

Upfront U Kaiora

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

THOUGHT OF THE DAY

Your genetics load the gun. Your lifestyle pulls the trigger. - Mehmet Oz

• **Thermography** page 4 • **Holistic Cancer Congress** page 7 • **Prioritising Prevention** page 9

Genes: Design not Destiny? By Sue Claridge

When I was at high school in the late seventies and early eighties, we were taught that your genes determined who you were: the colour of your eyes, the shape of your body, and on the inside, what all the different cells in your body were and how they “behaved”.

At a seminar hosted by Breast Cancer Network on the 14th of March, Dr Bruce Lipton blew many of those concepts of how genes work out of the water.

After a rapid lesson on mainstream thinking on the role of genes since the discovery of DNA (deoxyribonucleic acid) by James Watson and Francis Crick in 1953, Dr Lipton provided proof that genes are merely a genetic blueprint – a blueprint that can be changed. Our genes no more make or control the 50 trillion cells in our bodies, than an actual blueprint builds a building or determines how it is used. Dr Lipton used the analogy of a contractor or builder who interprets the blueprint; he or she has the power to change the plan, removing a window or door, adding a room, turning a bathroom into a kitchen irrespective of what the blueprint says, depending on the materials that are used and how they are put together.

In the 1960s Dr Lipton was working at the



Dr Bruce Lipton

University of Wisconsin as a cell biologist. His research on what we now call stem cells demonstrated to him that what he and other biologists were teaching about genes was wrong. His colleagues thought he was crazy.

The conventional view – what is known as the Central Dogma* – is that genes control life, that genes control physical traits, behaviour and emotions, that humans are a biomedical machines controlled by their genes. Dr Lipton says that view effectively makes

people victims of their genes, that there is nothing they can do to control their lives, that they can't prevent disease or fix themselves once sick. He says that this forces us to buy into what the pharmaceutical industry offers and to rely on other people (doctors and health practitioners, and makers and prescribers of drugs) to fix us.

What led him away from the conventional belief was his experiments with stem cells. Everyday your body makes billions of new cells from stem cells. In his work, Dr Lipton would place a stem cell in a petri dish in a cell culture and a week later he would have 50,000 genetically identical cells.

He then took some of those cells and changed their environment – he put them in petri dishes with different cell culture mediums. These genetically identical cells, in differing environments, created different tissue: muscle, bone and fat. It was the environment created by the differing cell cultures that determined the fate of the cells, not the genetic information held by the cell, as had always been thought.

“There is no self-actualisation of genes,” he said.

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He went on to explain that there had been a belief that each gene was responsible for making one protein.

“The human genome project threw a spanner in the belief system,” he said, “because there are 150,000 different proteins and only about 23,000 genes.” Again he used an analogy to explain how this works – mechanics and gears. Essentially the same parts can be assembled in many different ways to make many different things; which explains how identical stem cells can produce such vastly different tissues with vastly different functions.

Dr Lipton discussed the general belief that the nucleus of a cell is the “brain” of the cell, yet if you remove the nucleus from a cell it continues to live and behaviour is unaffected (unlike removing a human brain). He posited that the cell’s brain is in fact its outer covering, its skin or “mem-brain”.

Most readers will, by now, be familiar with the concepts of receptors on cell surfaces; for example, how breast cancer cells are stimulated by oestrogen, and how the oestrogen receptor on the cell surface is “turned on” by an oestrogenic molecule “fitting” into that receptor.

There are 100,000 receptors on each cell and when cells are exposed to a chemical in their environment (an effector), a translator on the cell sends a signal inside and in turn controls cell function (consider the oestrogen molecule stimulating the cancer cell to grow and reproduce). Dr Lipton says the receptor and effector act as a switch and cell activity is turned on or off by signals from the environment.

Genetics play a huge part in who we are. But we also have free will.

- Aidan Quinn

And what is the cell’s environment? The body of the organism in which the cell lives, your body for example; the culture medium is blood. If the cell lives in a bad environment it gets sick. If the cell is shifted to a good environment it becomes healthy.

Dr Lipton spoke about diet and the need to create a good environment by eating

good, wholesome, organic food, such as grass-fed meat from animals raised without the use of chemicals. Diet is the number one influence on our environment – that to create a good culture medium you need good food.

However, he mostly concentrated on our internal environment and the chemicals

We’re not contradicting the view that genetic changes occur in the development of cancers, but there also are epigenetic changes and those come first.

- Andrew Feinberg

released by our brains. He talked about the conscious and subconscious mind; the conscious mind is who you are, your spirit and creativity, but the sub-conscious mind is controlled by your experience, your acquired “programmes” and beliefs going back to as early as in the womb. It is one million times more powerful than your conscious brain and takes over when the conscious mind falters or wanders.

Our bodies are awash with chemicals that we produce: sex hormones; insulin, ghrelin, and leptin; adrenaline and cortisol; endorphins, serotonin and melatonin; oxytocin... the list goes on. You will all have experienced such things as the endorphin “high” after intense exercise; the adrenaline rush after a near miss on the motorway. You don’t even have to actually be in danger for there to be a surge of adrenaline in your veins, just the belief that you are in danger will do it. Likewise, mothers of young babies know that feeling when their baby cries and a flood of oxytocin triggers milk letdown – you don’t even have to hear your baby cry; just thinking about him will do it. All of this is controlled by the sub-conscious mind.

“We are creating our own biology everyday by releasing different chemicals into our blood. When you are in love you are healthy,” he explained. “When you are scared, different chemicals are released and have a different effect.”

“When you are under stress you shut

down the growth of cells and the immune system,” he said. “You use energy for different things, and there is no energy going into the immune system.”

We evolved in a time and place in which stress was short lived, and we are not “designed” for long periods of stress. We are in fight or flight mode all the time, we are stressed more, so we are sick more.

He offers a very cogent example of how genes do not control everything. The BRCA gene mutations confer up to an 85% chance of developing breast cancer among carriers. But if genes controlled one’s destiny, why would it not be 100%? Clearly something else is at work; lifestyle and the level of stress experienced?

Dr Lipton believes that environment not genes is the controlling system in our lives. He believes we are not victims of the genes we were created with, but “victims” of our beliefs and our lifestyles. While he is not blaming the cancer patient for their ill health, he is saying that there are tools which we can use to heal ourselves, that we need to change our belief system and entertain some new truths about genetics and our body’s innate ability to heal.

Despite the rationale and logic of Dr Lipton’s argument I feel that I am not 100% convinced: think identical twins separated at birth, and brought up by different parents in often vastly different environments, who have uncanny similarities in their life path including health issues.

I wonder if the truth is somewhere between the idea that “genetics determines everything – you can’t change your destiny” and the alternative that “environment is everything”. But, his talk was highly nutritional food for thought, and even if his concept that our internal environment is responsible for dis-ease and for health is only part-way towards the truth, it is worth investigating further.

It couldn’t hurt to look at our sub-conscious mind and see if our acquired beliefs are preventing us from attaining a state of health and well-being.

* Dr Lipton made the interesting observation that a dogma is a belief or system of beliefs particularly of religion, an interesting way in which to label something that many take as scientific fact.

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• from the editor •

From time to time, I am sure that we publish in *Upfront U Kaitiaki* articles that challenge many of the scientific beliefs of our readers; in this edition we have a review of Dr Bruce Lipton's seminar (page 1), an article on thermography (page 4) and another on the Holistic Cancer Congress (page 7).

I say scientific "beliefs" because, particularly in the life sciences, that is what much of our "knowledge" comprises. Much of science is not set in stone; much of what we know is still just hypotheses. Some of these hypotheses have been more extensively tested than others and we have come to think that what we believe is fact. But our scientific knowledge is quite fluid.

History is littered with people who were pilloried for questioning the firmly held "scientific" beliefs of the time. Galileo Galilei and Ignaz Semmelweis are two such examples.

Galileo had the temerity to support the theories of Copernicus who believed that the earth revolved around the sun and was not the centre of the universe. This was regarded as blasphemy against the Bible and the teachings of the Catholic Church. He was persecuted and forced to recant before the Inquisition Tribunal. He lived out his last years under house arrest, forbidden from writing and publishing. Galileo believed that science should be independent from traditional, political, and ecclesiastical authorities. His attitudes were probably influenced by his father who wrote: "It appears to me that they who in proof of any assertion rely simply on the weight of any authority, without adducing any argument in support of it, act very absurdly. I, on the other hand, wish to be allowed to freely question and to freely answer without any sort of adulation, as well becomes those who are sincerely in search of truth."

Ignaz Semmelweis is regarded as the "Father of Infection Control" for his conclusion that puerperal fever, which claimed the lives of many women soon after childbirth, was a contagious disease spread by hands contaminated with necrotic material from dead bodies. He suggested that disinfection of hands could stop the transmission of

disease from cadaver to pregnant women, and, indeed, when simple disinfection of the hands of the medical students was implemented the mortality rate plummeted. His theories were not accepted by his peers and he faced considerable opposition. He was forced to leave the Vienna General Hospital in 1850 and eventually died in a lunatic asylum in 1865 at the age of 47.

Similarly, simply because we do not understand how or why something works, is not proof that it does not. Since the dawn of time forces of gravity have existed despite our inability to explain them, and they did not come into being just at the moment Isaac Newton observed an apple fall from a tree and the notion of gravitation came into his mind.

Science is subject to the vagaries and frailties of its human practitioners. Scientific knowledge is influenced by the limitations of our minds, our egos and at times, dare I say it, by the almighty dollar. When scientists and organisations have vested interests – financial and intellectual – sometimes truth is sacrificed or at the least, obscured.

It is not *Upfront U Kaitiaki's* role to tell readers that their beliefs are wrong; far from it. However, with the lofty ideal that not only is the truth out there, but that it is for the benefit of all human kind to keep searching for it – to keep questioning what we think we know, to keep testing scientific hypotheses no matter how entrenched the belief that a given hypothesis has become fact – it is our role to continue to challenge you. It is our role to report on new ideas, alternatives to the status quo and to question the veracity of what we think we know. This way we can all edge closer to the truth of some of the mysteries of life, such as what causes cancer and other diseases and how we can best avoid or treat them when they happen.



Breast Cancer Network ANNUAL GENERAL MEETING

Guest speaker – Anne Thorp

The host of Kai Ora on Maori Television, Anne has had breast cancer and her work is about health and good living... enjoying life through a healthy diet.

SATURDAY, 11 MAY 2013, 10:00 AM

Auckland Cancer Society Domain Lodge, 1 Boyle Crescent (off Park Road), Grafton (parking available)

All welcome. A light supper will be served.

Enquiries to Breast Cancer Network: phone 09 636 7040 or email: admin@bcn.org.nz. Gold coin koha.



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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Looking for Heat

By Sue Claridge

No contact, no ionising radiation, no pain or physical discomfort. These are the undisputed advantages of thermography. As a breast screening tool, however, thermography is widely dismissed by mainstream medical practitioners and radiographers (see *Opposition to Thermography*, page 6). So what is thermography?

Thermography uses an infrared camera to record the heat patterns of the breast; the premise being that changes in breast health – in particular cancerous tumours – cause an increased blood supply to the growth area. Breast thermography measures the heat generated by the circulation of blood in the breast during this process. Repeated breast thermography can identify women with changes in these patterns, and a single thermogram of both breasts can pick up significant abnormalities or differences between breasts.

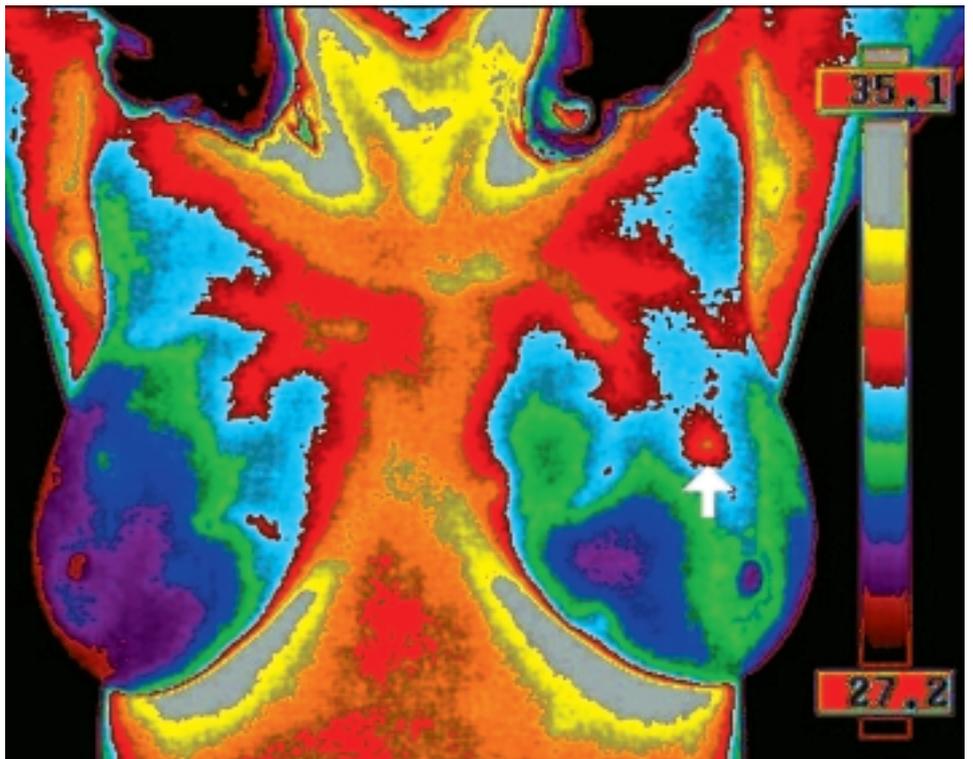
The Clinical Thermography website (www.clinicalthermography.co.nz) states that “thermography differs from mammography, in that it provides information on the biological activity of the breast versus the gross internal anatomy. Infrared imaging is therefore a functional test whereas mammography is a structural test.”

“Physiological changes are known to precede anatomical changes, therefore both anatomical and physiological information is valuable in fully assessing breast health.”

As a consumer, probably the most disconcerting thing about thermography is sitting naked from the waist up with the technician for 15 to 20 minutes as your breasts acclimatise to the ambient temperature, all the while engaging in normal conversation. There is something about doing this that is vaguely reminiscent of those dreams in which you suddenly discover in the middle of a meeting, that you are sitting at the boardroom table with no clothes on.

Clinical Thermography makes no claim that thermography is better than mammography or is even an alternative to mammography. Far from it; in several places on their website they make it clear that thermography is one of several tools for women to assess their breast health:

“Breast thermography is not a replacement for or alternative to mammography or any other form of breast imaging. Breast thermography is meant to be used in addition to mammography and other tests or procedures. Breast thermography



Variations in the thermal (heat) patterns in the breast may indicate functional changes and abnormalities in the breast tissue.

and mammography are complementary procedures; one test does not replace the other.”

And later they say:

“Breast thermography offers women information about breast health that no other test can provide. Because breast thermography cannot provide information on the exact anatomic detail of the breast or define a specific area that may need to be biopsied, it should be combined with an anatomical test such as mammography, ultrasound or MRI. As a functional test, thermography cannot identify the specific cause of physiological changes to breast tissue. For this reason, it serves as a risk marker and complementary modality, rather than a stand alone assessment tool.”

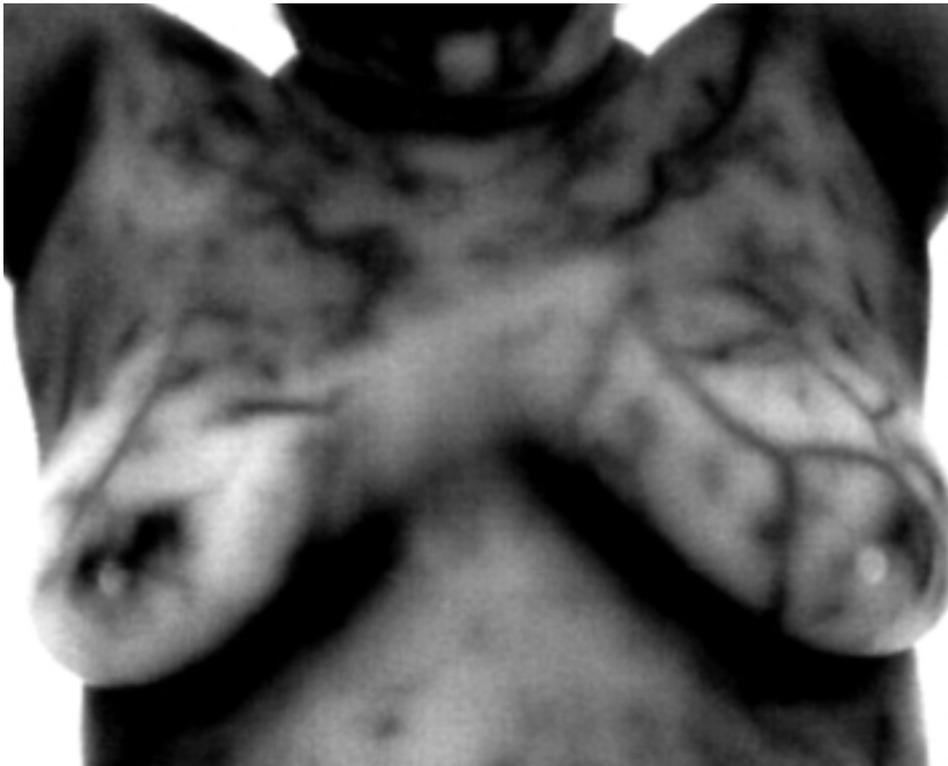
Before my appointment I am given a questionnaire to fill in, a consent form to sign and a list of instructions. Clinical Thermography want to know all about my breast health, menstrual history, contraceptive pill use and HRT, pregnancies, family history of breast cancer and history of breast procedures such as mammography, biopsy and mastectomy. The consent form provides information about thermography and I sign it, agreeing that I have had the process of thermal imaging explained to me, I have read the provided

information and I understand that this result is not used to diagnose any condition based on the scan.

Thermography is safe and non-invasive and involves no ionising radiation. It simply uses an infrared camera to create a thermal image of the breasts, by measuring the heat emitted naturally by the body. After disrobing from the waist up, you sit in a temperature controlled room (approximately 18 to 20° C). Thermography is not affected or limited by dense breast tissue or by the age of the woman. It is equally effective for women of all ages and breast tissue types, including women who have breast implants, or who are pregnant or breast-feeding.

A number of images of the breasts are taken from different angles, then there is a resting period of ten minutes before the next set of images are taken. There is no contact with the breasts at any stage during the procedure. The images are analysed and sent to you with a report about one week after your appointment. All of the Clinical Thermography appointments are with female technicians.

I am told that if I am pre-menopausal I should make my appointment in the first two weeks of my cycle. As I had a hysterectomy three years ago, I am not entirely sure when



Vascular patterns suggest the effect of hormones such as oestrogen on the breasts, and asymmetry may indicate an abnormality.

that is. There are a whole list of relatively simple things they ask me not to do: don't wear restrictive clothing such as a bra before the appointment; don't get sunburned or have prolonged sun exposure to the breasts five days prior; don't use lotions, creams, etc. on the breasts the day of the appointment; no deodorants or antiperspirants; no physical stimulation or treatment of the breasts (i.e. ultrasound, massage) 24 hours prior; no exercise four hours prior; no underarm shaving on the day... The list is extensive but none of it is a problem at all for me.

Breast Thermography is approved by the US Food and Drug Administration as an adjunctive to mammography screening. In New Zealand thermography is classed as a complementary and alternative medicine modality.

Responding to detractors, Dr Mike Godfrey told the New Zealand Herald in 2010 that "[detractors] have been very selective in their references. They have chosen to disregard the published research in the mainstream." Dr Godfrey told me several years ago that results did depend on the person analysing the images and they needed to be well trained and experienced. The New Zealand Breast Thermography Association website says

that all the clinics they list have "properly trained staff using internationally recognised imaging protocols and equipment" and that "a medical doctor trained in breast thermography will be analysing the images and producing the report."

A week after my thermography appointment – the actual "procedure" took a matter of seconds really; two series of images ten minutes apart, four positions each with my hands behind my head, breasts pointing at the infrared camera – I receive my report. There is some assymetry between my breasts but nothing that screams breast cancer. The report concludes that my "initial thermogram establishes an important baseline for any future comparisons... The left breast is more diffusely vascularised and globally slightly hotter. However, there are no significant or thermally rateable differences between either nipple or contralateral breast temperatures." It recommends I have another in six months to see if the patterns are stable and benign.

Thermography reports provide a BIRAS (Breast InfraRed Assessment System) rating:

- 1: Normal findings, i.e. without any suspicious signs of breast abnormalities
- 2: Minor differences
- 3: Clear or marked differences
- 4: Significant abnormalities; further

examination is recommended

- 5: Highly significant abnormalities, an immediate clinical checking is highly recommended

According to the Clinical Thermography website, "in a healthy woman, the symmetry between the two breasts, while never identical is very similar. Likewise, vascularity between breasts in an otherwise healthy woman should also be consistent. In other words, a woman may exhibit minimal vascularity (cold breasts) or high levels of vascularity (warmer breasts), but the overall symmetry, heat emission and contours of the breasts should be comparable. Because thermograms in a healthy woman remain remarkably constant, serial thermograms can assess tissue changes over time. A healthy initial thermogram can therefore serve as a baseline to compare future thermograms against."

With my report I get a six page document called Supporting Breast Health. There are three tables: recommended diet and lifestyle factors, diet and lifestyle factors to reduce or avoid and nutritional supplements to support breast health. Each of the recommendations has a corresponding brief on what the science tells us about that factor in relation to breast health, and each of these are referenced to the medical literature with full references provided.

BreastScreen Aotearoa's tagline is "early detection is the best protection". It is a claim that I have always had a huge problem with, as it is essentially a denial that there is anything a woman can do for herself.

While I haven't read enough of the medical literature at this stage to make a truly informed assessment of the claims in support of thermography, it really does appeal to me that they focus on breast health, that they provide resources to women who have had a thermogram that will enable them to reduce their risk of breast cancer. This, together with the lack of ionising radiation, is enough for me to consider returning for another in six to twelve months time. I know that thermography may not be a perfect screening tool, but neither is mammography and there are many risks and limitations associated with mammography as well. I feel strongly that my greatest weapon against breast cancer is awareness, knowing what is normal for my body and a belief that my health is my responsibility.

Opposition to Thermography

Breast screening does not diagnose breast cancer. Mammography, as the accepted and widely used technique used in breast screening is not a diagnostic tool. It picks up abnormalities in the breast and further investigation using ultrasound and biopsy is required to determine if the abnormality is breast cancer.

Like mammography, thermography is a screening tool which can pick up abnormalities that require further investigation. However, it is widely discredited by mainstream health practitioners and the

The National Screening Unit (NSU), the Cancer Society of New Zealand, The New Zealand Breast Cancer Foundation and The New Zealand Branch of The Royal Australian and New Zealand College of Radiologists (RANZCR) do not support the use of thermography as a breast cancer screening or diagnostic tool as there is insufficient evidence to do so.

Thermography is currently being marketed to women and general practitioners in New Zealand. The NSU, the Cancer Society of New Zealand, The New Zealand Breast Cancer Foundation and The New Zealand Branch of RANZCR have been concerned about the use of thermography as a tool in the screening and diagnosis of breast cancer. Their concern is that women who undergo thermography may delay visiting their doctor with a significant symptom, or attending for screening mammography, if they believe that thermography is an adequate replacement for a visit to their doctor or a mammogram. Thermography has been promoted in New Zealand as both a breast

medical and radiological profession.

The National Screening Unit, the Cancer Society of New Zealand, The New Zealand Breast Cancer Foundation and The New Zealand Branch of The Royal Australian and New Zealand College of Radiologists, released a position statement on thermography in June 2010. The full statement can be read on the Cancer Society website at www.cancernz.org.nz/about-us/position-statements/. In brief the position statement says:

screening and diagnostic tool. Screening and diagnostic tools serve different functions and adhere to different standards.

The NSU commissioned a systematic review of the international literature on the effectiveness of thermography for population screening and diagnostic testing of breast cancer. This review was conducted by the New Zealand Technology Assessment Clearing House for Health Outcomes and Health Technology Assessment (NZHTA)—a highly respected and impartial unit of the University of Otago—using a rigorous methodology. The review was completed in 2004.

NZHTA concluded that the available evidence did not provide enough support for the role of infrared thermography for either population screening or adjuvant diagnostic testing of breast cancer.

To date, there has been no satisfactory, large scale, prospective, statistically valid, randomised controlled trials assessing the value of breast thermography screening or adjuvant diagnostic testing of breast cancer.

Epigenetics and Breast Cancer

By Sue Claridge

(adapted and abridged from an article published in *Upfront* 75, October 2007)

Epigenetics is a relatively new branch of science that studies the way in which environmental influences control gene expression. Epigenetic means 'in addition to changes in genetic sequence'; Dr Bruce Lipton points out that epi means above, so epigenetic means above genetic control. The term has evolved to include any process that alters gene activity without changing the DNA sequence.

We have been told that the genes we inherit from our biological parents control who we are –. Those genes can also affect our health, in particular, our susceptibility to certain diseases. A classic example is the BRCA gene mutations which confer upon their carriers a higher risk of breast, ovarian and prostate cancer.

But the genes you inherited when the sperm met the egg are not the end of the story. Science has discovered that gene expression can be influenced by environmental factors such as nutrition, stress and exposure to chemicals or toxins, as early as in the womb. Epigenetics is the study of not the genes we inherit but how the function of those genes is regulated by environmental

factors. Epigenetic changes are tiny changes in gene expression which are brought about by the things to which we are exposed throughout our life.

Epigenetic changes are important for your long-term health for many reasons. For example, what happens if a protective gene is deactivated, or a dormant gene "switched on"? Such changes, although they don't involve damage to the DNA, can cause major changes in gene expression, and therefore the processes and functions that go on in your body at a cellular level. Such changes can significantly increase an individual's risk of developing cancer or other diseases.

Scientists believe that exposure to nutrients, heavy metals, diesel exhaust fumes, hormones, bacteria, tobacco smoke, viruses, stress and pesticides, among many others, affect the pattern of gene activity during the lifetime of your cells.

How is this important in cancer development? There are many potential effects that could contribute to cancer development; for example, there are genes that

exert a protective effect by suppressing the growth of tumour cells and yet more genes that can promote tumour growth. If the suppressor genes are turned off, or dormant promoter genes switched on, cancer cells can proliferate.

Although epigenetics is still a young science, there is hope that as we understand more about how epigenetic changes – and the environmental factors that cause them – influence our propensity for cancer, we will develop tools and rules for reducing our risk. For example, in 2003, Dr Ming Zhu Fang and her colleagues at Rutgers University published a paper in the journal *Cancer Research* on the epigenetic effects of green tea. They found that the major polyphenol (antioxidant) in green tea can prevent certain cancer-fighting genes from being deactivated.

With more research it is likely that we will come to a much better understanding of how environmental factors and epigenetics contribute to breast cancer and, importantly, what we can do to protect or help heal ourselves.

Holistic Cancer Congress a Huge Success

By Sue Kedgley

The recent Holistic Cancer Congress, held in Auckland on 16 and 17 March, was a huge success. The conference buzzed with energy; the speakers were excellent and the enthusiasm of the 240 (mostly female) delegates was palpable.

The focus of the congress was on holistic cancer healthcare that can improve the quality of life of people affected by cancer, reduce the side effects of cancer treatments; positively influence the development and spread of cancer, and make conventional treatments more effective.

The congress got off to a great start with an inspiring talk by Dr Bruce Lipton, who demolished the theory that our bodies are essentially biomedical machines that are controlled by genes. He presented a great deal of research to demonstrate that our thoughts and emotions govern our genes and influence our biology and our health and wellbeing. This obviously has significant implications for cancer treatment and prevention, and the emerging new science of 'mind-body' medicine.

He was followed by long-term cancer survivor Dr Ian Gawler who claimed that the most effective way for people with cancer to improve their well-being and longevity is to combine the best that conventional medicine has to offer with what he calls 'lifestyle medicine' that encourages people to play an active part in their recovery and contribute to their own survival.

Dr Gawler was diagnosed with bone cancer when he was 24, and given a few months to live. He underwent radiation and chemotherapy, followed a rigorous Gersen diet and an intensive course of meditation, and eventually recovered from his cancer.

During his lengthy illness, he discovered

there was little support for people with cancer who wanted to help themselves, so he set up the Gawler Institute in Australia, a lifestyle based self-help programme for people affected by cancer.

More than 100 thousand people, including many New Zealanders, have attended his workshops. He's also written five books, including *You Can Conquer Cancer* which has become one of the most widely read books on the subject of cancer management and survival.

Dr Gawler believes our bodies have an incredible capacity to heal – if we provide the right environment for them. He says sustained meditation, for example, can reduce cortisol levels in the body and stimulate the body's natural defences and immune system, as can regular exercise, healthy emotions and good nutrition.

He encourages people to take control of their health, change their diet, begin a sustained course of meditation and take an active part in their recovery, rather than passively submit to a doctor's prescription, as most cancer patients are urged to do.

Dr Gawler is concerned that many in the medical profession are biased against innovative or alternative therapies, and tend to dismiss lifestyle issues, and the role the body can play in healing itself. He can't understand why so little attention is paid to diet and nutrition in treating cancer, given that it has been known since the 1970s that one



Dr Ian Gawler

third of all cancers are diet-related and that diet is a key cause of cancer.

Other speakers included Dr Robin Kelly, an Auckland doctor who works from his home, and combines acupuncture and mind body techniques, in his practice in Auckland. Dr Kelly insists on spending at least half an hour in all his patient consultations, and believes it's almost impossible to practice effective medicine with

six-minute consultations, which are the norm for most doctors. He is the author of *The Human Hologram* and was previously Medical Director of the North Shore Hospice.

Another general practitioner, Dr Nicky Baillie, shared her experiences of treating cancer cases in an integrative way, combining complementary approaches with conventional medicine. She works at the Centre for Advanced Medicine in Auckland.

David Holden, a Naturopath and Nutritional Biochemist who's been in practice in Auckland for 25 years and specialises in complementary support for cancer patients, discussed his very positive results in helping cancer patients with complementary as well as mainstream medicine. He practices at Global Health Clinics in Takapuna.

Liz Hart, an energy psychology worker who helps people take control of emotions that cause illness, gave a demonstration on how to work directly and effectively with negative emotions and stress, using simple energetic tools.

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Looking and Feeling Better

By Sue Claridge



Eyebrow pencil and eyeliner is particularly important.

For 26 years Look Good Feel Better has been helping women with cancer deal with the sometimes dramatic impacts that treatment has on their body image and self worth. It started in 1987 in the US when a doctor asked former Personal Care Products Council president, Ed Kavanaugh, how to get a makeover for a cancer patient he was treating. The woman, said the doctor, was so depressed and self-conscious she wouldn't venture outside her hospital room.

The makeover had a wonderful effect on the woman and soon after Kavanaugh brought the Personal Care Products Council, American Cancer Society and National Cosmetology Association together to create a programme to help other women with cancer; Look Good Feel Better was born and it has since spread to 20 countries around the World. In New Zealand it was founded by the Cosmetic Toiletry & Fragrances Association of New Zealand (CTFA) in 1992.

Yvonne Brownlie was working in Australia for L'Oreal at the time and had been involved in the initial set-up of Look Good Feel Better in that country. Later, L'Oreal brought Yvonne to New Zealand as a business development manager for the company and she subsequently was asked to take on the role of General Manager of Look Good Feel Better here.

The charity arm of CTFA, Look Good Feel Better now runs in 23 towns, cities and

regions from Paihia to Invercargill. There are 195 workshops, run by 460 volunteers, reaching more than 3000 women, every year. CTFA members supply almost \$5 million worth of cosmetics every year to support the workshops: cleansers, toners, moisturisers, colour products and make-up. Eyebrow pencil and eyeliner is particularly important. Each member company of the CTFA makes an allowance for Look Good Feel Better each year, and it is not just the big multi-nationals that contribute. Even smaller, local companies are involved.

Although the member companies of the CTFA supply the product used in the workshops, Look Good Feel Better still have to fundraise to support their activities. They host a number of events each year including the New Zealand House and Garden Tour, the Dream Ball, a golf tournament and Dream Week in shopping malls to raise awareness.

Generally women find out about Look Good Feel Better through their GPs or the Cancer Society. In Auckland half day workshops are held every second week, while in smaller population centres the workshops are held less frequently. They also run special teen workshops in conjunction with CanTeen for teenage girls with cancer. Look Good Feel Better works with thousands of women a year, and they even have practical advice for men facing skin changes through cancer treatment at www.lookgoodfeelbetterformen.org.

During the two and a half hour free workshop, trained volunteers show women how to cope with the appearance side-effects of their cancer treatment, such as dry, flaking skin, swollen or gaunt faces, scars, pigmentation changes, acne, brittle fingernails and, of course, hair loss.

The volunteers take the women through a step-by-step skincare regime and show them how to apply cosmetics to help camouflage loss of eyebrows, eyelashes and changes in skin colour. The volunteers make up half a woman's face and then she does the other half.

Then they are shown how to use wigs, turbans and scarves to look stylish no matter how much hair they have lost.

At the end of the workshop every woman goes home with a complimentary beauty kit of cosmetics and skincare products individualised for their needs.

Yvonne points out that the workshops are not just for Caucasian women and that a recent workshop included Maori, Pasifika, Indian, Chinese and Muslim women as well as those of European descent. She says that sadly they have a lot of young women attending and she feels that they are getting younger and younger. They have also had a mother and daughter both going through cancer at one of the workshops.

Yvonne says that looking good, even when cancer is diagnosed, can give patients control at a time in their lives when they need it most.

Upfront U Kaiora regularly publishes articles concerning oestrogenic chemicals that are used in some cosmetic and personal care products. BCN recommends using cosmetics with no synthetic ingredients or endocrine disruptors, and suggests that readers who have concerns about products containing these ingredients, use natural organic cosmetics and personal care products, such as mineral make-up, and from companies such as BCN Supporter Member, Living Nature.

Funding Should Go to Prevention

A US committee – the Interagency Breast Cancer and Environmental Research Coordinating Committee – has said that US federal funding for breast cancer research should focus on prevention and understanding how environmental factors influence risk, rather than on diagnosis and cure.

More federal investment is needed "to explore compelling themes, such as mechanisms underlying breast cancer subtypes and breast density, epigenetic alterations... that occur over the life

course, and gene/environment interactions," wrote the 27-member committee in a report, entitled *Breast Cancer and The Environment: Prioritising Prevention*, released on the 12th of February.

While recognising the link between breast cancer risk and family history, the committee said "most breast cancers, however, occur in people with no family history, so environmental factors – broadly defined – must

play a major role in the etiology of the disease."

The committee urged "transforming how research is conducted" and "intensifying the study of chemical and physical factors."

In the US breast cancer accounts for more cancer diagnoses than any other type and about 14% of all cancer deaths annually. In 2008 US Congress passed the Breast Cancer and Environmental Research Act that established the inter-agency committee and tasked it with looking at existing research and finding knowledge gaps that could be eliminated. The report – available online at www.niehs.nih.gov/about/assets/docs/ibcercc_full_508.pdf – is the result.

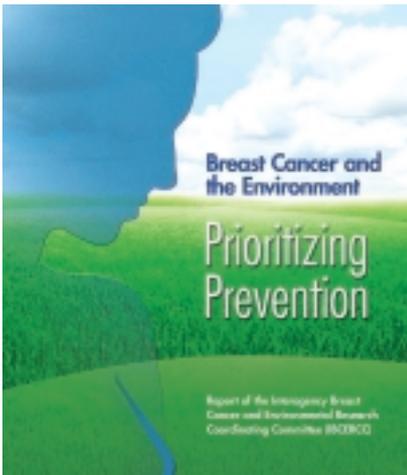
The report writers recommended that those who hold the purse strings "plan strategically across federal agencies. Engage public stakeholders. Train transdisciplinary researchers," noting that scientists are currently limited in their approaches to studying breast cancer.

The committee defined the "environment" broadly as lifestyle and behavior, such as alcohol and exercise; chemical agents like pesticides, pollutants, products and medications; physical agents like diagnostic and other radiation; and, the influence of society and culture on breast cancer. Breast development should be studied to facilitate prevention, the report said.

It also recommended studying the environment of underserved populations, such as those in which racial or socio-economic disparities lead to a greater burden of morbidity and mortality from breast cancer.

"Prevention is the key to reducing the emotional, physical, and financial burden of breast cancer," wrote the committee. "By urgently pursuing research, research translation, and communication on the role of the environment in breast cancer, we have the potential to prevent a substantial number of new cases of this disease in the 21st century."

However, the committee nodded to the numerous voices in the



debate about how to better approach breast cancer. "Prevention does not come easily. The issues must be discussed widely, broadly, often, and vigorously to inform science, public health practice, and policy."

Sources: Kathleen Struck: Redirect Breast Cancer Funds, Committee Says, *MedPage Today*, February 12, 2013

Breast Cancer and the Environment: Prioritizing Prevention, Interagency Breast Cancer and Environmental Research Coordinating Committee, February 2013

Annual Mammography Not Needed

Reporting in *JAMA Internal Medicine*, Dr Karla Kerlikowske, of the San Francisco VA Medical Center, and her colleagues have found that mammography every other year appears to be an effective breast cancer screening strategy for most women.

In the US annual screening is recommended.* The controversy over breast cancer screening has raged since 2009 when the US Preventive Services Task Force recommended against mammography for women in their 40s, along with biennial screening for those ages 50 to 74.

In the recent study, those aged 50 to 74 had a similar risk of advanced-stage cancer whether they had mammography annually or every other year – regardless of breast density or hormone therapy use, Dr Kerlikowske and colleagues reported.

The results were similar for women ages 40 to 49, except for those with extremely dense breasts: these women are more likely to have advanced-stage disease if they have biennial rather than annual screening, they reported.

"Biennial screening mammography for most women ages 40 to 49 and 50 to 74 years, even among those with high breast density or receiving combination hormone therapy, results in a similar risk of presenting with advanced-stage disease as annual screening mammography," they wrote.

Annual screening was also associated with higher rates of false-positives for all groups, something that women with extremely dense breasts will have to take into account when deciding on their screening schedules, they wrote.

"When deciding whether to undergo mammography, women ages 40 to 49 years who have extremely dense breasts should be informed that annual mammography may minimise their risk of advanced-stage disease, but the cumulative risk of false-positive results is high," they wrote.

The researchers considered data on 11,474 women with breast cancer and 922,624 who didn't have the disease but had a mammography.

"Notably, most women who undergo annual mammography are at high risk of false-positive mammography results and biopsy recommendations without added benefit from more frequent screening," they wrote.

Kerlikowske and colleagues said the results are consistent with other studies that show "minimal if any additional benefit" for annual mammography over biennial screening in women ages 50 to 74.

Source : Kerlikowske K, et al *JAMA Intern Med* 2013.

* In New Zealand BreastScreen Aotearoa has always recommended biennial screening, although some providers and organisations recommend annual mammograms (see *Upfront U Kaiora* 106, page 3)

New Drug Approved for Advanced Breast Cancer

A drug antibody conjugate called ado-trastuzumab emtansine (Kadcyla) received FDA approval for HER2-positive, metastatic breast cancer in late February.

The new therapy is intended for use in patients who have already undergone unsuccessful treatment with trastuzumab (Herceptin) and a taxane. The trastuzumab portion of the conjugate – called T-DM1 during clinical development – targets HER2-positive cells, at which point the attached chemotherapeutic molecule – DM1 – attacks the cancer cells.

"This provides a significant leap to a whole other group of drugs, not only for HER2 because this adds a new drug for people who've already seen their tumour grow through trastuzumab as well as some of the other antibodies such as pertuzumab or... the tyrosine kinase inhibitors such as lapatinib," said Dr Jennifer Litton, of the University of Texas MD Anderson Cancer Center.

Ado-trastuzumab emtansine becomes that fourth approved therapy targeting the HER2 protein, following trastuzumab, lapatinib (Tykerb), and pertuzumab (Perjeta). Lapatinib is marketed by GlaxoSmithKline, and the other three therapies are marketed by Genentech.

The approval was based on the EMILIA study, which involved patients with HER2-positive, metastatic breast cancer who had failed treatment with trastuzumab and a taxane. They were randomized to ado-trastuzumab emtansine or conventional therapy with lapatinib and capecitabine (Xeloda).

According to final results reported in October, ado-trastuzumab emtansine resulted in significant improvements in both co-primary endpoints – progression-free survival (9.6 versus 6.4 months) and overall survival (30.9 versus 25.1 months). Several secondary outcomes improved, as well.

The most common side effects associated with the drug are nausea, fatigue, musculoskeletal pain, thrombocytopenia, elevated transaminases, headache, and constipation, but serious adverse effects include liver toxicity, cardiovascular effects, and death, and it should not be used during pregnancy as it can cause severe birth defects.

Source: Todd Neale: FDA OKs Genentech Breast Cancer Drug, *MedPage Today*, February 22, 2013

Job linked to breast cancer risk - study

Women who work in jobs where they are exposed to a 'toxic soup' of chemicals are at a much higher risk of developing breast cancer, according to an international research study lead by the University of Stirling's Occupational and Environmental Health Research Group (OEHRG).

The case control study, involving 1006 women with breast cancer and 1146 without the disease, revealed that women who worked for 10 years in jobs classified as highly exposed, increased their breast cancer risk by 42 per cent.

Lead researcher, Dr James Brophy, said: "Breast cancer causality is complex. It is believed to result from a combination of factors including genetic, hormonal and lifestyle influences as well as environmental exposures."

"However, studies have shown that breast cancer incidence rose throughout the developed world during the second half of the twentieth century as women entered industrial workplaces and many new and untested chemicals were being introduced. Diverse and concentrated exposures to carcinogens and hormone disrupting chemicals in some

workplaces can put workers at an increased risk for developing cancer."

Professor Andrew Watterson, a co-investigator on the project said: "Many workers face multiple exposures to chemicals, not only from their employment, but from their everyday environment. Many of the women included in the study were exposed to a virtual 'toxic soup' of chemicals. Untangling work and wider factors in the possible causes of breast cancer is an important global issue."

The study found several occupational sectors where there were elevated breast cancer risks:

- **Farming:** showed a 36 per cent increased breast cancer risk. Exposed to endocrine disrupting chemicals in pesticides.
- **Plastics:** The risk of developing breast cancer doubles for women working in the car industry's plastics manufacturing sector. Among those who were pre-menopausal, the risk was almost five times as great.
- **Food Tinning:** The risk of developing breast cancer doubles for women working in the tinned food sector. Among those who were pre-menopausal, the risk was five times as great. Exposures to chemicals in the food canning industry may include pesticide residues and emissions from the polymer linings of tins.
- **Metalworking:** A statistically significant 73 per cent increased breast cancer risk was found in the metalworking sector. Women working in tooling, foundries and metal parts manufacturing are exposed to a variety of potentially hazardous metals and chemicals.
- **Bar/Casino/Racecourses:** The risk of developing breast cancer doubles for women working in the bar/casino/racing sector. The elevated risk of developing breast cancer may be linked to second-hand smoke exposure and night work which has been found to disrupt the endocrine system.

Source: Brophy, J.T., et al: *Environmental Health* 2012, 11:87.



Breast events to come

- **6 April – BCN Seminar:** Dr Libby Weaver. 9.30am - 12.00 noon at the Takapuna Senior Citizen's Hall in The Strand, Takapuna.
 - **April 22 – May 19 : Breast Cancer Aotearoa Coalition's (BCAC) Show Your Heart for Women Living with Breast Cancer**, a month-long campaign to raise money for BCAC's support and information pack Step by Step to be distributed free-of-charge to every woman diagnosed with breast cancer in New Zealand. Please support BCAC by buying Arnott's Tim Tam biscuits or Woman's Day magazines at Countdown supermarkets between April 22 and May 19. Arnott's Tim Tam will donate 20 cents to BCAC for every packet of Tim Tam sold at Countdown supermarkets during this period. Woman's Day will do the same for every magazine sold and if you buy the two together using your Onecard, BCAC will get 50 cents.
 - **8 May – Breast Cancer Support (BCS) Onehunga/Mt Roskill Support Group.** A new support group with a difference meeting at the Onehunga Community Centre, 83 Church St, Onehunga. Meets for six fortnightly sessions on Wednesdays from 7-9pm, 8 & 22 May, 5 & 19 June, 3 & 17 July 2013. Participants limited to 14, to attend all six sessions which will explore and discuss specific topics, for example 'the physical and emotional impact of cancer' and 'how to tell your children'. To register, please call BCS on 080 273 222 or email support@breastcancersupport.co.nz.
 - **11 May – BCN AGM:** 10:30 pm at the Auckland Cancer Society Domain Lodge, 1 Boyle Crescent (off Park Road), Grafton. Guest Speaker: Anne Thorp, host of the Kai Ora series on Maori Television. 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: Waikato Breast Cancer Trust** will be having a Women's Lifestyle Expo - Claudelands Event Centre, Hamilton
- BCS Young Women's Support Group (Auckland)** - A support group for young women diagnosed with breast cancer (20-45 years). The group is co-hosted by Breast Cancer Support and The New Zealand Breast Cancer Foundation and meets monthly at NZBCF, 11-13 Falcon St, Parnell. Please call BCS on 0800 273 222 or email support@breastcancersupport.co.nz for details.
- YWCA ENCORE:** programmes commencing in February in the following regions: North Shore, 6 May, contact Joce Burlton-Bennet on 09 418 2080 or at jocebb@globe.net.nz. Please call 0800 Encore (362 673) for further details or email encore@akywca.org.nz or visit www.akywca.org.nz.
- Waikato Breast Cancer Trust** - NZ Women's Health Diary on sale now for only \$10.00. Purchase a diary and support our Waikato based breast cancer research programme. The diary is packed full of useful health tips from skin care to healthy eating and lifestyle choices. Visiting www.wbct.org.nz or contact Sharon Tribe, Fundraising Coordinator at sharon.tribe@waikatodhb.health.nz.
- Waikato Breast Cancer Trust Fundraiser** – Cuisinescene NZ are selling Gift Baskets of some of Waikato's best products: Mothers Day basket - \$70 each with \$10 from each sale to the Waikato Breast Cancer Trust; Appreciation pack - \$27.50 each with \$5 to WBCT. To order go online to www.cuisinescene.co.nz or for more information go to www.wbct.org.nz.

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.

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

Beetroot with Mustard Dressing

This simple recipe is a delicious way to serve this vibrant and colourful root vegetable. Beetroot have a natural sweetness and are a wonderful source of iron! They are plentiful at this time of the year, although they can be grown throughout the year in temperate parts of the country.

METHOD

1. Wash beetroot and cut off the tops. Peel, cut into 6-10 mm slices, and steam over boiling water until tender, about 20 minutes.
2. Remove from heat and place into a serving dish. Combine lemon juice, mustard, vinegar, sugar or other sweetener, and dill. Pour over sliced beetroot and toss to mix. Serve hot or cold.

From Food for Life, Physicians Committee for Responsible Medicine

INGREDIENTS

- 4 medium beetroot
- 2 tablespoons lemon juice
- 1 tablespoon stone-ground or Dijon mustard
- 1 tablespoon cider vinegar
- 1 teaspoon sugar or other sweetener
- 1 tablespoon fresh dill, or 1 teaspoon dried dill

• from the BCN committee •

The BCN Committee have been very busy and we have lots of news this month.



Seminars

We hosted a well attended, very interesting and very successful seminar by Dr Bruce Lipton – Mind over Genes – on the 14th of March. His fascinating views on genetics, environment and health are reviewed in our lead article on page 1 of this edition, and if you would like more information or to follow-up by reading Dr Lipton's books, check out his website at www.bruce-lipton.com. His book Biology of

Belief is about the concepts he presented at the seminar.

BCN is following-up with a seminar by Dr Libby Weaver entitled 'Rushing Woman's Syndrome'. Dr Libby's passion for empowering people to make optimum health choices has led her to consult privately with individuals, in the corporate health arena, as well as with universities and the media. She is an author and a much sought after and passionate speaker covering a broad range of topics that leave her audiences well informed and uplifted. We look forward to Dr Libby's enlightening presentation and sharing her vast knowledge in the area of women's health.

The seminar will be followed by a special presentation from Look Good Feel Better (see also page 8). The event will be held on Saturday 6th April from 9.30am to 12.00 noon at the Takapuna Senior Citizens Hall on The Strand (behind the Library) in Takapuna. This would be a great opportunity to treat yourself to a wonderful morning out in sunny Takapuna beside the beach!

AGM

The Breast Cancer Network Annual General Meeting will be held on Saturday the 11th of May at Domain Lodge, 1 Boyle Crescent (off Park Road), Grafton. Host of the Kai Ora TV series, Anne Thorp, will be our speaker – check our Facebook page for more details. We hope to see as many of you as possible at the AGM as our speakers are always most informative and entertaining.

Z's Good in the Hood

In 2013, every Z station will be giving away \$5,000 to neighbourhood groups and projects which help people who need it. We're delighted to let you know that Breast Cancer Network is one of the four groups they've chosen to support through Good in the Hood at Z Waikaraka.

That means Breast Cancer Network will receive a share of the money from Z Waikaraka - how much depends on who the customers at Z Waikaraka vote for. So if you are in Onehunga and need to fill up, make your way to Z Waikaraka at 165 Neilson Street, Onehunga and vote for BCN.

Breast Cancer Network is also in line for an extra \$500 if it's one of the ten neighbourhood groups voted for in the online Good in the Hood Token Hunt. Good in the Hood voting runs in-store at Z Waikaraka and the online Token Hunt at z.co.nz/GoodintheHood throughout March. Please share this with your friends, and get voting!

MotherEarth, BCN and Facebook

BCN is running a Facebook competition for the month of April with a MotherEarth gift basket to giveaway. Simply go to the Breast Cancer Network Facebook page and "like" us and you will go into the draw to receive a gift basket from MotherEarth – www.motherearth.co.nz

BCN Website

BCN has a great new website – fresh, uncluttered and easy to navigate with easy links to our Facebook pages as well. Bookmark this page – or better still – set it as your home page, and stay up to date with the latest BCN news, views and events. Check us out at www.bcn.org.nz

New Committee Members

We are thrilled to announce two new committee members:

Beth Caudwell, who has experienced breast cancer within her family, and works as a Clinical Trial Co-ordinator at Adult Oncology Research Centre in Auckland Hospital.

Heather Moore, who has also experienced breast cancer within her family, and is a naturopath and nutritionist.

Welcome to BCN, Heather and Beth.