Breast Cancer NETWORK NZ

ISN 1174-894X

Issue 114 • April/May 2014

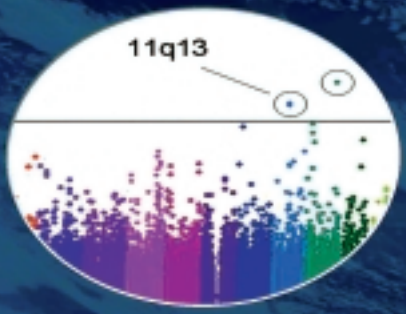
Upfront U Kaiora

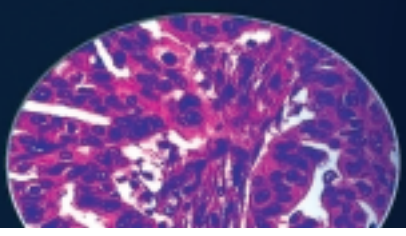
OFFERING INFORMATION, HOPE AND INSPIRATION TO THOSE AFFECTED BY BREAST CANCER

THOUGHT OF THE DAY-

Western doctors are like poor plumbers. They treat a splashing tube by cleaning up the water. These plumbers are extremely apt at drying up the water, constantly inventing new, expensive, and refined methods of drying up water. Somebody should teach them how to close the tap - **Denis Parsons Burkitt**

• **Cancer Control in New Zealand** page 4 • **An Evening with Trevor Smith** page 8 • **Living Life** page 10





The Global Battle against Cancer

By Sue Claridge

World Cancer Report 2014

Edited by BERNARD W. STEWART and CHRISTOPHER P. WILD

Global battle against cancer won't be won with treatment alone. Effective prevention measures urgently needed to prevent cancer crisis.

These are the opening statements in a press release issued by the International Agency for Research on Cancer (IARC) on the 3rd of February.

This is not the first time that the IARC has talked about the need for prevention; neither is it the first time it has made it clear that many cancers can be prevented. Indeed, it is now many years since I first read that one third of cancers worldwide could be prevented if everyone made relatively straightforward changes to their lifestyles.

However, the message has become urgent, almost strident in its tone; and not without good reason. There has been an overall failure of governments in the

CONTINUED ON PAGE 2

CONTINUED FROM PAGE 1

Western world (including our own) to sit up, pay attention and take the sort of action that is so desperately needed. Worse, the burden of cancer worldwide is reaching catastrophic proportions.

The press release coincided with the release of the *World Cancer Report 2014*. It make interesting, albeit sombre reading.

In her foreword, Dr Margaret Chan, Director General of the World Health Organisation writes that "The world has opened its eyes to the threat posed by cancer and other noncommunicable diseases (NCDs). Realisation is growing, in global political circles and in civil society, that these diseases constitute a major obstacle to human development and well-being."

In just four years – between 2008 and 2012 – the global incidence of cancer has increased from 12.7 million to 14.1 million. This "trend is projected to continue, with the number of new cases expected to rise a further 75%. This will bring the number of cancer cases close to 25 million over the next two decades."

The most common cancers diagnosed were the lung (1.8 million cases, 13.0% of the total), breast (1.7 million, 11.9%), and colon (1.4 million, 9.7%). Given that some 99% of breast cancers are in women, women are disproportionately affected by the global burden of cancer.

Dr Christopher Wild, Director of IARC writes that:

"Cancer is costly. First and foremost there is the human cost, comprising the uncertainty and suffering that a diagnosis of cancer brings in its wake. Behind each statistic of a new cancer case is an individual face, accompanied by the faces of family and friends drawn into this singular event. The harrowing experience of a cancer diagnosis is a truly universal one, played out in every community worldwide, every day."

He goes on to point out that "the future of a cancer patient depends in large part on where the person lives." Those in less economically developed countries have much poorer outcomes and higher mortality, while even in developed countries there "are disparities in access to care among different communities. The experiences of individual cancer patients all too frequently reflect the worst of global inequalities."

There is considerable emphasis on prevention. In the chapter on cancer etiology (causes of cancer), the headings include tobacco; alcohol consumption; diet, obesity and physical activity; occupation (occupational exposure to chemicals); radiation; pollution of air, water and soil; and pharmaceutical drugs (as well as infections, reproductive and hormonal factors and naturally occurring chemical carcinogens). Of the 159 pages in this chapter, 105 are concerned with causes of cancer that are broadly individual life choices or exposures that governments can control on behalf of their citizens, a strong acknowledgement that much cancer prevention is within our grasp.

A further chapter on cancer prevention covers 132 pages. Prevention is headlined by sections on tobacco, and physical activity and weight control. The report concludes that extensive research during the past few decades has provided strong evidence for prevention of cancer and that the greatest potential for cancer prevention in the general population is through integrated health promotion and policies that target certain lifestyle-related risk factors. The WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases targets four behavioural risk factors – tobacco, unhealthy diet, physical inactivity, and harmful use of alcohol. Although these risk factors can be – and are being addressed at a governmental level, they are largely personal choices and individuals must to a large degree take responsibility for themselves.

However, there are carcinogens that, with the best will in the world, are difficult for individuals to avoid without regulation from government. The report states that "the incidence of cancer attributable to atmospheric, waterborne, or food-borne contaminants may be reduced by regulatory intervention that results in decreased exposure to pollutants." It goes on to say that "as a means of limiting or preventing exposure to carcinogens, regulatory processes and the corresponding enabling legislation play a crucial role."

Specifically addressing the factors in the development and incidence of breast cancer the report states:

"The etiology of breast cancer is multifactorial, involving endocrine and reproductive factors including nulliparity*, first birth after age 30, and hormonal history; environmental factors such as consumption of alcoholic beverages, use of certain contraceptives and menopausal (hormone replacement) therapy, and exposure to ionising radiation; and lifestyle factors such as high-calorie diets and lack of exercise (see "Biological mechanisms mediating reduced breast cancer risk through physical activity"). The annual incidence in industrialised countries, where such lifestyle factors have existed for some time, is 70–90 new cases per 100,000 women. Countries where industrialisation is a more recent phenomenon have a rising incidence and higher mortality."

Naturally, those diagnosed with cancer – any type of cancer – demand the best of treatment and that the scientific and medical communities do their utmost to find a cure and make it available to patients.

"However, the spiralling costs of the cancer burden are damaging the economies of even the richest countries and are way beyond the reach of developing countries, as well as placing impossible strains on healthcare systems. In 2010, the total annual economic cost of cancer was estimated to reach approximately US$ 1.16 trillion. Yet about half of all cancers could be avoided if current knowledge was adequately implemented."

It is clear that we now know enough to prevent many cases of cancer. It is also clear that collectively we and our governments are not doing enough to prevent this global scourge.

*not having given birth

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.

• from the editor •

I have not had breast surgery, but four and a half years ago I had a total abdominal hysterectomy – not something I wanted to do, but I had numerous uterine fibroids and the symptoms they caused were making my life a misery. I was severely anaemic and by the time of the surgery even walking to my letterbox left me feeling exhausted. However, I can vouch for the benefits of preparing your body for surgery.

Although I was anaemic (despite a heavy duty iron supplement), I was remarkably healthy otherwise and did everything I could to make sure I recovered well. I didn't have the sort of prescription that Heather Moore offers on page 7 of this edition, but I did my own research, and worked out what my body needed before and after surgery. In addition to supplements and herbs, I gave myself two solid weeks of total rest afterwards; I know how hard this is for women to do, especially with young children as I had at the time, but it makes all the difference. I had no complications at all, not even any bruising, and two weeks after I got home I was pretty much back to normal. Despite what was major abdominal surgery, ten weeks later I walked to the top of Rangitoto with my son's Cub pack, exertion I could only have dreamed of for the previous few years.

I had a fabulous surgeon but even he was surprised at my complete lack of any of the standard after effects of the surgery. Total health is a wonderful thing to aspire to, but many of us struggle in our busy and demanding lives. However, if there is any time you need to make sure you are as healthy as possible, it is before surgery, even if, as Heather says, you only have weeks or days between a diagnosis and your date with the surgeon.

An ounce of prevention is worth a pound of cure… this is not just an adage we can apply to preparing ourselves for surgery, but one that the global community needs to apply to cancer across the board. Yet another international report has emphasised the role of prevention in improving our cancer statistics.

By now you have probably read our lead article on the *World Cancer Report 2014*. The report itself makes for sombre reading, although I am somewhat irked that this document costs US$50 to download (more for a print copy) and that it is not freely available. However, the message is clear: we have the knowledge and means to prevent many cancers, yet we do not!

More than seven years ago Breast Cancer Network presented a petition to Parliament requesting that the government take action. A Health Select Committee hearing followed and two of our members – Gillian Woods and Barbara Mason, supported by Dr Meriel Watts among other scientists – made written and oral submissions. The Health Select Committee report endorsed BCN's concerns about exposure to environmental chemicals and the subsequent development of breast cancer in New Zealand women. The report made a number of recommendations, in particular that:

- research into breast cancer prevention, particularly in the area of endocrine disruptors, be accorded high priority in the allocation of Government research funds;
- an expert advisory panel of two or three scientists with expertise in this area be established to initiate research into breast cancer prevention, particularly in the area of endocrine disruption.

As far as I am aware neither of those things have happened. And Cancer Control New Zealand seems to be a bit behind the times on this (see page 4). In light of the global burden of breast cancer, and the *World Cancer Report 2014* and its categorical message that **effective prevention measures are urgently needed to prevent cancer crisis**, New Zealanders should rightly feel that the government is not doing enough.

Sue Claridge

Breast Care!

Would you like your very own complimentary copy of Mr Trevor Smith's *Breast Care* book, valued at $30.00? At Mr Smith's talk in February he kindly donated a number of his *Breast Care* books to Breast Cancer Network.

We have decided to offer a complimentary '*Breast Care*' book to women who would be happy to share their personal experience of breast cancer. Sharing your story might include ways in which you coped with the challenges, what was helpful to you, or what had a positive impact in your recovery or state of mind. Perhaps you are the friend, husband, parent or child of someone with breast cancer – would you like to share your story?

Maybe you would like to share a story of how another person was responsible for making a significant difference for you, such as your Doctor, Nurse, or support person. Often women report how Trevor Smith made a significant difference for them because of his communication, his patience, and his warmth. Perhaps you had a health professional who did the same for you.

It is appropriate we celebrate these special people, acknowledging the difference they make to women, by giving you all the opportunity of sharing your experience.

With your agreement, it would be lovely to share your story in our 'Kiwi Stories' section of our website, and potentially in *Upfront U Kaiora*.

This is a great way for women to help other women.

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.

WEBSITE www.bcn.org.nz
EMAIL admin@bcn.org.nz

ADMINISTRATOR
Bonnie Reid

MAGAZINE EDITOR
Sue Claridge

PATRON
Dame Lois Muir

HONORARY LIFE MEMBERS
Barbara Holt, Wendy Steenstra-Bloomfield, Dell Gee, Jenny Clark, Gillian Woods and Barbara Mason.

COMMITTEE MEMBERS
Heather Moore, Keith Clark, Anne Iosefa, Violet Lawrence, Robyn Kingdon-Mason, Bonnie Reid, Louise Bobbit

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

The opinions expressed in the various UPFRONT U KAIORA articles are not necessarily those of the Breast Cancer Network (NZ) Inc.

REPRINTS
Kindly contact us for permission before using newsletter material.

DESIGN
Debra Tunnicliffe
Tunnel Creative

UPFRONT U KAIORA IS PRINTED WITH THE ASSISTANCE OF NEVILLE NEWCOMB REPROGRAPHIC CENTRES

Cancer Control In New Zealand

Are we winning the battle? by Sue Claridge

I last wrote about New Zealand's Cancer Control Council (it is now called Cancer Control New Zealand or CCNZ) in October 2009 (see *Upfront U Kaiora* 87). Back then I wrote:

The 2007 World Cancer Research Fund report says that "if all factors are taken into account, cancer is mostly a preventable disease" and that "30 to 40 per cent of cancers are preventable over time, by appropriate food and nutrition, regular physical activity, and avoidance of obesity." Another third of cancers could be avoided by abolishing smoking. The Cancer Control Strategy states that "according to the WHO (2002), cancer prevention should be a key element in all cancer control programmes."

Sound familiar?

I also wrote that "It is not sufficient for the Government or Council to pay lip-service to cancer prevention." Yet I can't help feeling that this is exactly what is happening. At the time of writing in 2009, the council had undergone something of an "overhaul"; the existing council had been disbanded and a new council appointed. The then new General Manager, Craig Tamblyn, told *Upfront U Kaiora* that "There is a strong commitment to cancer prevention. The Council's role is to monitor and evaluate the [Cancer Control] strategy. Prevention is on the cancer control continuum and one of the goals of the strategy is primary prevention."

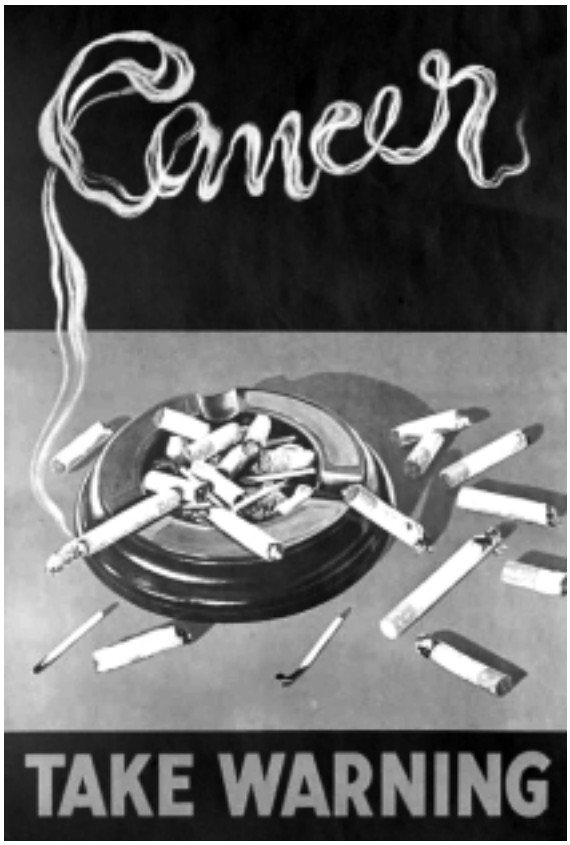
When I visited the CCNZ website in March this year, I was pleasantly surprised to find that the second "tab" on the website was prevention. On that page the CCNZ says:

Prevention focuses on reducing the numbers of people developing cancers from:

- Tobacco use
- Physical inactivity and obesity
- Poor nutrition
- Ultra Violet Radiation (UVR)/ sun exposure
- Infectious diseases, such as Hepatitis B
- Alcohol
- Occupational exposure to carcinogens

So far, so good.

At the bottom of the page there are six publications advertised. These same six publications are also advertised on their home page, the early detection page, diagnosis and treatment, support and rehabilitation, etc. All six publications are about PALLIATIVE CARE!!!



Where are the ads like these, linking cancer to alcohol, obesity and lack of exercise.

If we had better prevention strategies and actions there would be less need for palliative care.

As a newly diagnosed cancer patient, how would you feel, going to the CCNZ website to see what your government is doing to control cancer in this country, to find that they produce a lot of publications on palliative care?

I checked out the publications page. Eight of 23 are about palliative care, none are specifically about prevention and the only one that seems to address any issues of prevention was published in March 2009.

This report makes interesting reading. Entitled *Phase 2 Prioritisation*, it identifies the priorities for Phase 2 of the New Zealand Cancer Control Strategy Action Plan 2005–2010. On prevention three recommendations are "must", four are "ongoing" and two are in the "should" category. The report states that:

"Those actions in the 'must' category are overall priorities for Phase 2 implementation. Specific Actions in this category are considered by the Council to be of such importance that failure to achieve them will seriously impede progress towards the goals set out in the Action Plan; or progress towards these actions is such that, the Council believes, their completion to be achievable by the sector within the life of the Action Plan."

Nowhere are endocrine disrupting chemicals mentioned although one of the "musts" is 'reduce exposure to, and raise awareness of, carcinogenic compounds and contaminants in the workplace'.

I don't have room to go into all the detail on this report in this article (check it out at http://www.cancercontrolnz.govt.nz/about-us/publications), but I have to say that I am underwhelmed.

It is five years since this report was published; phase 2 ended four years ago and there seems to be no update. There is a Mapping Progress report which covers the first two years of phase 2 (2005 to 2007). What has happened since? What have they achieved? They repeatedly say that an aim is to reduce incidence through primary prevention but it seems that they have done nothing, achieved nothing towards this goal since March 2009.

I checked out the research page only to be disappointed: apparently goal 1 – primary prevention gets no research funding in this country. In fact, prevention doesn't rate a mention on this page.

Ever hopeful, I checked out the terms of reference of the current CCNZ. Prevention is mentioned once, but has no place in the Objectives or Key tasks of the CCNZ.

Under News/Media the most recent item is from September 2012 and… OMG! It's about palliative care! No mention anywhere, that I can find, of the *World Cancer Report 2014*.

You know, the *World Cancer Report 2014* that is so heavy on PREVENTION!

Desperate to find that somewhere, one of our government agencies is doing something to prevent cancer I email the current General Manager of the CCNZ, Mr Andrew Lesperance.

I asked four very specific questions:

- Is the CCNZ planning to make any comment on the *World Cancer Report 2014*?
- Given that the CCNZ claims on its website that cancer prevention is the first goal of the New Zealand Cancer Control Strategy, why is it that in the Terms of Reference, prevention rates only one mention and does not figure in the CCNZ objectives or key tasks?

● Is there any plan to produce a progress report on the Cancer Control Strategy Action Plan for phase 2, and if so when? If not, why not, and what is the status of the prevention priorities in all categories?

● As the stated first goal of the Cancer Control Strategy why are there no reports on primary cancer prevention among the list of CCNZ publications, or any report that addresses this issue with any seriousness or scope?

I received a letter that in part addressed some of these questions. Mr Lesperance says that the *World Cancer Report 2014* is currently being internally reviewed, and that the Terms of Reference (TOR) on the website are currently being reviewed and updated. He has noted my concern that the TOR do not explicitly refer to the prevention and suggests that this will be considered in the review.

Mr Lesperance goes on to say that "Cancer Control agrees that prevention messages pertaining to core issues such as nutrition and physical activity, smoking, alcohol and tobacco are germane to cancer prevention as well as many other health issues."

Apparently, rather than update their reports/website with the progress made on prevention priorities, the CCNZ "have chosen a different strategy, one of attempting to advise, through partnering, enabling and supporting where possible." However, I think as a government agency it behoves them to report to their stakeholders directly, in a way that is wholly accessible to those stakeholders. By and large those stakeholders are the taxpayers.

I accept that the wheels often move very slowly within government ministries, departments and agencies. However, the lack of obvious and transparent action on the part of this government, and its agency, towards addressing issues of cancer prevention across the board, is very frustrating. I agree with Mr Lesperance's comment that government initiatives have addressed issues of tobacco control, alcohol consumption, and nutrition and obesity. However, notwithstanding tobacco and lung cancer, and sun exposure and skin cancer, I can't think of any initiatives that spell out the relationship between these lifestyle factors and cancer. The loud and repetitious discussion of the link between lifestyle and cancer is sorely lacking in the public arena.

It makes sense, to me at least, that this should be one of the roles of Cancer Control New Zealand.

• know your plastics •

1 PET	02 PE-HD	03 PVC	04 PE-LD	05 PP	06 PS	07 O
Polyethylene Terephthalate	Polyethylene (high density)	Polyvinylchloride	Polyethylene (low density)	Polypropylene	Polystyrene	Bisphenol A and others
Releases endocrine disrupting chemicals like acetaldehyde over time, as well as toxic antimony, use once only.	Additives & softeners used in this plastic have never been tested for safety. Do you feel lucky?	The most toxic plastic, leaching phthalates, carcinogens, dioxins & more, linked to reproductive problems, diabetes, organ toxicity and cancers.	Relatively chemically non-reactive, these plastics degrade very slowly and present a burden to the environment for centuries.	Additives & softeners used in this plastic have never been tested for safety. Do you feel lucky?	These plastics leach extremely toxic brominated flame retardants over their entire lifespan.	Bisphenol A mimics the effects of the hormone estrogen and is linked to infertility & developmental damage.
Most commonly made into polyester fibres, also used in bottles for water or soda	Milk & detergent bottles, bottle caps, food storage containers, plastic bags and even plastic surgery	Water pipes, siding, signs, insulation, clothing, furniture, pleather, shower curtains and yes, even toys	Laminates, disk drives, snap on lids, six pack rings, playground slides and plastic wraps	Packaging, textiles, carpets, stationary, laboratory & medical equipment, molded shapes & diapers	Packaging, foam drink cups, insulation, rigid shapes like DVD cases or frames, and packing peanuts	A catch-all category for all other plastic types, includes bioplastics & multi layered resins, toxic bisphenol A may also be in other plastics

Shared Stories

On the 19th of February at the East Coast Bays Library on Auckland's North Shore, five women shared their breast cancer stories at the library's regular monthly Tea and Topics presentation, headed by BCN Committee member, Violet Lawrence.

Over the last few years Violet has doggedly shared her experiences as a Maori wahine with breast cancer, determined that by sharing her hikoi (walk) with this disease, she can help other wahine. Violet told North Shore Times reporter Maryke Penman that the purpose of the seminar was to empower and educate.

"Rather than getting specialists in to talk about the medical side, we wanted to share the human aspect – from the heart."

These women's stories demonstrate how different breast cancer can be for different people.

In 2009, Violet had just celebrated seven years since having the last of five strokes, the most serious of which left her with a limp, when she found a painful lump in her left breast. The tumour was Her2 positive, so after surgery Violet had a course of Herceptin, and has also had a breast reconstruction. Determined to offer support to other Maori women Violet has bravely allowed her journey to become public property through participating in projects such as Damien Nikora's Portraits of Strength (see *Upfront U Kaiora* 94), and speaking publicly about her experience.

Denice was alerted to a problem by a noticeable indentation in her armpit; actually a secondary cancer that led to the discovery of the primary cancer in her breast. After investigative surgery Denise had a full mastectomy and had lymph nodes removed. However, type one diabetes complicated her treatment and a decision was made to avoid chemotherapy and to treat her with radiation instead.

Denice has benefited from a lot of support since her diagnosis, and as well as being taught to do manual lymph drainage, has found that Encore exercise sessions were especially helpful in restoring her physical confidence.

In 2010 Yoshiko found a lump in her left breast; a visit to the doctor led to an ultra sound, and biopsy. She was diagnosed with breast cancer and had a partial mastectomy the day before her 50th birthday, then had a month of radiotherapy. Having moved to New Zealand from Japan with her Kiwi husband, Desmond, and their two children, Yoshiko was particularly reliant on the support of her New Zealand friends.

Wendy was overseas when she was diagnosed with breast cancer in June 2009. She returned to New Zealand for surgery and treatment, believing she would be here for approximately nine months. She had a mastectomy, auxiliary node dissection and skin sparing, nipple preserving reconstruction. However, she got an infection and after weeks in hospital had to have her implant removed, so she could start chemotherapy, which was followed by radiotherapy.

Wendy has since had another two failed reconstructions, including a *latissimus dorsi* flap surgery due to radiation damage to her skin. In the last six months she has twice undergone fat grafting to the affected areas and later this year will have a tissue expander inserted and start the process again. It has been nearly five years and many surgeries, and although she is a "difficult case", Wendy and her surgeon remain confident that she will have a successful reconstruction completed by next year.

Judith suffered from eczema and dermatitis as a young woman, and wrongly assumed that the changes in her breast was a recurrence of those conditions. When she was diagnosed with Paget's disease she did not realise there was a connection with breast cancer. When she noticed a discharge from her nipple she made an appointment a breast cancer specialist. Despite an outgoing personality, as a recent immigrant, Judith felt completely alone.

Judith is grateful to the Breast Cancer Friends group, and others, such as the Cancer Society, who were helpful and supportive. She borrowed books from the Cancer Society Library and attended Counseling for Seniors on the North Shore. All these things aided her return to normality.

Be Surgery Savvy

By Heather Moore

There is no doubt that wound healing proceeds more efficiently and quickly in well-nourished individuals. People who are malnourished and chronically ill, heal less well and experience a greater risk of complications during and after surgery.

It is particularly important that cancer patients heal quickly but the time from diagnosis to surgery can often be as little as three weeks – barely enough time to optimise nutrition.

A few years back I ran a half-marathon. I saw a sports nutritionist and followed her advice to ensure I was in peak condition for the event. In contrast, when I had surgery, it didn't occur to me that there was anything that I could do that would make a difference to the outcome. I expected to bounce back quickly and was disappointed to feel tired and low for weeks after.

For some time now I have given anyone facing surgery a copy of a handout written by Auckland doctor, Nicky Baillie. The food recommendations can be followed right up to the day of surgery and even if you only have three weeks to prepare, following this will improve your outcome. It is recommended to stop herbal medicines seven to ten days before surgery.

FOUR WEEKS BEFORE SURGERY (OR AS LONG AS POSSIBLE)

- Adequate sleep and rest
- Stress management
- High quality protein foods (oily fish, meat, eggs, nuts, seeds, tempeh, miso, cottage cheese, acidophilus yoghurt, lentils)
- Go easy on dairy foods(except acidophilus yoghurt) and sugar
- Avoid coffee, smoking, alcohol
- Eat plenty of: Beta-carotene (green leafy vegetables, orange/yellow vegetables),
- Vitamin C (citrus, kiwifruit, green and red peppers, rosehips infusion)
- Bioflavonoids (citrus peel, berries, broccoli)
- Zinc (oysters, seafood, pumpkin seeds, red meat)
- Magnesium (leafy greens, almonds, soybeans, oatstraw tea)
- Iron (Liver, red meat, parsley, nettle infusion)

• HERBAL TEAS

Oatstraw (*Avena sativa*) decoction 1 to 2 cups daily (2 handfuls oatstraw in 6 cups water, simmer for 20 minutes, strain, drink hot or cold)

Stinging Nettle (*Urtica dioca*) and rosehip infusion, 1 to 2 cups daily (1 large handful dried nettle leaf, _ cup dried rosehips in one litre jar, fill with boiling water, infuse 4 to 8 hours, strain. Drink hot or cold.)

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

• SUPPLEMENTS

Nutritional supplements are advisable in most people leading up to surgery as often there is limited time to correct any nutritional depletion state.

- Vitamin A 5,000 IU daily
- Vitamin B complex
- Vitamin C 2000 mg
- Vitamin E 200-400 IU daily (avoid for 2 weeks before and after surgery)
- Zinc 30 mg daily
- Selenium 150 mcg daily
- Herbs (for immune and liver support)
- Echinacea (*Echinacea purpurea/augustifolia*)
- Milk Thistle (*Silybum marianum*)
- Dosage advice from a medical herbalist. Discontinue 7-10 days before surgery.

AFTER SURGERY

- Light diet for first week then pre- surgery diet for up to four weeks.
- Continue echinacea and milk thistle for four weeks post surgery.
- If you are on prescription medications, always check with a qualified health professional before taking herbal medicines.

Mammographic Screening Not Saving Lives

A large randomised study undertaken in Canada, the results of which were published in the British Medical Journal in February, has found that annual mammography failed to reduce breast cancer mortality in women, ages 40 to 59, compared with physical examination or routine care.

With a 25 year follow-up, 89,835 women, aged 40 to 59, were randomly assigned to mammography (five annual mammography screens) or control (no mammography) groups. All women aged between 50 and 59 received annual physical breast examinations, while women aged between 40 and 49 in the control group received a single examination followed by usual care in the community.

During the five year screening period, 666 invasive breast cancers were diagnosed in the mammography arm of 44,925 participants (1.48%) and 524 in the control arm of 44,910 participants (1.17%), and of these, 180 women in the mammography arm (0.4%) and 171 (0.38%) women in the control arm died of breast cancer during the 25 year follow-up period.

After the screening period of five years ended, breast cancer was diagnosed in 5.8% of women in the mammography arm and in 5.9% of women in the control arm, showing that the risk of breast cancer was identical between the compared groups.

The strengths of this study are the high number of participants (almost 90 thousand), long follow-up (25 years) and randomised nature of the study. However, since this study was undertaken there have been advances in mammography technology including digital mammography.

This study has added to the persistent controversy over mammographic screening over the last four or five years, which centres on the true benefit in mortality reduction and the over-diagnosis of cancers that would not have required treatment had they not been diagnosed.

Source: Miller AB, et al.: *British Medical Journal*, 2014 February 11; 348: g366.

An Evening with Trevor Smith

By Sue Claridge

Trevor Smith

It is always rewarding spending time with Trevor Smith; he has such a refreshing approach to breast cancer. As he is a breast surgeon of some repute, you could be forgiven for expecting him to be totally focused on treating breast cancer. However, Mr Smith* has always been a staunch advocate of prevention, which is why he has a bit of a soft spot for the Breast Cancer Network, and why we always enjoy hosting him as a speaker.

Mr Smith's talk covered much ground, far more than I can reasonably report on here. So, I have covered what I feel were the most interesting or important topics.

One of the advances in treatment that he discussed was *clinician performed ultrasound*. Traditionally, ultrasound is performed by radiologists at diagnosis. Clinician performed ultrasound is undertaken by the surgeon, giving the surgeon a "real feel" for what is happening under his or her hands, rather than relying on images taken prior to surgery.

Clinician performed ultrasound guides needle biopsy, helps determine the size and location of the tumour and may show up second cancers. It can help avoid sentinel node biopsy, and may also reduce operating time and alter the sequence of treatment, perhaps indicating that pre-op drugs to reduce tumour size may be preferable.

In one study, 134 patients were randomised to receive intra-operative ultrasound guidance or not. Use of ultrasound reduced the volume of tissue that need to be removed with an average of 38 cubic centimetres removed under ultrasound guidance compared with 57 cubic centimetres without.

"In the last ten years there has been a dramatic increase in the acceptance of clinician performed ultrasound," Mr Smith told us. "Now it needs to become the standard-of-care."

Mr Smith reiterated what we have all been hearing and reading over the last few years – breast cancer is not a single disease. This has changed the way in which we describe the cancer – forcing us to dig deeper than just what the cancer looks like on the surface to profile cancer in a molecular sense, to describe what goes on, on the inside.

Our understanding of the complexity of the disease has allowed the development of targeted treatment. The differences in tumour characteristics mirror the fact that patients differ in their personal characteristics, too.

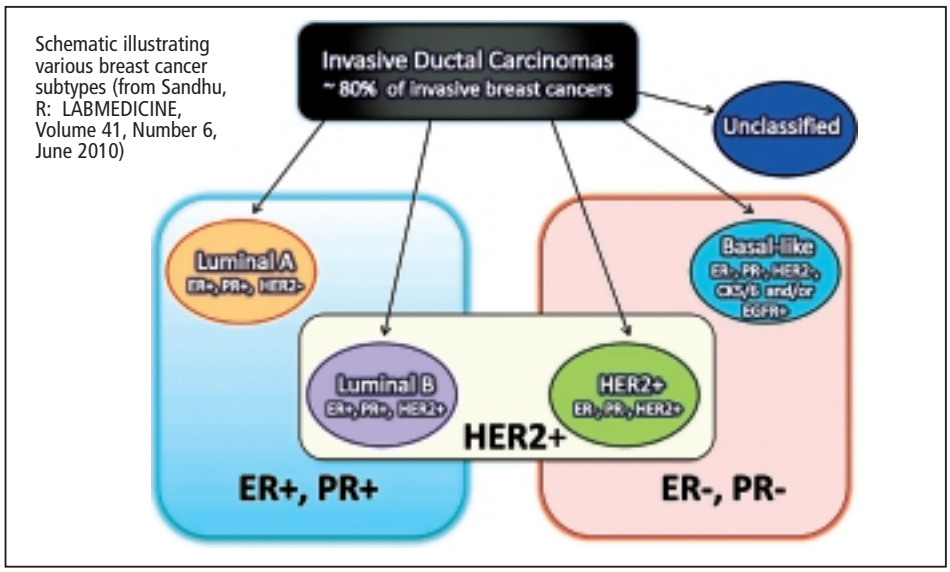
"Not all patients are the same," he said. "Yet we treat them the same."

There are differences in age, weight, smoking status, diet, shift work, alcohol consumption, all of which impact on health and the risk of disease. In addition, some patients have co-morbidities, for example diabetes, which are associated with increased risk and poorer outcomes. Trevor went on to discuss the impact of diabetes** on breast cancer, pointing out that taking the diabetes drug, metformin, reduces the risk of breast cancer

Mr Smith would like to see patient factors as part of the equation, just as tumour factors are used to help make decisions; a "patient online" calculator that works much the same way as the clinical tool Adjuvant! Online, which helps health professionals and patients with early cancer discuss the risks and benefits of adjuvant therapy. He also believes that rehabilitation is important.

"Heart attack patients get rehab to prevent another heart attack. Breast cancer patients need rehab to prevent a recurrence of the cancer."

In discussing the need to engage with patients, Mr Smith believes that there are seven Cs: caring, comfort, continuity, clarity, consistency, community and compassion. He says that care is often compartmentalised and there is little continuity. There needs to be consistent messages and the same information given by all members of a woman's care team.



Schematic illustrating various breast cancer subtypes (from Sandhu, R: LABMEDICINE, Volume 41, Number 6, June 2010)

The journey must be planned; as a sailor, Mr Smith says you must plan your passage. The same goes for the breast cancer journey.

"Plan for the worst, expect the best!"

"At the end of the passage," he says, "you will never be the same. Your boundaries will have expanded. You will have met new people and seen new things."

Mr Smith says that patients have amazing dignity, even when things are going badly. However, more than 75% of patients are successfully treated and do not die from their breast cancer, although many have issues related to their previous or on-going treatment (for example, endocrine therapy).

Unfortunately, despite all treatments 25% of patients will experience progression of their disease, and he points out that as a community "we don't do death well". We don't manage dying well, and we don't know what to say, but we have to accept that it is a reality for many women…

…which leads us to Mr Smith's last topic for the evening:

"An ounce of prevention is worth a pound of cure." (Benjamin Franklin)

I first met Trevor Smith in 2006 and I've always known him to be passionate about breast cancer prevention. Despite the fact that he is a wonderful breast surgeon, I sometimes wonder if he could not achieve as much, if not more, if he was to concentrate on preaching the gospel of risk reduction. So, as always, I had looked forward to what he had to say on the subject.

He began by discussing the *World Cancer Report 2014* (see page 1 of this edition) and said that three million cases of cancer could be prevented each year.

"It is not rocket science," he said, quoting the oft repeated cliché, "but it is science!"

Mr Smith can't understand why people are not getting excited about prevention, and of course, at BCN we agree. He picks out all the usual suspects.

He talked about the obesity epidemic and its role in raising the risk of cancer. In New Zealand in 2011, 37% of the population was overweight and a further 28% were obese.

"We should ban the word diet and talk about healthy eating," he said.

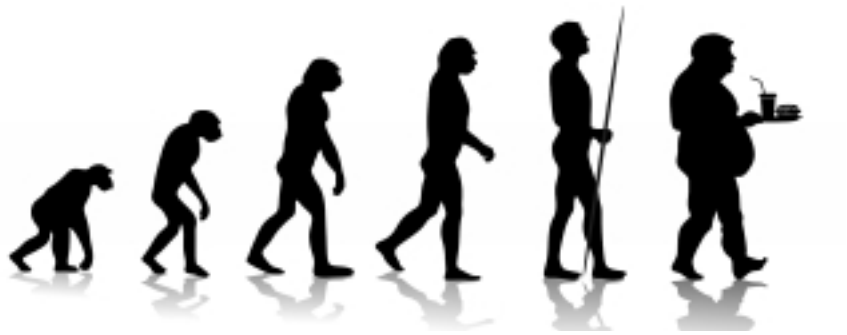
Some of Mr Smith's comments about nutrition might raise eyebrows:

- there is no science behind the traditional food pyramid;
- just as there are gluten intolerant and lactose intolerant people, some are carbohydrate intolerant;
- fat and cholesterol are not as bad as they are made out to be;

but these views are gaining increasing currency, even among members of the medical establishment.

We need 30 to 60 minutes of exercise a day, and the benefit is independent of weight loss.

Alcohol is a carcinogen and there is no safe dose. Mr Smith says that the biggest concern is drinking in young people, and a University of Otago study identified alcohol as one of the leading contributors of breast cancer deaths. Despite alcohol being seen as a danger for other reasons (for example, injury), breast cancer was the leading cause of death from alcohol in both Maori and non-Maori women overall.



A US study investigating the role of smoking found that the rate of new cases of breast cancer was 24% higher in smokers than in nonsmokers, and 13% higher in former smokers than in nonsmokers.

To conclude his talk, Mr Smith used another sailing analogy; winning against the odds. Oracle was 8:1 down against New Zealand in the America's Cup and still won. It is an apt comparison, as one in eight women will be diagnosed with breast cancer, and although we are yet to win the battle, Trevor clearly feels we have the tools to do so, particularly when it comes to prevention.

He asks if we are trying all the available options. And crucially do we want to change… enough to change?

* Medical School graduates typically use the title "Dr"; however, after obtaining a surgical speciality most revert to "Mr" if they are male, and in this case "Mr" denotes a greater level of training rather than lesser.

** in a subsequent edition of *Upfront U Kaiora* we will look at the link between diabetes and breast cancer.

"Change and growth take place when a person has risked himself and dares to become involved with experimenting with his own life."

American Author, leader of the human potential movement

• from the committee •

In February we hosted a simply wonderful talk by Trevor Smith, Breast Surgeon from 'The Breast Centre' in Auckland. Mr Smith engaged the capacity audience at the Cancer Society with his wealth of knowledge, including information on reducing breast cancer risk through lifestyle changes and treatment options. Mr Smith is always well received owing to his warmth, wisdom, and a good dose of wit!

Also in February, the BCN committee gathered for its annual planning meeting. As a result of the success of our 'Breast Cancer and Environmental Risks' Expert Panel event in 2012, and subsequent the talks we have hosted since then, the committee would like keep the momentum going, and we plan to hold a multi-speaker event in 2014. At this stage we are looking at a Saturday in either late August or early September (details to be confirmed). We are thrilled to announce that we have already secured Professor Ian Shaw to speak for us again. Professor Shaw is the Professor of Toxicology at the University of Canterbury, and he plans to talk on the topic of the moment – Epigenetics! Prof Shaw was a very popular presenter at the Expert Panel event when he spoke on 'Endocrine disrupting chemicals in food and in the environment – what are the health implications?' and we expect that his talk on epigenetics will be as fascinating and as well received.

The committee would also like to extend a warm invitation to all readers concerned about those affected by breast cancer to consider volunteering your time for BCN. Maybe you would consider joining our small, friendly committee, which meets on the second Monday of every month in Onehunga (Auckland) from 6 to 8pm. We welcome fresh new ideas and input, and would be grateful for as much or as little time as you can spare.

If the committee is not your thing but you are interested in helping us out, volunteering could involve assisting at our events, distributing our magazine to local libraries and doctor's offices, or maybe popping in to the office bi-monthly to help with our mail out; the latter is a good chance to catch up and enjoy a friendly conversation with other women over a hot cuppa.

We look forward to continuing to bring you more… informing, educating and advocating for breast cancer risk reduction in Aotearoa.

The BCN Committee welcomes Louise Bobbit to their number. Louise joined the committee in January 2014. She is a Registered Nurse and works as Clinical Nurse Specialist in Breast Cancer and Reconstructive Breast Surgery. Her role involves supporting patients at their time of diagnosis and throughout their cancer journey, guiding them through the various stages of treatment and coordinating their care with the greater multidisciplinary teams. Louise has a keen interest in complementary therapy and is a professional Aromatherapist and Reiki Practitioner. She also practices mindfulness and is passionate about sharing what she practices herself, with her patients, to enable them to be on a healing cancer journey with loving kindness and self-compassion.

Living Life to the Fullest: Lisa's Story

By Jane Bissell

"Cancer is not always obvious like a broken leg in a cast. It is ever present … but regardless of this, we are living life to the fullest, glowing cheeks and all."

In this two-part story, Palmerston North Sweet Louise Member, Lisa, talks about living with secondary breast cancer, adventurous overseas trips and writing a book or two...

When Lisa was younger, she told her mother there were two things she wanted to do in life – be an author and a teacher. Lisa has accomplished both. She teaches Food Technology to Year 9 to 12 students at a high school near Palmerston North, self- published her first book, *How to Look Flabulous* in 2013 ('a look at the highs and lows of weight loss and living in a media driven world where beauty is the new currency') and has another book (*How to Look Boobalicious – a candid look at breast cancer*) on the way.

"I wrote short stories and poems when I was at school," said Lisa, "but when I started teaching I put my writing aside for a while until a student of mine said, 'Miss, why don't you write your story?' and I thought, 'What a good idea!'"

Lisa knew she had to start writing *Flabulous* without knowing if her work would be published. It was her diagnosis with breast cancer in August 2012 that motivated her to finish the story, find an editor and illustrator and publish the book herself.

"The publishing was a good focus for me during that difficult time. It was something positive for me to do while I was recovering from surgery and having treatment."

Diagnosed at the age of 32, the news of her breast cancer was a real shock.

"It was the 22nd of August at 11.15 am. That is when they came in and said, 'Sorry, there is no easy way to tell you but you have breast cancer'. They had advised me to bring a support person so I knew things were not going to be good. I was diagnosed with early stage cancer, but the tumour was quite large – five centimetres – and there was cancer in the lymph nodes too, but they didn't think there were any secondaries at that time. They proposed surgery; I had a mastectomy followed by chemotherapy and radiation. After the surgery and pre-chemo, they did a bone scan and a CT which showed up a suspicious lymph node in my chest. They decided to start chemotherapy and then repeat the scan halfway through, to see how things were going."

Lisa learned the results of that scan on New Year's Eve.

"They said, 'On one hand we have good news: the chemo has worked and the secondary tumour in your chest has gone. The bad news is: the cancer has moved into your spine.' At that stage I didn't know what that meant so it was explained to me that, while they still had options up their sleeve, the cancer was incurable."

The extended family were gathering for a New Year's eve party and Lisa said she'd never felt less like celebrating.

"It came as a real shock. Walking out of that appointment I just couldn't believe it."

Chemotherapy was stopped when the cancer was discovered in her spine. Because her cancer is oestrogen receptive, oncologists tried a hormonal treatment, which unfortunately did little to contain the tumour growth. They are now trying another to inhibit oestrogen production. If further scans show more progression, Lisa may need to have her ovaries removed to stop oestrogen production.

Lisa is open about the time leading up to her diagnosis too, sharing her story in the hope that it might heighten the awareness of other women, inform them about breast cancer and the importance of going to the doctor if something doesn't feel right.

"Apparently breast cancer is not usually painful, but my first symptom was pain. Four to six weeks prior to my diagnosis I was telling Mum about the pain I was having in my breast. It was there, then it wasn't, and then it came back, so she said go to the doctor. He said it was mastitis, put me on oral antibiotics and said if the pain was still there in five days time after finishing the medicine, call him right away. Five days later the pain was worse. I called him from school one morning and he said, 'Give me a moment, I need to make a call'. I said okay, hung up and ten minutes later , just as the bell went and students were coming into class, he called back and said he had made an appointment for me at the local hospital and I was to go as soon as possible. So I hung up and taught my classes for the day!"

However, that afternoon she did visit the hospital, was examined by a specialist who recommended IV antibiotics for mastitis and admitted her. The unexpected five-day hospital stay came as a real surprise. At this stage Lisa was not thinking 'breast cancer' but was concerned and knew something wasn't right. She was released from hospital on Sunday and Monday morning they called to say not all of the test results were back yet, but they would still like to see her on Wednesday.

"They said, 'bring a support person with you' and that's when I knew this wasn't just an infection. I went to the appointment and they told me I had breast cancer. It was such a shock because all I'd had was the pain. When they discovered how large the tumour was, they determined I'd probably been battling the cancer for about five years and that the tumour may have been pressing on some nerves, causing the pain."

Lisa said she had also experienced hot flushes for about 12 months prior to diagnosis. She wasn't concerned but wondered why, at the age of 32, she was experiencing menopausal flushes. In discussions with her medical team later, she learned that hot flushes can be an uncommon symptom of developing cancer.

Lisa said her previous 'she'll be right' attitude has gone and now she will make medical appointments when she needs to.

"If you're concerned about something, go to the doctor and get it checked out. I let those hot flushes slide a for a year. If I'd let my doctor know earlier, he could have investigated and we might have gotten onto the cancer sooner. I don't know... and there is no point beating myself up about it. It is what it is."

In the next issue of *Upfront U Kaiora*, Lisa talks about how she has coped with a diagnosis of advanced cancer, the support of her family, friends and colleagues, her faith, living life to the fullest and the role of Sweet Louise in her life.

Breast events to come

- **3-5 April – Australian Lymphology Conference**, The Pullman, Auckland,
- **28 April – Lisa's Wish free events for children** whose parents have a cancer diagnosis: Emperor's New Clothes: Bruce Mason Theatre Takapuna. To book please contact: Ian and Rosemarie Chapman-Smith on 021 037 3870, 021 1322 483 or lisaswish@xtra.co.nz.
- **30 April – Sweet Louise Men's Group:** 6pm until 8.30pm at dove house, 207a Riddell Road, Glendowie. A light meal will be provided at 6pm. RSVP by Monday 28th April to Reception staff at dove house on 575 4555
- **14 May – Breast Cancer Network AGM.** 7:30 pm at the Auckland Cancer Society Domain Lodge, 1 Boyle Crescent (off Park Road), Grafton. Guest Speaker to be advised. All welcome, parking available. A light supper will be served. Gold coin koha. Enquiries to Breast Cancer Network: phone 09 636 7040 or email: admin@bcn.org.nz.
- **17-18 May – The 'Offspring' programme, run by Canteen** - addressing the needs of those aged 13 to 17 who have lost a parent to cancer, or whose parent currently has cancer. Contact Georgie Lincoln - CanTeen National Programme Manager - 09 308 9805 or 021 391 660 or at georginal@canteen.org.nz
- **25 May – Lisa's Wish free events for children** whose parents have a cancer diagnosis: Paint the Earth (mugs): Albany. To book please contact: Ian and Rosemarie Chapman-Smith on 021 037 3870, 021 1322 483 or lisaswish@xtra.co.nz
- **21 June - Lisa's Wish free events for children** whose parents have a cancer diagnosis: Extreme Indoor Kart Racing Bathurst Teams: East Tamaki. To book please contact: Ian and Rosemarie Chapman-Smith on 021 037 3870, 021 1322 483 or lisaswish@xtra.co.nz.

Encore programmes starting: 15 April in Hamilton – contact Kelsey Lynham on 07 838 2219 ext 3or at programmes@ywcahamilton.org.nz; **9 May in Wellington-Porirua** _ contact Cathy Tia on 04 234 6074 or 027 235 4061 or at cathyscurves@hotmail.com

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.

Supporter Members

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**

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)

Breast Cancer Network (NZ) Inc., PO Box 24 057, Royal Oak, Auckland 1345. (Office: 101 Onehunga Mall, Onehunga, Auckland 1061). Phone: (09) 636 7040 Email: admin@bcn.org.nz Web: www.bcn.org.nz

Almond Date Shake

INGREDIENTS

2 cups unsweetened almond milk
2 large frozen bananas
2 to 3 fresh dates
Dash of vanilla

METHOD

Blend all ingredients in blender or food processor until smooth.
For variations on this delicious breakfast thick shake…
• Add a dash of cinnamon for a warm dessert like flavour, or
• Add 3 kale leaves (stems removed) to boost alkalinity and increase your vitamin and mineral intake for the day.

From *Dr Libby's Real Food Chef* available from www.drlibby.com.

Lisa's Wish

Lisa Knapman-Smith was no ordinary mother. You might have thought that four premature births and the loss of two of her children as babies was enough hardship for one young woman. But there was more for Lisa; five weeks after the birth of her son Cort, born at only 24 weeks, she was diagnosed with aggressive breast cancer. She died five years ago at the age of 29.

Lisa has left a legacy – a charitable trust in her name for the children of those with cancer. During the intense battle Lisa fought with her disease, she felt that her children were going through more than any child should have to endure; especially that they were missing out on just being children. It was distressing for her that she was no longer able to provide the occasions that she felt a mother should be able to provide, due to her being so ill and having much on her plate coping with treatments, plus the side effects of those treatments.

For a young child, losing a parent to a terminal illness is devastating. Yet, while there are support networks for sick children and their siblings, those children whose parents and caregivers have become ill with cancer have been without assistance.

Her wish was for the children of parents and caregivers who have, or have had cancer, to be taken out and given lots of things to do that bring a smile, and a chance to take away a little fear; to take home exciting tales and memories.

Lisa's Wish runs free events for children whose parents or caregivers have cancer – check out the events in the Breast Events column on page 11). **To find out more about Lisa and Lisa's Wish go to http://www.lisaswishtrust.com.**

Brachytherapy for Breast Cancer

A recently reported study investigated the efficacy of brachytherapy compared with external-beam radiation therapy and no radiation after lumpectomy.

Brachytherapy, also known as internal radiotherapy, sealed source radiotherapy, curietherapy or endocurietherapy, is a relatively new radiotherapy development in which the radiation source is placed inside or next to the area requiring treatment. Traditional radiotherapy (EBRT) uses a higher energy ionising radiation aimed at the site of the tumour from outside the body, while brachytherapy involves the precise placement of short-range radiation-sources directly at the site of the cancerous tumour.

In the study published in February, five years after initial treatment for early breast cancer, 2.8% of patients treated with brachytherapy had undergone mastectomy compared with 1.3% of patients who had EBRT. Both rates were lower than the mastectomy rate among women who had lumpectomy without adjuvant radiation therapy (4.7%).

"The takeaway message to both physicians and older breast cancer patients is that, in general, all of these patients did well with very high likelihood of breast preservation," Dr Benjamin Smith, of the University of Texas MD Anderson Cancer Center in Houston, said in a statement.

"However, the likelihood of breast preservation was best with external-beam radiation, worst with no radiation, and in between with brachytherapy."

Brachytherapy to the lumpectomy cavity offers certain advantages over EBRT, including convenience and reduced exposure to radiation. Those advantages have fueled rapid growth in the use of the treatment in recent years.

Source: Smith GL, et al, *International Journal of Radiation Oncology*, 1 February 2014; 88 (2), 274-284.