45% and 10–20%, respectively.<sup>3</sup>

Despite the gravity of the condition, population screening for ovarian cancer has been limited by key biological and methodological challenges.<sup>2</sup> These include ovarian cancer's low prevalence, heterogeneous origins, and propensity for rapid progression from occult to advanced-stage disease, which together undermine the positive predictive value of screening tests even when sensitivity is high.<sup>4</sup>

For example, early efforts relying on serum CA-125 were limited by the poor specificity of the marker, which are frequently elevated in common benign conditions like endometriosis. More importantly, up to half of early-stage ovarian cancers do not express elevated CA-125 levels, leading simultaneously to false reassurance and unnecessary surgical intervention.<sup>5</sup>

Transvaginal ultrasound, introduced to improve anatomical detection, similarly failed to distinguish reliably between benign and malignant adnexal masses, exposing asymptomatic women to operative morbidity without clear mortality benefit.<sup>6</sup> Even attempts at combining CA-125 algorithms with ultrasound did not produce a meaningful reduction in ovarian cancer mortality.<sup>7,8</sup>

Early detection of ovarian cancer in high-risk still remains a diagnostic challenge, and a realm waiting for welcome innovation. The Avantect Ovarian Cancer early detection testing represents a promising new option for women in this situation.

#### **Avantect - New testing with a lot of potential**

The Avantect Ovarian Cancer Testing is a blood-based assay that analyses circulating cell-free DNA (cfDNA) for abnormal epigenomic and genomic signals associated with ovarian cancer.<sup>9</sup> In other words, it looks for genetic evidence of ovarian cancer in the blood before it may be detected by other methods. It works in much the same way as the commonly used Non-Invasive Prenatal Testing (NIPT) in pregnancy, which seeks to detect conditions like Trisomy 21.<sup>10,11</sup>



**Dr James Brown**  
Gynaecological Specialist  
*Women's Health & Research Institute of Australia*



# A Gynaecologist's Perspective

## *Avantect Ovarian - New Testing With A Lot of Potential*

As such a novel advancement, it's important to understand where this fits into clinical practice. At the moment, the Avantect test does not have a formal recommendation for use but is designed for women at high-risk of ovarian malignancy. Symptomatic women should still undergo standard diagnostic work-up (imaging, biomarkers such as CA-125, and specialist assessment).

That said, it is easy to see how the test's use may enter routine practice in much the same way as the NIPT. Here are some potential future benefits of the Avantect Ovarian Cancer testing service for women, based on the evidence so far:

### 1. Early detection in high-risk individuals

The Avantect test is designed to aid in earlier identification of ovarian cancer-associated signals in circulating cell-free DNA from a simple blood draw, which may help identify cancer before it becomes clinically apparent in women at elevated genetic or familial risk (e.g., BRCA1/BRCA2 mutation carriers or those with strong family histories). Earlier detection has the potential to improve clinical outcomes, as earlier-stage ovarian cancers are generally more treatable than late-stage disease.

### 2. Adjunct to current diagnostic algorithms

Currently, a combination of clinical information, imaging and CA-125 are aggregated into a Risk of Malignancy Index (RMI) when assessing ovarian masses. This method may have an up to 25% false-negative rate.<sup>12</sup> Therefore, the possible inclusion of the Avantect testing to this algorithm may be an opportunity for improved detection, once appropriate research and validation is undertaken.

### 3. Optimised for high-risk screening rather than diagnostic triage

While it is not a definitive diagnostic test, Avantect may perform better than traditional markers alone (like CA-125 or ultrasound) in detecting early biological changes associated with ovarian cancer, providing an additional data point that can prompt appropriate follow-up imaging or specialist review.

Avantect represents an important advancement in the ovarian cancer screening. Much like the NIPT, future research will likely see its use expanded into routine care.

**1.** Cancer Australia. Ovarian cancer statistics in Australia [Internet]. Canberra (AU): Cancer Australia; 2026 [cited 2026 Feb 6]. Available from: <https://www.canceraustralia.gov.au/cancer-types/ovarian-cancer/ovarian-cancer-statistics-australia> **2.** Chiu S, Staley H, Jeevananthan P, Mascarenhas S, Fotopoulou C, Rockall A. Ovarian Cancer Screening: Recommendations and Future Prospects. *Rofo*. 2025;197(12):1395-404. **3.** Kuchenbaecker KB, Hopper JL, Barnes DR, Phillips KA, Mooij TM, Roos-Blom MJ, et al. Risks of breast, ovarian, and contralateral breast cancer for BRCA1 and BRCA2 mutation carriers. *JAMA*. 2017;317(23):2402-2416. **4.** Cancer Australia. Population screening and early detection of ovarian cancer in asymptomatic women [Internet]. Canberra (AU): Cancer Australia; 2024 [cited 2026 Feb 6]. Available from: <https://www.canceraustralia.gov.au/publications-and-resources/position-statements/testing-ovarian-cancer-asymptomatic-women> (accessed 6 Feb 2026). **5.** Bast RC, Jr., Xu FJ, Yu YH, Barnhill S, Zhang Z, Mills GB. CA 125: the past and the future. *Int J Biol Markers*. 1998;13(4):179-87. **6.** Jacobs IJ, Skates SJ, MacDonald N, Menon U, Rosenthal AN, Davies AP, et al. Screening for ovarian cancer: a pilot randomised controlled trial. *Lancet*. 1999;353(9160):1207-10. **7.** Buys SS, Partridge E, Black A, Johnson CC, Lamerato L, Isaacs C, et al. Effect of screening on ovarian cancer mortality: the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Randomized Controlled Trial. *Jama*. 2011;305(22):2295-303. **8.** Jacobs IJ, Menon U, Ryan A, Gentry-Maharaj A, Burnell M, Kalsi JK, et al. Ovarian cancer screening and mortality in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS): a randomised controlled trial. *Lancet*. 2016;387(10022):945-56. **9.** Song D, Zhang Z, Zheng J, Zhang W, Cai J. 5-Hydroxymethylcytosine modifications in circulating cell-free DNA: frontiers of cancer detection, monitoring, and prognostic evaluation. *Biomark Res*. 2025;13(1):39. **10.** Soleimani A, Amirfiroozy A, Pourseif MM, Khaniani MS. Recent advances in the early detection of ovarian cancer. *Clin Chim Acta*. 2026;582:120797. **11.** Bianchi DW, Chiu RWK. Sequencing of Circulating Cell-free DNA during Pregnancy. *N Engl J Med*. 2018;379(5):464-73. **12.** Westwood M, Ramaekers B, Lang S, et al. Risk scores to guide referral decisions for people with suspected ovarian cancer in secondary care: a systematic review and cost-effectiveness analysis. Southampton (UK): NIHR Journals Library; 2018 Aug. (Health Technology Assessment, No. 22.44.) Chapter 3, Assessment of clinical effectiveness. Available from: [https://www.ncbi.nlm.nih.gov/books/NBK519828/?utm\\_source=chatgpt.com](https://www.ncbi.nlm.nih.gov/books/NBK519828/?utm_source=chatgpt.com)

# Generations of BRCA: Why Early Detection Matters

## A Story on Krystal Barter

**"I lost my breasts but I gained so much more.  
A true purpose."**

At 25, Krystal Barter made a decision that most people her age couldn't imagine: a double mastectomy to dramatically reduce her risk of breast cancer. She wasn't reacting to a diagnosis - she was acting on knowledge and that distinction would shape the rest of her life.

Krystal came from a family with a devastating history of the disease. Her mother was diagnosed with breast cancer at 36. Her grandmother, her great-grandmother, and many other women across her extended family had faced it too. When her grandmother pushed for answers, the family enrolled in one of Australia's first BRCA1 genetic screening studies. Her mother tested positive.

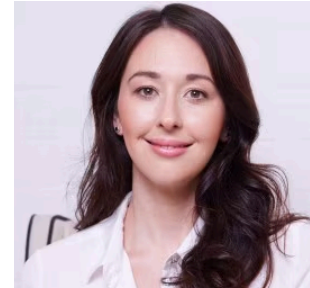
Years later, after becoming a mother herself, Krystal chose to be tested. She was BRCA1 positive too. "I still get emotional about it," she says. "Because I was like, my life is over. This is it." It wasn't over. But it was about to change completely.

In 2009, Krystal became one of the first Australian women to speak openly about undergoing preventative surgery after a positive BRCA1 result. She appeared on 60 Minutes alongside Stacey Gadd, another young woman who had made the same choice. At the time, the conversation barely existed in Australia.

"I'd never met anyone going through the surgery other than people in America," she recalls. "It was such a healing experience, meeting someone I could connect with through the process of literally sharing my boobs with all of Australia. We're still close friends. I feel very lucky that brought us together."

But alongside the relief of connection came an awareness of what was missing: a community, a resource, a place where Australian women facing hereditary cancer risk could find each other and find support. From her hospital bed, Krystal began building one.

That recovery period became the founding of Pink Hope, a charity supporting women at high risk of breast and ovarian cancer. Krystal went on to have further surgery to remove her fallopian tubes and ovaries, significantly reducing her ovarian cancer risk. And the advocacy work she began from that hospital bed kept expanding over the decades that followed.



**Krystal Barter**  
Purpose-Driven  
Entrepreneur, Advocate  
Author, Founder, CEO



Krystal Barter (right) with her mother and daughter.

"That moment became the catalyst for the direction of my life," she says. "I lost my breasts but I gained so much more. A true purpose." Some of her proudest achievements are working alongside Dr. Jane Tiller, to help secure a national, legislated ban on genetic discrimination in life insurance, a landmark reform protecting Australians from being penalised for knowing their own health risks



Mary Rickard was invited to talk with Krystal Barter about the #knowyourrisk campaign - Sydney Breast Clinic Facebook, 2017

Our clinic has had the privilege of intersecting with Krystal's advocacy work. In 2017, she joined our now Medical Director, Professor Mary Rickard, on a panel for #KnowYourRisk campaign. This was a national initiative focused on increasing awareness of breast cancer risk factors including genetics, family history and breast density. The conversation reinforced a shared goal: strengthening early detection pathways and advocating for the importance of proactive screening.

She has also founded Humanise Health, an agency that places patient-led advocacy at the centre of healthcare reform. Across all of it, she has worked to ensure that lived experience shapes the systems that too often overlook it. When asked about the global turning point for cancer risk awareness, Krystal doesn't hesitate. Angelina Jolie. When Jolie publicly disclosed her BRCA mutation and preventative surgery in 2013, the effect was immediate and worldwide. "What she gave in that moment changed everything for genetic testing and risk management around the world," Krystal says. "More research dollars, more genetic testing uptake. She moved the dial in a few days in a way that decades of advocacy hadn't."

But even as the BRCA conversation reshaped how we think about inherited breast cancer risk, significant gaps remained, particularly for ovarian and pancreatic cancers. These are diseases often called silent killers. Symptoms are vague and easily dismissed. Reliable screening has historically been limited. Diagnosis frequently comes at advanced stages, when treatment options narrow and outcomes worsen.

The future of cancer care is shifting from reacting to disease to identifying it before it advances. For Krystal, that shift is deeply personal. "It has been my life's purpose to help people know their risk and take control of it," she says. So, seeing companies like BCAL Diagnostics introducing blood-based testing for ovarian and pancreatic cancers across Australia and New Zealand feels, to her, like a full circle moment. "Every generation has had different choices and outcomes," she says. "I am really holding onto hope that if any of my children carry my gene mutation, they won't have to remove body parts as the best tactic to manage their risk."

For a woman who turned her own loss into a movement, that hope feels less like a wish and more like a prediction

# Osteoporosis: Diagnosis, Management & Monitoring

At Sydney Breast Clinic, we offer comprehensive DEXA scanning with integrated bone mineral density (BMD) assessment as part of our commitment to supporting women's health beyond diagnosis alone.

Endocrine Specialist, Dr Veronica Preda, explores osteoporosis, its intersection with breast cancer and some important tips for patients.

## Why it Matters?

Osteoporosis, a condition characterised by decline in bone mass and density, associated with skeletal fragility and an increased incidence of fractures from even minimal trauma. Timely diagnosis and appropriate management are critical for preserving bone strength and reducing fracture risk.

Osteoporosis is a major public health issue, with osteoporosis or osteopaenia affecting ~6.2 million Australians over 50 years of age. One in three women and one in five men will sustain an osteoporotic fracture. Hip fractures carry the highest morbidity and mortality, while vertebral fractures are most common. Annual costs exceed \$3.8 billion.

In general practice, early detection can prevent first fracture. For patients who have already fractured, investigation and initiation of osteoporosis medication is needed to reduce the very high risk of further fractures.

## Epidemiology

Osteoporosis is rare before age 45. For people aged 45 and over in 2021–22: 105,000 minimal trauma fracture hospitalisations occurred (980 per 100,000 population). Hip fractures were the most common site, accounting for 28% of these hospitalisations.

## Diagnosis & Monitoring

DXA scan is the gold standard for Bone Mineral Density (BMD) measurement. The scan is commonly prescribed for 12–24 months after therapy initiation, then every 2–3 years following. The same machine should be used for consistency, an individual's fall risk must be assessed regularly and vitamin D (>50 nmol/L), renal function, and electrolytes monitored annually.

Some patients over 50 with risk factors are eligible for Medicare rebate, however, not all are.

## Management Strategies

**Lifestyle:** Adequate calcium intake (1000-1300 mg/day), vitamin D >50 nmol/L with a few minutes of safe sun exposure daily or supplements if deficient, resistance training twice weekly, weight-bearing exercise most days, and reduce sedentary time and engage in balance exercises.

**Pharmacologic Therapy:** Antiresorptive agents (Bisphosphonates, Denosumab), Hormone-based therapies (MHT, SERMs), and Osteoanabolic agents (Teriparatide, Romosozumab).

## Why Does the Distinction Matter?

The modified or 'synthetic' compounds, which need to travel through the gut and the liver before reaching the general blood stream, can cause nausea and other symptoms of gastrointestinal upset. There was therefore initially a genuine drive to help these patients by providing a different modality to take hormones.

In response to these occasional adverse effects, some doctors, working with compounding chemists, have produced hormonal mixtures and call them 'bio-identical hormone therapy'. Typically, these treatments are presented as troches or lozenges that are sucked, or sometimes prescribed as creams to be rubbed into the skin. They usually contain three oestrogens, progesterone, DHEA, testosterone and sometimes other steroids such as pregnenolone. These have been shown to have unreliable concentrations and unpredictable effects on the body.

Here is where the perceived superiority of 'bio-identical' hormones gained momentum and entered the popular lexicon. This has newly resurfaced as menopause earns the spotlight in popular media. But in the vast majority of cases 'bio-identical' is referring to 'body-identical' hormones, not the compounded therapy described above. This can cause a lot of confusion, and it's important to work out how the term is being used.

# Protecting your Bone Health and Breast Cancer Treatment

## Breast Cancer & Bone Health

Many breast cancer treatments lower estrogen levels. Estrogen is important for bone strength, so reduced levels can increase the risk of osteoporosis and fractures.

Women over 50 are already at higher risk because estrogen naturally declines after menopause. Protecting bone health during and after treatment is essential

## Other Risk Factors

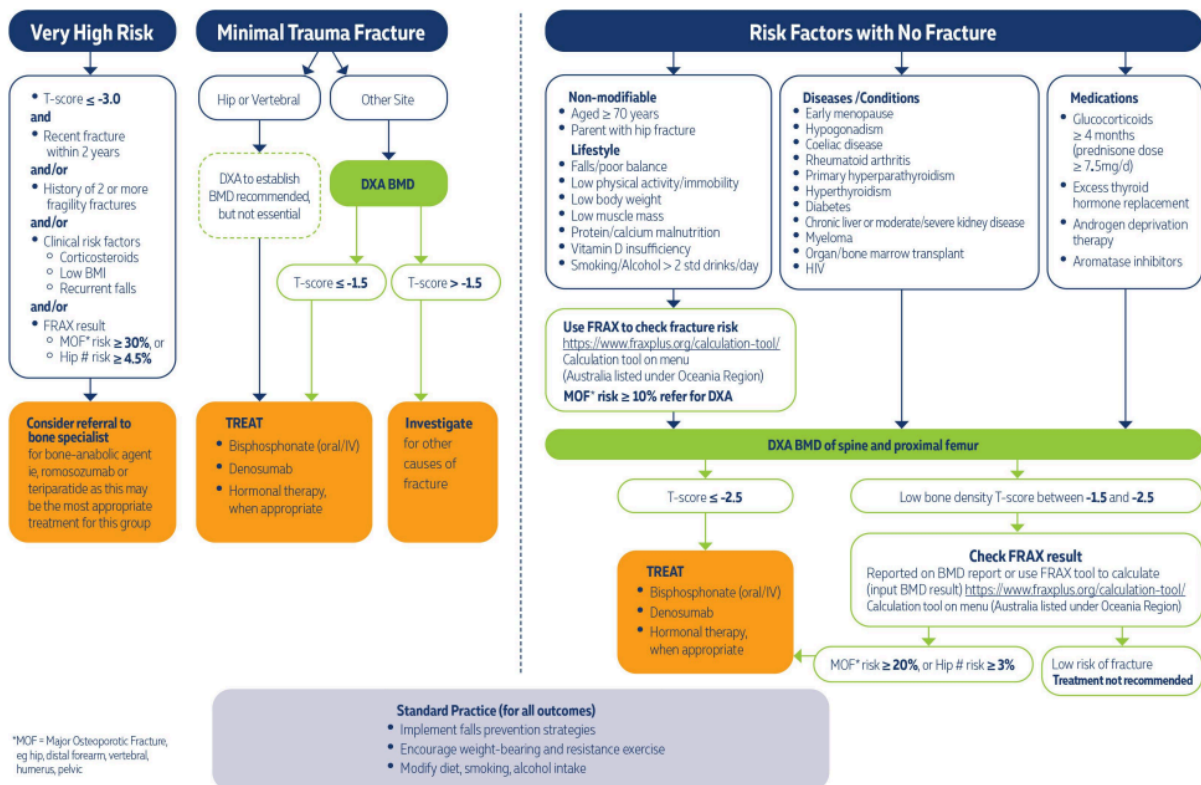
- Previous fracture from minor injury
- Family history of osteoporosis
- Smoking or excessive alcohol consumption
- Low calcium or vitamin D intake
- Lack of exercise
- Certain medical conditions (e.g., rheumatoid arthritis, thyroid disorders)
- Age over 70

## Which Treatments Affect Bones?

- **Aromatase inhibitors** (e.g., anastrozole, letrozole, exemestane): Reduce estrogen, increasing bone loss risk.
- **Goserelin (Zoladex)**: Lowers estrogen; bone loss may recover after treatment, but early menopause can occur.
- **Tamoxifen**: Protects bones after menopause; may cause slight bone loss before menopause.
- **Chemotherapy**: Bystander effects of treatment can damage ovaries, sometimes permanently, leading to early menopause.
- **Ovary removal surgery**: Causes permanent estrogen loss, increasing osteoporosis risk.

## Osteoporosis Risk Assessment, Diagnosis and Management

Recommendations for postmenopausal women and men aged >50 years



Osteoporosis risk assessment, diagnosis and management flow chart.<sup>1</sup>

1. The Royal Australian College of General Practitioners. Osteoporosis prevention, diagnosis and management post-menopausal women and men over 50 years of age. 2<sup>nd</sup> edn. South Melbourne, Vic: RACGP, 2017.

## Protecting Your Bone Health: Top GP Tips

1. Osteopaenia/Osteoporosis with fragility fractures are a growing health burden with significant burden on quality of life. Women are more commonly affected.
2. Screening is essential, particularly in higher-risk patients (>50, prior fracture, aromatase inhibitor use).
3. Use FRAX risk calculators or the Garvan calculator (older Australians considered) are available online.
4. Ensure calcium intake 1300mg daily, vitamin D replete > 50nmol/L
5. Exercise advice with weight bearing and resistance for all patients.
6. Antiresorptive use has reassuring long term safety data, the overall risk of ONJ or atypical femoral fracture very low (<1 in 10,000 person-years).
7. Denosumab is a fully human monoclonal antibody against receptor activator of nuclear factor kappa B given 6month, cessation requires transition to bisphosphonate. Clinician planning for potential antiresorptive bisphosphonate breaks by individual circumstance and denosumab transition ('rebound phenomenon').
8. Osteoanabolic therapy (romosozumab, teriparatide) are available and PBS reimbursed for severe. Osteoporosis at high refracture risk.
9. Reassess fracture risk every 2–3 years.

Dr Veronica Preda  
Sydney Endocrine Specialists



## Empowered Early: Breast Health Under 40

If you have patients under the age of 40, understanding their individual risk profile is one of the most empowering steps your patients can take.

Through our Under 40s Breast Check Program, we have supported many young women in learning more about their personal risk factors, breast density and the screening pathway that is appropriate for them. We have made this a very affordable program and we would like to see these numbers continue to grow, ensuring more women feel informed, reassured and confident about their health.

If anyone you know is under the age of 40 - a friend, relative, patient, colleague - encourage them to take that first step. A personalised assessment today can help guide smarter decisions for the future.

Knowledge is power, and when it comes to breast health, early detection remains our most powerful tool.



## STAFF SPOTLIGHTS: OUR MULTIDISCIPLINARY TEAM



**Faiza Asad**

Office Manager

Meet our dedicated Office Manager, Faiza, who has been an integral part of the SBC team for four years. Faiza has a graduate in psychology, has a certificate in Business Administration. Her past work with product marketing and sales and her extensive experience with customer service and IT management make her the perfect leader for our administrative team.

It is her leadership and oversight behind the scenes that ensure the clinic runs seamlessly each day. From supervising and coordinating the administration team, to overseeing billing processes, compliance documentation and patient flow. She plays a central role in maintaining the efficiency and professionalism our patients rely on. Faiza's attention to detail allows our clinical team to focus on what they do best - patient care.

Four years on, her contribution continues to shape the smooth, patient-centred experience Sydney Breast Clinic is known for. We are incredibly grateful for her commitment, leadership and the stability she brings to our growing community.

### New staff

**We are thrilled to welcome two new doctors who are training to join our team of Breast Physicians. Keep an eye out for them in the clinic.**



**Dr Nicole Bartos**

Training  
Breast Physician

Nicole graduated from the University of Sydney with a Bachelor of Medicine and Surgery in 2013 and obtained her Fellowship of the Royal Australian College of General Practitioners (RACGP) in 2022.

She is a GP with special interests in Dermatology and Women's Health, having worked in regional NSW for eight years as a GP. Nicole has also completed the Family Planning Australia National Certificate in Sexual and Reproductive Health and a Diploma of Children's Health.

Nicole started working at the Sydney Breast Clinic earlier this year with a view to train as a Breast Physician. She loves working in a multidisciplinary team alongside experts in breast medicine



**Dr Stephanie Lou**

Training  
Breast Physician

Dr. Stefanie Lou is a Fellow of the Royal Australian College of General Practitioners with a medical degree from the University of Melbourne. She is an experienced GP with a strong background in sexual and reproductive health, delivering evidence-based care that empowers patients to take an active role in their health decisions.

Committed to ongoing professional development, Dr. Lou has taken on the role of Trainee Breast Physician at the Sydney Breast Clinic to improve her skills in breast health.

She also works as a clinical instructor for Family Planning Australia, supervises GP registrars, and provides specialized sexual and reproductive health services across multiple clinics.



sydney **breast** clinic  
peace of mind

# Contact Us

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