

Upfront U Kaiora

OFFERING INFORMATION, HOPE AND INSPIRATION TO THOSE AFFECTED BY BREAST CANCER

THOUGHT OF THE DAY

For the past 33 years, I have looked in the mirror every morning and asked myself. "If today were the last day of my life, would I want to do what I am about to do today?" And whenever the answer has been 'No' for too many days in a row, I know I need to change something. - Steve Jobs

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From the Editor...

This month marks ten years since I was appointed editor of the Breast Cancer Network magazine, called simply *Upfront* when I first started. It has been a privilege to be a part of readers' lives for the last ten years. Many, many women (and men) have shared an extremely difficult time of their lives with me, trusting me to tell their stories clearly, honestly and in a way that will help others through their journey with breast cancer.

It was the desire to make a difference in people's lives that got me into this role in the first place and it is still the thing that drives me. While there have been changes to the magazine, to BCN, and most certainly in breast cancer prevention, detection, diagnosis and treatment, I believe that if each edition of *Upfront U Kaiora* connects with just one person and makes a positive difference in their lives, then it is worth it.

When I start work on each edition I make a plan. This plan may include topics or articles that have been in the pipeline for some time, often projects that BCN is working on. Each edition is influenced by things that have happened very recently on the breast cancer scene, nationally or internationally, and an article may come about as a result of a research news brief that comes across my desk. When I began thinking about an anniversary edition I decided that I wanted to reprint some of my favourite articles... and by favourite I don't necessarily mean the ones I most enjoyed writing, or that I thought were my best. What I really mean is the articles that I think

are in some way really important to those who have had breast cancer, and those who haven't and want to reduce their risk as much as possible. For each that I have reprinted I have added a short editorial note explaining why I have included it.

That was going to be the end of my little celebration of ten years. However, I have been really thrilled that the BCN Committee also wanted to celebrate. I have worked with a revolving group of wonderful and dedicated women (and one man) over the last ten years. There is only one of the original committee that appointed me left – Anne Iosefa – but Barbara Mason has written a really lovely article about my editorship, and Gillian Woods has written a letter to the editor. I have spent many hours discussing the content of *Upfront U Kaiora* with both of these past chairwomen of the committee, and while we have not always agreed on everything, I have immensely valued their input and opinion over the years. In addition, I have received other letters/emails of congratulations and kind wishes from readers and people involved with BCN, which has been really gratifying.

Thank you so much to the current committee for their support and appreciation of what I do, and for the celebratory BBQ planned for the 10th of November (see page 10). Whatever you have to celebrate – whether it is what *Upfront U Kaiora* has meant to you (the magazine is 20 years old in December so watch out for another celebratory edition!), or that you support what BCN



stands for and is working towards, or something more personal, it would be great to see as many of our readers and members as can make it. Finally, my ten years as editor has been supported by my proofreaders (some of whom have been with me from the start) – Angela Anderson, Megan Anderson, Annie Ledezma, Patricia Heinecke, Linley Rivers, Barbara McNaughton and Jeanette Mallinson – and our designer Debra Tunnicliffe, who has been doing this for longer than I. Thank you to all of you. Your role in the production of *Upfront U Kaiora* is vital, yet largely unseen and unacknowledged – thank you for everything you do, too.

Sue Claridge

THE BREAST CANCER NETWORK THANK THEIR SPONSORS: COGS, Lottery Grants Board, Neville Newcomb, Peter McInnes Pty Ltd (for Kitchen Aid Appliances), Lion Foundation, Marion Morris, Manning Funerals, Julie Lamb & Associates, Gibbs Foundation, Trillian Trust, New Zealand Chefs Association, Archetype Ltd.

Ten Year Milestone

By Barbara Mason

Celebrating Sue Claridge's ten years as our editor

Sue is not leaving us as editor; we just want to say thank you for ten years of great work. In the October/November 2003 issue of *Upfront U Kaiora* Sue's appointment was announced with the words 'Sue Claridge is a freelance writer and editor and has worked professionally in research writing and editing... she is a staunch advocate of the rights of women to obtain information and to make informed decisions about their health...' And so it has proved.

Ten years have passed; in 2003 the human genome was sequenced and we have seen advances in targeted treatment, more awareness of the need for early detection and a reduction in the number of deaths from breast cancer. Ten years have also seen an increase in the number of breast cancer cases diagnosed. Sue has consistently kept us informed and up to date. The magazine increased from eight to twelve pages in 2005. There is no other similar publication for women who have experienced breast cancer, and their supporters, and for the high stan-



Sue (far left) with members of the BCN Committee

dard of *Upfront U Kaiora* we sincerely thank Sue.

The magazine has published many personal stories and interviews with real people working in breast cancer research, treatment and care, and the emphasised the changes we can make in our own lives.

Sue is fearless. No one is too important or too inaccessible to be interviewed by Sue. One researcher commented, 'she is the only interviewer who reported accurately on our research.'

In 2007, Breast Cancer Network hosted the first 'New Zealand National Conference for those affected by breast cancer.' Those who

attended the conference will remember Sue's very active participation and support, among other things in ably handling the extensive publicity and provision of full photographic and written records of the conference. For the 2012 seminar 'Breast Cancer and Environmental Risks' we again used Sue's valuable skills.

Above all Sue has championed 'Stop Cancer Where it Starts,' the philosophy of breast cancer risk reduction

that makes BCN unique. We all have been introduced to 'endocrine disrupting compounds.' We understand the precautionary principle. We know we must keep on asking the hard questions, and many of us have a good knowledge of which plastics and chemicals we should avoid!

Sue wrote in the August/September 2013 *Upfront U Kaiora* how much she would like to have your contributions. 'Do you have a question, some feedback in the form of a letter to the editor, an idea for an article or something you'd like to read about?' Maybe that is the very best way we can show our thanks to Sue for ten years of great work.

• from the committee •

The Edna Levy 'Bodylight' Workshop

We were thrilled to have a capacity turnout at our recently held 'Bodylight' workshop with Edna Levy on Saturday, the 24th of August at Domain Lodge. This proved to be a wonderful introduction to a combination of Yoga, Pilates and Qi-gong. The workshop specifically addressed issues stemming from breast cancer post surgery, however all women were warmly welcomed. The morning seemed to be thoroughly enjoyed by all, and we hope to be able to hold a similar type of 'relaxation' themed event in the near future.

Upcoming talk with Dr Nicky Baillie

On Wednesday the 20th of November, from 7.00 to 8.30pm at Domain Lodge, we look forward to presenting Dr Nicky Baillie. Dr Baillie practises Integrative Medicine at the Herbal Health Centre

in Kingsland, Auckland, integrating complementary approaches with her conventional medical training to offer a holistic health service. She has a special interest in supporting people with cancer, both during conventional cancer treatments, and afterwards to support optimal health and well-being. Seating is limited, so please contact our office to reserve your place.

Farewell to Beth Caudwell

We would like to extend a warm thank you to Beth Caudwell who joined us on the Breast Cancer Network committee this year, and due to other commitments, has recently resigned. Beth is a Researcher at the Auckland District Health Board, and we have appreciated her input over the recent months, including her IT suggestions, along

with her warm and caring nature.

Invitation to BBQ

We would like to extend a warm invitation to all Breast Cancer Network members, or those involved with Breast Cancer Network, past and present, who would like to share with us in celebration. This month we celebrate Editor Sue Claridge's 10 years with Breast Cancer Network, and in December this year we celebrate Breast Cancer Network's 20 year anniversary! We would like to mark these milestones with drinks and a BBQ at our office at 101 Onehunga Mall, Onehunga on Sunday 10th November from 1pm onwards. Please RSVP to our office on 09 636 7040, or by emailing admin@bcn.org.nz if you would like to attend. We look forward to seeing you there!

Congratulations

Warmest congratulations to Sue for reaching the 10 year milestone as editor of *Upfront U Kaiora* and for continuing to produce such an interesting and topical magazine for women with breast cancer. I feel we are very fortunate that Sue has been our editor/writer.

She has reported on many current and sometimes controversial topics, kept us informed about international trends and developments, promoted BCN projects and other breast cancer groups' activities, and shared personal stories to inspire and encourage. Sue must have interviewed hundreds of people to achieve this and has taken numerous photos. There is virtually no aspect of breast cancer that has not been dealt with in informative articles and/or interviews in *Upfront U Kaiora*. Over time the magazine has expanded in size, regular columns have been set up, and readers are always encouraged to contribute and have their say.

I would like to simply say, "Thank you Sue – for New Zealand women with breast cancer, you are indeed a national treasure!"

Gillian Woods

More Congrats...and Questions

Firstly, I would like to congratulate you, Sue, for giving your absolute best to the women of New Zealand via your role as Editor of *Upfront*.

I believe our first meeting was 10 years ago at a conference in Melbourne that BC Network Australia was holding. You were my room mate. I clearly remember thinking "how can this woman who doesn't have breast cancer possibly be an editor of what is essentially a magazine for a group of breast cancer survivors?" And what's more she seemed to be more interested in the breast's real function, which is to breast feed.

Perhaps that is where your passion for breasts started, and you have proved to be an amazing researcher, brought numerous topics out into the open and have proved to me that you are prepared

to stick your neck out and go the distance to gain insight into what we generally call The Breast Cancer Industry. I salute you from that day to this.

Now secondly, can you use your editorial skills to see what *Upfront* readers think of this? A 77 year old woman who found her own breast lump, and had a bilateral mastectomy back in November 2012, is yet to have a follow-up appointment from anyone in the Breast Cancer Industry.

Yes, she did receive a wound check 18 days after surgery.

Yes, she did see a medical oncologist 5 weeks after surgery,

Yes she did see a radiation oncologist, 7 weeks after surgery.

BUT, she has not seen anyone since 10th January!

She has written numerous letters to the Northland District Health Board asking for a follow up. The replies from the NDHB department, called Ambulatory Services – which are cc'd to Safety & Quality Facilitator, Quality & Improvement Directorate – are nothing short of bureaucracy gone crazy.

My question is: Is this lack of ongoing care acceptable at her age, or for anyone, and are there other regions around New Zealand who are experiencing the same? What is it like in Westport, Canterbury, Gisborne?

Have we now reached a point where we do not have enough medical people in breast cancer services to conduct follow ups?

Regards

Sue Mcleod

Editors Note: Thank you, Sue, for your lovely letter. Rest assured that I will investigate the problem of delayed clinical follow-up to the best of my ability (it may be the February 2014 edition before I can do this issue justice). In the meantime if anyone else from around the country has experienced similar difficulties with follow-up appointments, or has a comment or contribution to make on this topic, please let me know.



BCN VITAL STATS

Breast Cancer Network (NZ) – established in 1993 is an organisation for women with breast cancer and their friends and families. It aims to promote increased efforts to prevent and cure breast cancer – by advocacy, education, information and networking.

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BCN gratefully accepts any bequests. For more information please contact the office.

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New CEO for Sweet Louise

The Louise Perkins Foundation has announced that Jane Austin has been appointed as the new CEO of Sweet Louise. Jane took up the role in early September, replacing outgoing CEO, Sue Brewster, who has led the organisation for almost four years and leaves to spend more time with family and pursue other professional interests.

Pink Pilates Renamed

Pink Pilates have announced that they have been renamed as PINC Cancer Rehabilitation Program / PINC Program; Steel Pilates has been named STEEL Cancer Rehabilitation Program / STEEL Program; and both programs are managed under the umbrella trust – PINC and STEEL Cancer Rehabilitation Trust.

These announcements were received shortly before we went to press so check out our December edition for more information.

• editorial comment •

These first two articles I have chosen are from my interviews with Dr Susan Love and Dr Maricel Maffini, and represent much of what BCN is about and what has been most important in *Upfront U Kaiora* over the last ten years.

First, both were key note speakers at our first national conference in October in 2007, which was inspired by the attendance of several Committee members at the 2004 BCN Australia conference. Our conference was a massive achievement for a small volunteered, non-profit organisation and it was simply breathtaking in its scope and execution. It was a real coup to get two such amazing women to address the almost 500 delegates who attended, not mention all the other wonderful, generous speakers.

Secondly these articles represent the major issues that face

women with breast cancer. Susan Love is a renowned breast surgeon, author, activist, advocate and president of her own research foundation. She has devoted her life to improving the lot of women with breast cancer and is at the forefront of what is needed – action and research towards reducing risk and understanding the causes of the multitude of diseases that we call breast cancer.

Maricel Maffini specialises in research on the impact of environmental hormones on human health. This is an issue taking increasing prominence in BCN's concerns over the years, and inclusion of the interview with Maricel acknowledges the importance of environmental influences on the development of breast cancer and BCN's major ongoing project, Stop Cancer Where it Starts.

Love and Other Diseases (*Upfront 76*)

Yes, it's flippant, but I couldn't resist the title. After all, Dr Susan Love herself doesn't hesitate to joke about her surname. In fact, as a med student she had planned to go into cardiology not breast cancer. She had her marketing slogan all lined up – "Come to Dr Love and let her mend your broken heart." As it was she ended up being "pushed" into breast cancer when "they wouldn't give [her] any male patients". She found herself working with a lot of women with breast disease and discovered that they weren't being treated as well as they should be.

No matter how stunning our line up of other speakers for the conference, Susan Love was always going to be a major drawcard. How could she not be; she's passionate, funny, charismatic, and has an ability to speak about highly medical things in such a way that even the least medically-minded can understand, using amusing, everyday analogies.

Having said that, not everything she had to say pleased everyone. The thing with medicine, as with other science, is that few things are absolute. Yes, we know the Earth travels around the Sun, and that it is a sphere not flat. But a lot of science is about "he said, she said". For every medical paper proclaiming one thing, there is another saying the opposite, and breast cancer is no different. Susan Love made comments in her talks, and to the media before and during the conference, that riled a few people.

For example, she was clear in her belief that mammography has considerable limitations in younger women; that we need a better detection technique for that age group, because mammography has so much potential to miss cancer in those women. Although there were some who felt that negated their efforts to



Dr Susan Love

increase participation in screening among women under 50 years, recent medical literature supports her views. Even Dr Madeleine Wall of BreastScreen Aotearoa, admitted that mammography, particularly in younger women is far from perfect, but pointed out that, at the moment it is the best we have.

Susan also dared to suggest that nine weeks of Herceptin might be better than, or at least as good as, 12 months. That didn't get a great reception from some quarters either, but her point is that we just don't know. More is not always better she explained, using earlier "experiments" with very high dose chemotherapy as an example. But you need to try things to find out what works.

Which is exactly what Susan Love is on about, and is part of the reason she founded her own breast cancer research foundation – to find better ways of doing things. And she is not just

sitting back and offering criticism. She is out there, actively trying to find those better ways of doing things, actively trying to fulfil her "promise" to "eradicate breast cancer in her lifetime".

You cannot question her commitment, her passion and her energy. At almost 60, she has a punishing speaking schedule as well as running a research foundation and, of course, regularly updating her book, *Dr Susan Love's Breast Book*.

What We Don't Know

One of the things in Susan Love's first conference session that really struck a chord was her comment that "we haven't studied the anatomy of the breast"; that we really don't know that much about the organ we're dealing with.

It seems that a precursor for understanding the disease process, and therefore how to treat it or prevent it, is to have a complete understanding of the organ itself.

"We are really good at curing breast cancer in rats and mice, but not so good at doing it in women," she told us. Perhaps that's because we don't know as much as we should.

Later in our interview she said "Breast development has not had a lot of study... The breast is the only organ that we are not born with, but the stem cells must be there right from the start."

"There is no question that breast cancer is development gone awry," she says, harking back to her earlier comments in the plenary session, that breast cancer is not a foreign invader as we have been inclined to look at it, but part of you that has gone 'haywire'.

Clearly there is so much we don't know...

So, if we understood more about the development of the breast, perhaps we would have a better handle on what happens when it goes

wrong. However, there are ethical issues in studying adolescent girls as they go through puberty and develop breasts. I suggested that studying transgender men, who take oestrogen in measured doses in order to grow breasts (among the other female sex characteristics that they wish to develop), might shed some light on breast development.

Susan was generous enough not to dismiss this idea out of hand and agrees that this might provide an opportunity to learn more.

Think Before You Pink

This is a comment Susan Love made in her first presentation when she touched on the breast cancer industry and research. In the last few years there have been a few “lobbyists” who have actively criticised the pink fundraising industry that has grown up around the community’s concern about the women we are losing to the disease.

“It’s a big problem,” she tells me.

“We need to go beyond people being made aware of breast cancer. We are aware – now we need to get rid of it!”

“We have to demand better answers. Where is the money going, what percentage of the money raised is actually going to research and what is that research? There needs to be greater accountability, greater transparency.”

She believes those who donate money

need to ask the fundraisers what they are doing with it. In the US there is a programme – Project Lead run by the National Breast Cancer Coalition – which trains advocates to sit on the committees that are allocating grant money. It is a science training course designed to help breast cancer activists influence research and public policy processes. A seat at the table.

Advice for Women

In her second session, Dr Love set out to provide practical advice to women. She emphasised that cancer cells live in an environment – your body – that they can be rehabilitated, managed or put to sleep, and that environment is important.

She told the audience that she wanted “send you off with some advice” that could change the outcome for them. As it was for both of her presentations and the interview with her, there was too much to print in full here, but her advice includes the following:

Exercise is important. Yes, we’ve heard it before but it bears repeating, and, she says, if nothing else it makes you feel morally superior. “You can’t get moral superiority out of a pill,” she points out. It is also important to maintain a healthy weight.

Stress reduction – important for making you feel better, for improving quality of life if

not quantity.

Although diet so far has not been the saviour we thought it would be, it is still important to eat lots of fruit and vegetables. “And chocolate is a vegetable... it comes from a bean!” she grinned, giving us permission to indulge ourselves every once in a while.

“DON’T SMOKE!” she almost shouted. “It is not okay, it is one of the stupidest things you can do. It is also associated with cardiovascular disease, lung cancer, diabetes and...” she paused for emphasis, “it gives you WRINKLES!”

Susan Love is a “strong believer” in complementary and alternative medicine, qualifying that with the acknowledgement CAM options need to be tested in clinical trials as we test “conventional” treatment.

Much of her advice is not new, but it seemed that hearing it from her gave it more currency. However, it was her last piece of advice that I think I might print out in large letters and hang on my wall:

“The goal is to live as long as you can, with the best quality of life, then drop dead, whether you have breast cancer or not.”

Thank you, Susan Love, for being there at our first national conference. Thank you for your expertise, intelligence and wit, your humour, your untiring work on behalf of the world’s women, your warmth, your time, and most of all your compassion.

The Impacts of a Chemical Soup (Upfront 76)

Dr Maricel Maffini is a quiet, unassuming woman. In the weeks leading up to the conference several New Zealand journalists interviewed her and all told me she was lovely. And she is. She was great to listen to, not only in the formal circumstances of the conference sessions or an interview, but elsewhere too. I was fortunate enough to be able to spend quite a bit of time with her, and to share both a dinner and breakfast with her during the conference. English is not her native tongue, so although she speaks very well and is easy to understand, she doesn’t speak with quite the same confidence and forcefulness as Susan Love, but don’t mistake that for lack of passion.

She is highly knowledgeable and during our interview leaves no doubt how she feels about the impact that environmental hormones has on our health, the reluctance of policy makers to make the hard decisions that might protect us, and those who have vested financial interests in not addressing the dangers of the chemicals to which we are exposed on a daily basis. Maricel Maffini completed her Ph.D. on prostate cancer at the National University of Litoral,



Santa Fe, in her home country, Argentina. She went from there to Tufts University in Boston, US, on a post-doctoral scholarship where she continued her work on endocrine disrupting chemicals (EDCs) and prostate cancer. She was working on gaining insight into the impact of androgens* on cell proliferation. She is still at Tufts, now as a Research Assistant Professor in the Department of Anatomy and Cellular Biology, working in Dr Ana Soto’s

laboratory, part of one of the foremost and recognised research teams working on EDCs. She shifted her focus away from prostate cancer when the lab began to look at carcinogenesis from the developmental perspective rather than from a genetic one.

“A cancer tumour,” she explains, “is when cells proliferate in an uncontrolled and non-orderly way.”

“We wanted to test a hypothesis – that breast cancer is development gone wrong,” she said, echoing Dr Susan Love’s view.

BISPHENOL A

The endocrine system is very powerful; it is involved in growth, metabolism, reproductive health and lactation. Clearly anything that impacts upon the endocrine system has the potential for far reaching effects on human behaviour, development and health. “We have a great model for carcinogenesis with bisphenol A [BPA] and breast cancer, and we study rats because tumours and their

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responses are similar in rats and humans,” Maricel told *Upfront*.

In particular, Maricel is looking at the impact on girls from as early as conception. Does breast cancer “start” in the womb? She explained that we already know that in utero exposure to endogenous or natural oestrogen (produced by the mother during pregnancy) impacts on the subsequent risk of developing breast cancer. For example, twins have a higher risk of breast cancer in adulthood because of their greater exposure to oestrogen during their mother’s pregnancy. On the other hand, women who develop pre-eclampsia have lower levels of oestrogen and their daughters a lower risk of breast cancer. There is considerable evidence that EDCs are impacting on health across the population – in fact, we live in a chemical soup. However, there are problems with epidemiological studies (which consider the impacts through observation of part of the population) not the least of which is the fact that people, in their everyday lives, are not exposed to just a single chemical. There is also no control over the period or time of exposure; many people suffer from chronic long term exposure to EDCs. So it is difficult to say that on a population level, this specific chemical causes this particular effect. It is easy to see how this situation enables the industries involved to avoid taking responsibility or making changes.

Research has shown that there are higher concentrations of BPA in the placenta, amniotic fluid and breast milk. There is chronic, low level peri-natal exposure to this chemical. The impacts of this include early puberty, ovarian malformation and changes in behaviour. So, the work that Maricel, and

others on Ana Soto’s team are doing, looks specifically at the effects of in utero exposure to BPA on the development of the mammary gland in mice and rats.

They expose the rodent fetuses (or pups) to environmentally relevant doses of BPA. Prenatally this causes larger foetal mammary glands and longer milk ducts. The long lasting consequences include alteration to the mouse mammary gland at puberty and in adulthood. If the mice are also exposed through lactation the effects appear earlier, and the milk ducts become blocked with a condensed fluid leading to a pre-tumour state. The rats become more susceptible to tumours, and carcinoma in situ, and more tumours develop and develop earlier in the rat’s life. It is interesting to note that the doses that Maricel is working with are half the dose deemed by the Environmental Protection Agency to be safe.

WHERE DO WE GO FROM HERE?

The issue of EDCs and environmental oestrogens has received recent coverage in *Upfront* (Issue 67 June/July 2006) and in our Stop Cancer Where It Starts project, and it was very gratifying to hear Maricel confirm many of the things that we have already discussed in these forums. Rather than repeat here much of that content, I was particularly interested in Maricel’s ideas on where we go from here, what we can do.

“At the lab, we are encouraged to be outspoken,” she said. “To encourage advocacy groups, to give them the scientific knowledge to fight the vested financial interests.”

“We need to start talking to the obstetricians and gynecologists, and paediatricians. It is important to talk to women – the mothers and grandmothers.”

She believes that doctors and midwives have an important role to play in ensuring

women make better decisions about the long term health of their children, starting from conception.

She says that industry accuses her and other scientists, such as Drs Ana Soto, Frederick vom Saal and Carlos Sonnenschein with whom she works, of scaremongering, but Maricel believes that there is nothing wrong with people avoiding exposure to these chemicals, nothing wrong with making informed decisions and taking the precautionary approach. She points out that the latest edition of the baby care book that bears the name of Dr Benjamin Spock** includes a chapter on the effect of chemicals on the unborn baby.

The big question is “can we stop breast cancer where it starts?”

WHAT CAN WE DO?

THE “EASY” THINGS:

- avoid plastics and don’t microwave in them,
- buy organic produce and hormone-free meats and dairy,
- wash/rinse fruits and vegetables thoroughly,
- use pesticide-free lawn care,
- clean with least-toxic products (or substitutes),
- reduce exposure to cosmetics, especially young girls.

THE “HARD” THINGS:

- change the way testing is done by regulatory agencies (e.g. Environmental Protection Agency),
- hold corporations responsible,
- use the precautionary principle,
- develop better testing methods to assess total body burden,
- educate the public and health care professionals about risks and ways to prevent unnecessary exposures.

* a sex hormone which controls the development and maintenance of masculine characteristics.

** he died in 1998.

• editorial comment •

The risks and benefits of HRT are still controversial, with recent medical literature suggesting that maybe it is not as bad as suggested in the early reports. However, this relaxing of concerns over the adverse effects of HRT, in particular the increased risk of breast cancer, has to be weighed against who is going to benefit most from an increased uptake of the drug – pharmaceutical companies and their shareholders!

I included this article because the development and promotion of HRT epitomises the way in which women are often treated by the pharmico-medical industry: natural changes in our bodies are over-medicalised and what is normal is viewed as a disease (menopause is called estrogen deficiency disease despite the fact that the decline in oestrogen production is entirely natural).

HRT was touted as a cure for symptoms some women experience during menopause, yet despite being available since the 1960s the first major randomised placebo-controlled clinical trials (the medical bench-mark for safety and efficacy of drugs) of postmenopausal hormone treatment and disease did not occur until the late 1990s! It is a salutary lesson for the pharmaceutical industry that made millions from HRT, the doctors who prescribed it thinking it was the best thing since sliced bread and the women who took it without making truly informed decisions. Thousands of women have developed breast cancer who may otherwise have not, and this torrid state of affairs, which went on for 40 years, should serve to remind us that a profit-driven pharmaceutical industry, lack of independent research, and lack of informed consent lead to poor outcomes for women.

HRT Picture Gets Worse (*Upfront* 53)

What was once seen as a lifesaver by some menopausal women, hormone replacement therapy (HRT) has been increasingly vilified in recent years by research into the adverse effects of the drugs. HRT increases the incidence of breast cancer, and for women who took HRT in the belief that it would help protect them against coronary heart disease, stroke and dementia, the recent findings have been a double blow. It is now all too apparent that HRT actually increases the risk for these conditions.

HRT is used by millions of women around the world. *Upfront* reported in 2002 that almost 40,000 New Zealand women use HRT (although this has decreased over recent months). Clearly, even rare adverse effects can cause harm to substantial numbers of women.

Research results published in 2003 confirmed that the adverse effects of combined HRT outweighed the benefits and even oestrogen only therapy is not without significant risks. While there was a reduced incidence of fractures and colorectal cancer among women on combined HRT there was a significant increase in the incidence of breast cancer, venous thromboembolism and coronary heart disease.

THE RESEARCH

In July 2002 the US Women's Health Initiative study (WHI) published results showing that the main risk from combined HRT for healthy active women aged 50 to 79, was the increase in breast cancer. In June 2003, a follow-up paper concluded that "relatively short-term combined estrogen plus progestin use increases incident [sic] breast cancers, which are diagnosed at a more advanced stage compared with placebo use, and also substantially increases the percentage of women with abnormal mammograms. These results suggest estrogen plus progestin may stimulate breast cancer growth and hinder breast cancer diagnosis."

A paper in the *Journal of the American Medical Association* states that "the increased risk of the estrogen/progestin combination means that in 10,000 women taking the drug for a year, there will be 7 more coronary heart

disease events, 8 more invasive breast cancers, 8 more strokes, and 8 more pulmonary emboli, but 6 fewer colorectal cancers and 5 fewer hip fractures."

Additionally, the Women's Health Initiative Memory Study (WHIMS) found that combined HRT doubled the risk of developing dementia. The study estimated that use of combined HRT in women aged 65 years and over would produce an extra 23

not have a clinically meaningful effect on health-related quality of life (e.g. general health, vitality, mental health, depressive symptoms, or sexual satisfaction, sleep disturbance, physical functioning, and bodily pain).

THE ADVICE

In response to these studies, in November 2003 the New Zealand Medicines Adverse Reaction Committee (MARC) released the following advice:

- Before HRT is initiated or continued, women should be advised that the use of HRT is associated with an increased risk of pulmonary embolism, stroke and breast cancer. These risks increase with age and duration of use. Additionally, in women aged 65 years and older, HRT use is associated with an increased risk of developing dementia.
- HRT remains an appropriate treatment only for women with moderate to severe vasomotor symptoms of the menopause. It has no role in the primary or secondary prevention of cardiovascular or cerebrovascular disease.

• HRT should be taken at the lowest dose for the shortest period of time necessary to control symptoms. The need for continuing treatment should be reviewed at six-monthly intervals.

This was followed up on November 17, 2003, by a media release from the New Zealand Ministry of Health which re-iterated the MARC advice. The media release said that "the Ministry of Health has strengthened its caution to health professionals and women about the use of hormone replacement therapy. This follows a review of recent studies clarifying the risks associated with use of these medicines."

The New Zealand Guidelines Group is currently completing an update of the guidelines for the appropriate prescribing of HRT. While these guidelines are not yet available the key points are those recommendations made by MARC (see above). *Upfront* will advise readers when the completed guidelines update becomes available and how copies may be obtained.



cases of dementia per 10,000 women per year, with the increased risk becoming noticeable after only one year of combined HRT treatment.

The Million Women Study, which followed one million British women aged between 50 and 64 years, all part of the British breast-screening programme, found that:

- women using HRT who developed breast cancer were more likely to die from it;
- women currently using combined HRT had twice the risk of breast cancer than women not using HRT;
- women currently using oestrogen-only HRT had a 30 percent increased risk of breast cancer than women not using HRT;
- the risk of breast cancer increased the longer HRT was used.

Perhaps the most ironic twist in this whole unhappy and unhealthy business came when the WHI study analysed quality of life measurements among 16,608 postmenopausal women 50 to 79 years of age. It concluded that combined oestrogen and progestin HRT did

The next two articles illustrate a disturbing contrast between policy makers and advisors who increasingly see a need to prevent cancer and understand the importance of stopping cancer where it starts, and those policy makers and advisors who see cancer control only in terms of treating those with the disease, rather than seeing any benefit in preventing people getting it in the first place.

The cynical side of me wonders just how much influence the multi-trillion dollar cancer pharmaceutical industry has on policy. After all, serious success in preventing cancer will seriously hurt their bottom line. Or perhaps it is that too many people in a position to take action just can't accept that policies of successive governments,

both here and overseas, that support a rampant chemical industry may be, in part, to blame for our burgeoning cancer statistics. Whatever the reason, it is a constant source of frustration to me that while some advisory organisations and governments internationally are speaking out about reducing the risk of cancer from environmental influences, and passing legislation to protect their most vulnerable citizens (babies exposed to compounds such as BPA, for example), our own agencies, in particular the Cancer Control Council, blather on about treatment as if this is the only reasonable approach to cancer in our community. So much for the precautionary principal!

Reducing Environmental Cancer Risk *(Upfront 92)*

A **US Government** report on the risk of cancer from chemicals and other environmental hazards, released in early May, says the proportion of cancer cases caused by environmental exposures has been “grossly underestimated” and it warns of “grievous harm” from chemicals and other hazards, and cites “a growing body of evidence linking environmental exposures to cancer.”

The report from the President's Cancer Panel has already garnered criticism from the American Cancer Society, which says government experts are overstating their case. No doubt industry will also slam the report which states, in an open letter addressed to President Barack Obama, that there are “nearly 80,000 chemicals on the market in the United States, many of which are used by millions of Americans in their daily lives and are un- or understudied and largely unregulated, [and] exposure to potential environmental carcinogens is widespread.”

The American Cancer Society claims that the “perspective of the report is unbalanced by its implication that pollution is the major cause of cancer, and by its dismissal of cancer prevention efforts aimed at the major known causes of cancer (tobacco, obesity, alcohol, infections, hormones, sunlight) as ‘focussed narrowly.’”

However, in reality the report does not dismiss efforts to reduce cancer by reducing the incidence of tobacco exposure, alcohol consumption, obesity, and so on. What it states quite clearly is that more needs to be done at a governmental level to assess and regulate those environmental exposures that are hard for individuals to exert control over.

The reports states “It is more effective to prevent disease than to treat it, but cancer prevention efforts have focused narrowly on smoking, other lifestyle behaviors, and



chemopreventive interventions.” It goes on to say that scientific evidence on the impact of environmental exposures to chemicals and other hazards are “not being adequately integrated into national policy decisions and strategies for disease prevention, health care access, and health system reform.”

When so many chemicals are unstudied for safety, and are very largely unregulated; when chemicals that the vast majority of consumers are not even aware of exist in everyday items (cleaners, cosmetics, personal care products, food, medical supplies, furniture, etc.) – and are very often not listed in consumer information or lists of ingredients – it is up to governments to form policy and to regulate the use of these chemicals. It is up to the governments to take a precautionary approach.

In commenting on Bisphenol A the report states that “BPA is still found in many

consumer products and remains unregulated in the United States, despite the growing link between BPA and several diseases, including various cancers.”

THE REPORT GOES ON TO SAY THAT:

“While BPA has received considerable media coverage, the public remains unaware of many common environmental carcinogens such as naturally occurring radon and manufacturing and combustion by-products such as formaldehyde and benzene. Most also are unaware that children are far more vulnerable to environmental toxins and radiation than adults. Efforts to inform the public of such harmful exposures and how to prevent them must be increased. All levels of government, from federal to local, must work to protect every American from needless disease through rigorous regulation of environmental pollutants.”

In this country we could well submit the same report to our Government and replace Americans with New Zealanders, as could any other country with their own people.

The panel states that the key “issues impeding control of environmental cancer risks include those related to limited research on environmental influences on cancer; conflicting or inadequate exposure measurement, assessment, and classification; and ineffective regulation of environmental chemical and other hazardous exposures.”

The report goes on to consider the sources and types of environmental contaminants:

- contaminants from industrial and manufacturing sources,
- contaminants from agricultural sources,
- environmental exposures related to modern lifestyles,
- hazards from medical sources,
- contaminants and other hazards from

military sources, and

- environmental hazards from natural sources; before setting out recommendations for what can be done to reduce risk by both government and individuals.

Over the next few months *Upfront U Kaiora* will present a series of articles that reviews the findings of the President's Cancer Panel.

In the meantime we will finish with the Panel's call to action, its final plea in its letter to the President:

"Environmental exposures that increase the national cancer burden do not represent a new front in the ongoing war on cancer. However, the grievous harm from this group of carcinogens has not been addressed adequately by the National Cancer Program.

The American people – even before they are born – are bombarded continually with myriad combinations of these dangerous exposures. The Panel urges you most strongly to use the power of your office to remove the carcinogens and other toxins from our food, water, and air that needlessly increase health care costs, cripple our Nation's productivity, and devastate American lives."

No Room for Prevention in Cancer Control (*Upfront 98*)

In the April edition of *Upfront U Kaiora*, we brought you news that the national cancer registry was to be upgraded. In February, at the inaugural International Cancer Symposium in Wellington, Health Minister Tony Ryall, announced the New Zealand Cancer Registry (NZCR) would be upgraded to go online, to include public and private data, collect data the whole way through the patient's journey, and be overseen by clinicians. This represents a big step towards the comprehensive national cancer database or registry that many clinicians and patients have been lobbying for, for many years.

At the time of that announcement Mr Ryall remarked that "We'll learn more about what increases cancer risk, preventative measures and environmental factors."

Despite no further information in the press releases and commentary at the time that suggested that pre-diagnosis data, lifestyle, and environmental exposure data (for example, exposures to certain chemicals, occupational hazards, smoking and alcohol consumption, diet, etc.) will also be

collected, BCN had high hopes that this information would form part of data collected for the registry.

In April, BCN wrote to Mr Ryall requesting that a set of questions related to risks for breast cancer be incorporated into the information collected for the registry. These questions cover ethnicity, occupation, education, exposure to chemicals, geographic data, growth and development data (e.g. birth weight, breast feeding, age at menarche, age at first full term pregnancy, etc.), smoking, alcohol consumption and exercise data, and sexuality.

Professor David Lamb, Chair of the New Zealand Cancer Registry Board, and Associate Professor Chris Atkinson, Chair of the Cancer Control New Zealand, responded:

"At its recent meeting, Cancer Control New Zealand considered your request to include an expanded set of questions, relating to demographic factors for women with breast cancer, in the upgraded New Zealand Cancer Registry (NZCR)."

They went on to say: "The aim of upgrading of the NZCR is to

allow for the collection of clinical data, including the clinical TNM stage of disease, the treatment intent, treatment modality and whether the treatment commenced in a public or private facility. These data will be provided to the NZCR directly by clinicians. The inclusion of demographic data such as those that you have suggested is outside the scope of the NZCR upgrade."

They say that effort and expenditure will be focused on the areas of greatest need. "This will have the effect of improving the effectiveness of New Zealand's cancer treatment system, and ultimately the survival of all cancer patients."

It is disappointing that Cancer Control New Zealand increasingly appears to see the area of greatest need in cancer control as treating cancer, and seem to see no necessity in trying to prevent cancer, despite increasing evidence, including unequivocal statements from the International Agency for Research on Cancer, that many cancers could be prevented through lifestyle changes.

Obituary - Barbara Retemeyer (*Upfront 58*)

We are sad to report that one of our regular contributors to *Upfront*, Barbara Retemeyer, died on Sunday, 24 October 2004, at Te Kuiti Hospital, aged 58 years. Barbara was married to Douglas for 38 years and had two children.

Over the last couple of years Barbara wrote to *Upfront* regularly, sharing her journey with other BCN members. Barbara had metastatic breast cancer and in her last letter she wrote of the penultimate transition – from treatment to palliative care. Barbara was remarkably calm and peaceful about the final steps in her journey and one *Upfront* reader recently wrote to thank her for the positive way that she had handled her illness. Our thoughts and sympathy go out to her family.

• editorial comment •

It is an appalling fact of life that, in the ten years I have been editor, almost 6500 women have lost their lives to breast cancer. I never met Barbara but she wrote to me often in my first year, willing to share what she went through after her diagnosis of advanced cancer – she never shied away from telling it how it really was. Barbara represents all those women who are lost to this disease and I reprint her obituary, not to upset anyone or to be maudlin, but to:

- honour all the women and men who have died from breast cancer, and their families and friends who have borne their loss.
- remember those women who have died

that I knew personally, including Darien Kirkin, Marie Hastings and Marion Dimond (who were all BCN committee members), and Jennifer Clark, a much loved CEO of Sweet Louise.

- remind readers why we do what we do, why we need your ongoing support, and why it is important that BCN continues to work towards reducing the incidence of breast cancer in New Zealand and improving outcomes for those who do develop this disease. We all look forward to the day when breast cancer, while no doubt still a traumatic disease, is no longer one that women fear will kill them.

• editorial final thoughts •

Choosing what articles to include in this issue was not an easy task. It could be argued that I should have included an article on treatment – perhaps Herceptin, which at times has polarised the breast cancer community in this country; or maybe mammography or other issues concerning detection and diagnosis. What about the big five: diet, alcohol, smoking, exercise and healthy body weight? Young women with breast cancer? Racial disparities in the treatment of the disease and outcomes for Maori and Pacifica women? The BRCA gene mutations which wreak havoc in some families? One of the many personal stories from women I have interviewed over the years? Or the dedicated health professionals and researchers in this country?

All of these are important aspects of the breast cancer landscape in New Zealand. What I would need is a book – there is simply not enough room in 12 pages of this magazine (there's an idea – any support for an anthology of *Upfront U Kaiora* articles?).

What I have tried to do here is to remind readers of the complexities of,

as Sue Mcleod describes it, the “Breast Cancer Industry”. If only it were just a matter of better science, more research and a pervasive and concerted effort among all stakeholders to work out what needs to be done to protect women, and then just do it. Unfortunately, it is not that simple to achieve either prevention or cure. Politics, money and ingrained beliefs about health, wellness and disease, mightily complicate this landscape that all of us affected by breast cancer must live in. When I started out in this job I didn't have any thoughts on how long I would continue to do it. I still don't. But it is clear to me in doing this review of articles over the last ten years that we must hold our policy makers accountable and continue to ask hard questions, demand a better deal for our women (and men) with breast cancer, work harder as a community towards reducing our risk, and jump up and down, and scream and yell for as long as it takes to truly make a difference.

Sue Claridge



Breast events to come

• **5 October – Pink Star Walk** - 10km or 5km walk. Grab your brightest outfit, head to the Domain and take part in the pinkest night walk Auckland has seen. The 5km walk will stay within the Domain but the 10km walk will also take in part of Auckland's waterfront. Go to <http://nzbcf.org.nz/TAKEACTION/PinkStarWalk.aspx>.

• **9 October – (Wednesday). Advance screening of the new Richard Curtis movie, ABOUT TIME.** From 7.00pm at Hoyts Sylvia Park, Mt Wellington Call 0800 227 828 or visit www.breastcancercure.org.nz for more info.

• **11-12 October – NZ Breast Cancer Foundation Pink Ribbon Street Appeal,** spend an hour or two as a Pink Army volunteer, collecting for the street appeal in your area, or give a gold coin donation to a collector near you. Phone 0508 105 105 to volunteer.

• **23 October – (Wednesday) Fashion for a Cure,** Wellington. From 6pm at City Gallery Wellington. Fashion show featuring 7 of New Zealand's Top Designers. Call 0800 227 828 or visit www.breastcancercure.org.nz for more info.

• **2 November – Paddle for Hope,** a stand up paddleboard regatta, aiming to raise \$100,000 to research and develop a stand up paddle post-mastectomy rehabilitation programme. Find out more at www.paddleforhope.co.nz.

• **9 November – (Saturday). Cityfitness ride-a-thon.** Four hour ride-a-thon at cityfitness locations throughout New Zealand. Call 0800 227 828 or visit www.breastcancercure.org.nz for more info.

• **10 November – BBQ to celebrate BCN's 20 years and Sue Claridge's 10 years as editor.** All Breast Cancer Network members, or those involved with Breast Cancer Network, past and present invited. Held at 101 Onehunga Mall, Onehunga on Sunday 10th November from 1pm onwards. Please RSVP to our office on 09 636 7040, or by emailing admin@bcn.org.nz if you would like to attend.

• **11 November – (Monday). Fashion for a Cure,** Christchurch. From 6pm at Cardboard Cathedral, Christchurch Fashion show featuring 7 of New Zealand's Top Designers. Call 0800 227 828 or visit www.breastcancercure.org.nz for more info.

• **13 November – (Wednesday). Soul Bar lunch parade,** Soul Bar, Viaduct Harbour, Auckland. Lunch and fashion show with Trelise Cooper. Call 0800 227 828 or visit www.breastcancercure.org.nz for more info.

• **15 November - The Breast Cancer Aotearoa Coalition (BCAC) AGM** will be held on at 7.00 pm at Domain Lodge, Auckland Cancer Society, 1 Boyle Cres, Grafton, Auckland. Dr Jackie Blue, current Equal Employment Opportunities (EEO) Commissioner will be joining us as our guest speaker. Dr Blue is a former GP and list MP who, among other things, has campaigned for better care for cancer sufferers.

• **20 November – Seminar with Dr Nicky Baillie,** Integrative Medicine practitioner. Nicky will share her vast and diverse knowledge base, in particular relating to breast cancer recovery and risk reduction. Seating is limited, therefore please contact BCN on 09 636 7040 or admin@bcn.org.nz to reserve your seat.

• **8 March 2014 – TEAM PINC and TEAM STEEL** (Former Pink Pilates and Steel Pilates) are looking for fundraising participants for The Motatapu, NZ's iconic Off Road sporting event in Queenstown. Sign up options: Run, bike, individual or team triathlon. Suitable for any age and fitness level. Enquiries: info@pinc.co.nz or www.pincandsteel.com/everydayhero. Bring a group of friends

• **8 March 2014 – Show your support for TEAM PINC and TEAM STEEL** at The Motatapu sporting event by buying laces (Blue for STEEL or pink for PINC at \$11.50/pair) at www.motatapu.org.nz! and support active cancer rehabilitation!

• **ENCORE PROGRAMMES STARTING AT: 3 October in Palmerston North** - Contact Adrienne Taylor: adrienne@inspire.net.nz or 06 356 9620; 4 October in Porirua - Contact Cathy Tia: cathyscurves@hotmail.com or 027 235 4061; **8 October in Napier** - Contact Shelley Hanna: peakpmgmt@gmail.com or 06 870 3838; **15 October in New Plymouth** - Contact Shona Lee: shone.lee@vodafone.co.nz or 021 029 27976; **22 October in Takanini, Auckland** - Contact Connie: conniezein@sirge-orge.ac.nz; **23 October in Rotorua** - Contact Kath Vickers: lymphysio@gmail.com or 021 023 52600; **25 October in St Johns, Auckland** - Contact Lynne Walker: divinespirit@xtra.co.nz; **25 October in Mairangi Bay, Auckland** - Contact Joce Burlton-Bennet: jocebb@globe.net.nz; **Also, enquiries on 0800 Encore (362673) and encore@akywca.org.nz.**

• **Breast Cancer Support (BCS) Young Women's Group meets on the fourth Wednesday of the month,** 7pm-9pm, at The NZ Breast Cancer Foundation, 11-13 Falcon St, Parnell, Auckland. For more information please call BCS on 0800 273 222.

Breast Cancer Network would really like to help you publicise your event. The deadline for Breast Events for every edition of *Upfront U Kaiora* is now the 10th of the month before publication (*Upfront U Kaiora* is published in February, April, June, August, October and December each year). If you would like to be reminded prior to each issue of publication date, so that you can ensure your event gets in to Breast Events, please send the email address of the person who should receive the reminder to Sue at sclaridge_bcn@clear.net.nz.

DIGESTIVE DYSFUNCTION

– how your digestion can compromise your health By Heather Moore

Amazingly, many of us live with severe digestive dysfunction... and think it's normal! If you have a lot of wind, burping or flatulence; if you get a lot bloating after meals and tenderness; if you get cramping in the stomach, heartburn, diarrhoea, constipation or nausea, then it's likely that your digestion is impaired and you have some inflammation going on. While these symptoms are uncomfortable, many people don't consider them serious and just live with them.

A key player in digestion is stomach acid. Stomach acid kills off invading bugs or parasites coming into your stomach with food; it is vital for breaking down protein into amino acids which your body uses to make muscle, hormones, neurotransmitters and enzymes. Low levels of digestive enzymes leads to impaired ability to absorb zinc, iron, calcium and magnesium. So if levels of stomach acid are low, the flow-on effects are considerable – muscle wasting, hormone imbalance, depression, anxiety, brain-fog, anaemia, low immunity (more colds, infections, flu) and many other forms of dysfunction.

While levels of stomach acid decline with age, we hasten the decline with poor food choices, stress, eating on the run and bolting our food. Many medications also affect stomach acid adversely. A commonly prescribed medication in New Zealand is a Proton Pump Inhibitor (PPI), prescribed for heartburn or reflux. This lowers stomach acid and has the immediate effect of relieving pain. However, long-term use increases the likelihood of the problems described above.

Making the symptoms of indigestion go away is relatively easy. However, actually fixing the underlying problems is a lot more complicated and you may need expert guidance on this.

Here are some tips to get started with:

- Beware gulping your food down. Chew, chew, chew.
- Watch portion size.
- Avoid diluting stomach acid with water. Minimise drinking with meals.
- Eat in a calm state rather than on the run.
- Beware prolonged episodes of protein deprivation. This may be low intake of protein rich foods or increased demand for protein because of pregnancy, breast-feeding, hard exercise or drug detoxification.
- Take care with the composition of a meal. Avoid high carbohydrate/high sugar meals and ensure sufficient protein, good fats, high fibre vegetables and fruit.
- Track down and eliminate any reactive foods and chemicals. The most likely reactive foods are gluten or dairy protein. By chemicals I mean, food additives and pesticides or chemicals in cleaning products, personal care products, heavy metals and garden sprays.
- Consider supplements which soothe and support gastric mucosa such as slippery elm, ginger, aloe vera and the herbs licorice and marshmallow.
- Consider digestive enzyme supplements.
- Since zinc, and vitamins B1 and B6 are needed to make stomach acid and stomach acid is needed to absorb iron, calcium and magnesium – get advice on testing and restoring adequate levels of these nutrients.



Heather Moore is a Nutritionist, registered Naturopath and registered Medical Herbalist.

VISIT THESE SITES FOR MORE BREAST INFO! www.bcn.org.nz www.breast.co.nz

TO JOIN BCN

To support the work of BCN and receive a regular copy of **UPFRONT U KAIORA** send your name and address to:
Breast Cancer Network NZ, PO Box 24 057, Royal Oak, Auckland 1345

Membership \$40 **Institutional \$100** (Subscriptions include GST)

Name: Miss/Mr/Mrs/Ms/Dr _____

Address: _____

City: _____

Postcode _____

Phone: Home (0) _____

Email _____

Amount enclosed: membership \$

donation \$

My payment has been credited to account **06-0284-0088795-00** (Please use your name as reference and mail this form to us)

A/c name: Breast Cancer Network NZ Incorporated, National Bank, Penrose Branch.

I prefer to receive *Upfront U Kaiora* (in colour) by email

I prefer to receive *Upfront U Kaiora* (black and white) by post

Please tick here if you have experienced breast cancer.

I am interested in helping with BCN activities

I agree to BCN (NZ) contacting me by email with news, information and updates

Age Group (Optional - Please circle applicable group) (Under 45) (45 – 49) (50 to 69) (Over 69)

Green Smoothie

Start the day with a green smoothie to increase your leafy green vegetable consumption. A diet high in plants has been shown to decrease the risk of developing degenerative diseases, including type 2 diabetes, heart disease and some cancers. Wow! Such a simple way to “amp up your greens.”

INGREDIENTS

150g (6 oz) fresh spinach leaves or silverbeet

(Swiss chard) leaves

1 young coconut, water removed

1 to 2 bananas, peeled and frozen

METHOD

1. Drain the water from the coconut. Set aside
2. Coarsely chop the silverbeet if using.
3. Combine the spinach, coconut water and the frozen bananas in the bowl of a food processor or blender. Pulse until the mixture is smooth and creamy. Add more water if you prefer a thinner smoothie.

Note: The silverbeet will make a darker smoothie than the spinach. You may wish to add an extra banana for sweetness until you get used to a green smoothie.



Supporter Members

New Supporter Member

BCN are pleased to advise that **Naturalwear** have become supporter members. Based in Royal Oak (120 Symonds St, phone 0800 612-612 or visit www.naturalwear.co.nz), **Naturalwear** is New Zealand's leading breast care mastectomy provider, specialising in assisting post-mastectomy women with garments.

Breast Cancer Network (NZ) Inc is offering companies and like minded groups 'Supporter Membership'. This is an annual commitment of \$250.00 plus GST for companies who believe in the objectives of Breast Cancer Network. For your investment we will advertise you as a supporter of the Breast Cancer Network in *Upfront U Kaiora*, under our supporter section, and also we will display your logo on our website www.bcn.org.nz with a link to your own website. We will allow you the use of our logo and link to promote the relationship established between both parties. We will also acknowledge all Supporter Members at our Annual General Meeting, and ask that our members to support you in turn. Breast Cancer Network (NZ) Inc is a registered charity. For further information contact our office or visit our website www.bcn.org.nz

Living Nature

Devonport Lingerie

The New Zealand Alarm Shop

The Breast Centre

The New Zealand Chefs' Association

Telephone Market Research Company Ltd

Bertelsen Harry Waters Ltd, Chartered Accountants and Business Advisors

Naturalwear

PADDLING FOR LIFE!!!

As a breast cancer survivor wishing to experience a feeling of well-being, enhanced fitness and endless fun *why not take up the dragon boating challenge?* In doing so, you will gain inspirational support and a common bond with fellow paddlers. You will make a difference by raising awareness of breast cancer and encouraging others to lead full and active lives after diagnosis.

Breast cancer dragon boating assists in an adventurous lifestyle and personal challenge. Don't just dream it, JOIN NOW!!! All experience supplied!

For further information contact: Mary McAvoy, New Zealand Dragon Boat Association, Director Special Interests / Breast Cancer, breastcancer@nzdba.co.nz, 04 566 4660 or 027 249 6607

Visit the International Breast Cancer Paddlers Commission website www.ibcpc.com to learn more about breast cancer and the benefits of upper body exercise.

New Zealand teams looking for members: Auckland – Busting with Life; Auckland – Pink Dragons; Bay of Plenty – Boobops; Waikato – Treasure Chests; Taranaki – Taranaki Dragons; Wairarapa – Wairarapa Cancer Society; Wellington – CanSurvive; Blenheim – Simply the Breast; Christchurch – Abreast of Life.